

ASS. REC. BY:

REF: TU /

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Lian He

of 7612

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

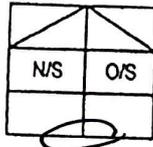
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: 124k

IDAC Accident Rpt: \_\_\_\_\_ 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: Smm 5243K Yr Regn: 07.19

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

Truck / Trailer or Wagon

Make: Toy Noah c.c. 1797

Colour: M. Maroon A/C: Insured / Std / NI / NA

Sp. Reading: 224509 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 8WR80 . 0387259

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modf: NII / S/Rlm / STD / Rlm or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Farroad

Front R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 1/6/22

Survey held at \_\_\_\_\_

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?  : Prell. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	
Transportation:	
\$ + RS. \$	
Fines	
Others	
TOTAL	

- Add Fee:
- : Site Insp (\$ )
  - : Interview (\$ )
  - : Tech Invs (\$ )
  - : Weekend (\$ )

Report Format :

Lump Sum / I.B.I: (\$ )

# Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial PK 2 Singapore 569541  
Tel : 64817221

L H Car Rental Pte Ltd  
Blk 5038 #01-405  
Ang Mo Kio Industrial Pk 2  
Singapore 569541

Vehicle No : SMM 5243 K  
Make/Model : Toyota Noah  
Year : 2019

*Not Authorized  
DIY &  
Resurvey After Paint  
Today*

Fax : 64816131

Qty	Description	Unit Price	Amount
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### Estimate Cost Of Repair

1 pc	Rear tail-gate	<i>By</i>	\$1,750.80 <input checked="" type="checkbox"/>
1 pc	Rear tail-gate glass moulding	<i>M</i>	\$185.70 <input checked="" type="checkbox"/>
1 pc	Rear tail-gate emblem " Hybrid "	<i>M</i>	\$65.10 <input checked="" type="checkbox"/>
1 pc	Rear tail-gate inner lock	<i>R</i>	\$285.60 <input checked="" type="checkbox"/>
1 pc	Rear boot rubber	<i>R</i>	\$265.30 <input checked="" type="checkbox"/>
1 pc	Rear bumper	<i>By</i>	\$1,255.90 <input checked="" type="checkbox"/>
2 pcs	Rear bumper side retainer	<i>R</i>	\$311.40 <input checked="" type="checkbox"/>
		\$155.70	\$4,119.80
		Less 25 %	\$1,029.95
			\$3,089.85

### S Nett

1 pc	Rear tail-gate glass sealant	<i>M</i>	\$40.00 <input checked="" type="checkbox"/>
20 pcs	Rear bumper clip	<i>M</i>	\$40.00 <input checked="" type="checkbox"/>
1 pc	Rear reverse sensor	<i>DI / Shen</i>	\$200.00 <input checked="" type="checkbox"/>
			\$280.00

### Labour charges

Remove/renew the above parts including knocking, welding & cutting.	\$600.00	<i>500</i>
To putty and spray paint	\$600.00	<i>500</i>
Check and reconnect wiring	\$30.00	<i>15</i>
To respray anti-rust proofing treatment	\$60.00	<i>30</i>
Remove/refit rear windscreen to facilitate repair	\$120.00	<input checked="" type="checkbox"/>
Remove/refit rear tail-gate mechanism to new door	\$100.00	<i>60</i>
	<u>\$4,879.85</u>	

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey. Total
- 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 ..... 01/06/2022 16:41 (SGT)  
Date of Accident ..... 01/06/2022 10:35 (SGT)  
Exact Location of Accident ..... Jln Sultan, Singapore  
Additional Location Information ..... JALAN SULTAN SINGAPORE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM5243K

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... L.H.CAR RENTAL PTE LTD  
Company Reg No ..... 200009761N  
Email Address ..... CARRENTAL.LH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91000790  
Alternative Phone No ..... +65-97687073

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1797

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5127247960-000091  
Cover Note Number ..... 5127247960-000091

#### DRIVER

Name of Driver ..... LIM BOON CHEONG WINSTON  
NRIC No ..... S7523019B

Date Of Birth ..... 29/07/1975  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 27/12/1996  
 Driving experience ..... 25 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number .....  
 Alt. Phone Number ..... (Phone) +65-91000790  
 Email Address ..... -  
 Address ..... CARRENTAL.LH@GMAIL.COM  
 Address complement ..... APT BLK 811B CHOA CHU KANG AVENUE 7  
 Postcode ..... #13-601  
 682811  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... Hirer  
 Does Driver Own Other Vehicles? ..... No  
 Vehicle Registration Number of Other Vehicle Owned by Driver ..... -  
 Insurance Company of Other Vehicle Owned by Driver ..... -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Head to Rear  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 2  
 Was anybody injured in the Accident? ..... Yes  
 Was any injured conveyed to hospital by ambulance? ..... No  
 Was any other vehicle or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 1  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

I WAS WAITING TO TURN LEFT A JALAN SULTAQN ROAD, WHEN SUDDENLY SMC2854Y HIT THE REAR OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... KIV  
 Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMC2853Y  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private hire  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -

**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 willful 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 lodging 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 be 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' law firms/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 and packages); and/or

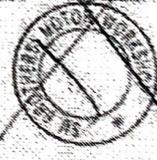
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers/agents (including their law firms/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

**L.H CAR RENTAL PTE LTD**

*[Handwritten signature]*

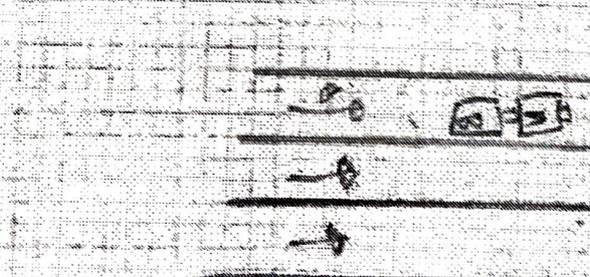


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Car A = SMM 52436

Car B = SMC 28534

Jalan Sultan Road