

ASS. REC. BY:

REF:

REF. A.C.

CS/SMO22004362/Kqy3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent?: Yes or No

Consistent?: Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

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?

☐

Prel. Report

1) 01/06 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trlp:

1

Survey Fee:

Transportation:

S - RS - SI

F. Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: TP

Lump Sum / +B. + (\$ 2600

TOTAL

Veh No:

GBA 27U

Yr Regn:

03, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Hvac

c.c

2982

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

132882

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFH T02 P2002 07712

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

195R15X8

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

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

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1) 01/06 Typist

☐

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☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: TP

Lump Sum / +B. + (\$ 2600

TOTAL

L H Express Motor Trading

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

Fax : 64816131

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

*Not Withstand
L1 Day &
Paying After Paint
4 days*

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

Qty	Description	Unit Price	Amount
<u>Estimate Cost Of Repair</u>			
1 pc	Rear bumper		\$487.60 X
1 pc	Rear o/s bumper side retainer		\$75.60 X
1 pc	Rear o/s tail-lamp		\$465.80 X
1 pc	Rear o/s tail-lamp apron panel		\$155.70 X
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
1 pc Rear reverse sensor

(Bill)
\$700.00 ?
\$200.00 X
\$900.00

Labour Charges

Remove/renew the above accident parts including knocking, welding & cutting.

\$1,400.00 *6501*

To putty and spray paint

\$1,000.00 *4801*

Check & reconnect wiring.

\$30.00 *101*

Remove/refit roof lining to facilitate repair on rear o/s fender

\$150.00 *801*

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:

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 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. 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
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AIR FUTURE 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

IMPORTANT NOTICE

SKETCH PLAN

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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.
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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;

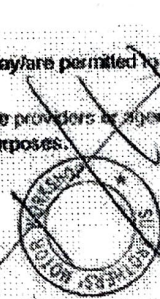
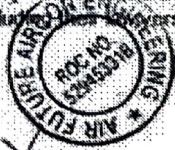
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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 Insurers' 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

A. GBA27U B. SK28455B

