

ASS. REC. BY:

REF: FC2/22008051kv

He. 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 160 02-01 Steven

Insured: XD 7616Y 740W

Policy No. _____

Claims No. D22002089MFVS

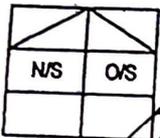
Sum Insured: _____ Excess: _____

(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: _____ Consistent?: Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN/OUT 94502389

Veh No: GBC 7349 Jr Regn: 09, 13

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

Truck / Trailer or

Make: Toy Trace A) c.c 2982

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

Sp.Reading: 357614 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFPT22P 600011782

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____ R: 195/15R8

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 2 mm

L/Bal. 7 mm L/Bal. 2 mm

D.O.A. 1/7/22 D.O.I. 23/8/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
6/9/22	Final fig \$640 confirmed by email (Red 3088.25, 82%) mv:\$27,000 (est) Ita: \$7312 nv:\$19,688

Date/Time, File Pass to?

: Prell. Report
 : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. SI

Paints

Others

TOTAL

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Date/Time, File Return to?

6/9/22-typist

Report Format: TP

Report Sum / I.B.I: (\$ 640

Quotation Details - Quotation No SN-002012-22-20012

Date Created: 4/4/2019

Ken

Customer Details:

Absolute - 2 Jun 15 - FedEx
 Absolute - 2 Jun 15 - Federal Express (S) Pte Ltd
 90 Alps Ave
 Singapore 498746
 Fax: 6542 6348

Vehicle Details

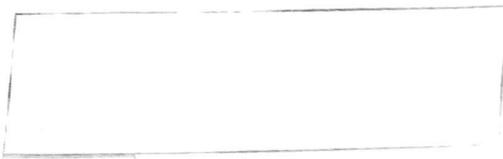
Vehicle No : GBC 7349
 Vehicle Make : Toyota
 Vehicle Model : Hiace 0
 Vehicle Engine No :
 Engine Chasis No :
 Mileage :

Owner's Accident Details

Job No : SN-002012-22-20012
 JobCategory : TP - Lump Sum
 Date of Accident :
 Owner's Insurer :
 Location of Accident :

Surveyor's Details

Surveyor Name :
 Surveyor Company :
 Surveyor ContactNo :
 Surveyor FaxNo :
 Quotation Submission Date :
 Surveyor Approve Date :
 Supplementary Date :
 Supplementary Approve Date :



[View Photo](#) [Accident Photo](#)

*NOT available
 Missing After Painting
 2 days*

Item No	Ref No	Description	QTY	Unit List Price	Mark Up / Discount %	Mark Up / Discount Price	Total Price	Rev Qty	Rev Unit Price	Remarks	Final Total Price	Surveyor Approval
Materials												
1	1	Taillamp RH	<i>Br</i> 1	\$375.00	-25.00	\$281.25	\$281.25	0	0		\$0.00	<input checked="" type="checkbox"/>
2	2	Taillamp Panel RH	<i>R</i> 1	\$869.00	-25.00	\$651.75	\$651.75	0	0		\$0.00	<input checked="" type="checkbox"/>
3	3	Rear Corner Panel RH	<i>Sm</i> 1	\$142.00	-25.00	\$106.50	\$106.50	0	0		\$0.00	<input checked="" type="checkbox"/>
4	4	Rear Fender RH	<i>R</i> 1	\$1,585.00	-25.00	\$1,188.75	\$1,188.75	0	0		\$0.00	<input checked="" type="checkbox"/>

Material Total: \$2,228.25 Final Sub-Total : \$0.00

Special Nett Items

Special Nett Items Total: \$0.00 Final Sub-Total : \$0.00

Labour

1	5	Straighten & Panel Beat Accident Area	1	\$800.00	0.00	\$800.00	\$800.00	0	0		\$0.00	<i>2001</i>
2	6	Respray Rear Fender RH, Taillamp Panel RH, Rear Corner Panel	1	\$700.00	0.00	\$700.00	\$700.00	0	0		\$0.00	<i>2001</i>

Labour Total: \$1,500.00 Final Sub-Total : \$0.00

Others

Others Total: \$0.00 Final Sub-Total : \$0.00

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:

Total Price: \$3,728.25 Final Total Price : \$0.00

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 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. 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	05/07/2022 15:48 (SGT)
Reported by	Both
Date of Accident	01/07/2022 16:30 (SGT)
Exact Location of Accident	160 Paya Lebar Rd, Singapore 409022
Additional Location Information	At Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC7349J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FEDERAL EXPRESS (SINGAPORE) PTE LTD
Company Reg No	1XXXXX740W
Email Address	StationManager@corp.ds.fedex.com
Mobile Phone No	(Phone) +65-97838919
Alternative Phone No	-

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	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	GEE JIANN SHYONG
Passport No/FIN	GXXXX471Q
Date Of Birth	01/04/1982
Occupation	Outdoor

