ASS. REC. BY: Kenneth

REF: SMO/ CS/SMO22004362/Kqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s LH

of _____

Insured: _____

Policy No. _____

Claims No. CMTD2201497/GPL

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 886

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBA 274 Yr Regn: 03, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or wn

Make: Toy Wiace c.c 2982

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 132882 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P2002 07712

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 195R15X8

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	30/4/22	D.O.I.	10/5/2022

Survey held at _____ 1.27pm

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	12/05/22@5.19pm revised to Gnoh Pau Loong by email. Kenneth finalised LS $2600, 4 days. (~~Red $2944, 53%~~)

Date/Time, File Pass to? 1) 01/06 Typist

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S / RS _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum / ~~+B.I.~~ ($ 2600)

ASSIGNMENT

L H Express Motor Trading

BLk 5034 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
Tel : 64817221
Fax : 64816131

Not Authorised
U/Bump & Bump After Paint
4days

Air Furture Aircon Engineering
Blk 812B Choa Chu Kang Ave 7
#11-635
Singapore 682812

Vehicle No : GBA 27 U
Make/Model : Toyota Hiace
Year : 2018

Qty	Description	Unit Price	Amount
	Estimate Cost Of Repair		
1 pc	Rear bumper		$487.60 ✗
1 pc	Rear o/s bumper side retainer		$75.60 ✗
1 pc	Rear o/s tail-lamp		$465.80 ✗
1 pc	Rear o/s tail-lamp apron panel		$155.70 ✗
1 pc	Rear o/s fender		$1,567.30 ✓
			$2,752.00
		Less 25 %	$688.00
			$2,064.00
	S Nett Item		
1 pc	Rear tail-gate advertisement sticker	(Bill)	$700.00 ?
1 pc	Rear reverse sensor		$200.00 ✗
			$900.00
	Labour Charges		
	Remove/renew the above accident parts including knocking, welding & cutting.		$1,400.00 650
	To putty and spray paint		$1,000.00 480
	Check & reconnect wiring.		$30.00 10
	Remove/refit roof lining to facilitate repair on rear o/s fender		$150.00 80
		Total	$5,544.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

SS1Q22550003 (SU Brothers Motor Workshop
ENTRY DATE & TIME: 05/05/2022 15:50 (SGT)
SUBMITTED BY: Su Xui Wee
VERSION: 1 (05/05/2022 15:50 (SGT))

Your NCD will be affected due to late reporting

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	05/05/2022 15:50 (SGT)
Date of Accident	30/04/2022 14:30 (SGT)
Exact Location of Accident	Sengkang W Way, Singapore
Additional Location Information	SENGKANG WEST WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA27U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AIR FURTURE AIRCON ENGINEERING
Company Reg No	5XXXX331B
Email Address	SAWSUN1985@GMAIL.COM
Mobile Phone No	(Phone) +65-88749039
Alternative Phone No	+65-88749039

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116558470-02
Cover Note Number	5116558470-02

DRIVER

Name of Driver	SAW HOCK SUN
NRIC No	SXXXX065F

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ;

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan