

ASS. REC. BY:

REF: C121

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Cran Motor

of 150k

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: 845k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 16-20 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 12/25

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

Veh No: G82181C Yr Regn: 01, 06

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

Truck / Trailer or (m) Pick up

Make: Toy Hilux c.c. 2499

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

Sp. Reading: 373509 T/Radlo: Insured / Std / NI / NA

Eng/No: _____

C/No: NR0CS12630 0018606

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: 195R15XR

(S) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 6 mm

L/Bal. 2 mm L/Bal. 6 mm

D.O.A. 1/19/22 D.O.I. 9/9/2022

Survey held at _____

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

2 n/s body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: : Site Insp (\$ _____)

Transportation:

: Interview (\$ _____)

_____ S - R.S. _____ SI

: Tech Invs (\$ _____)

_____ F.P. _____

: Weekend (\$ _____)

_____ Others _____

TOTAL

Report Format :

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

BOEKI AUTO PTE LTD

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No. 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

REPAIR ESTIMATE GZ2181C

NOT Authorized
 L1 Rep &
 Pick-up After Pain
 16 days

No.	Qty	List Items	Price	Notes
1	1	Front bumper	\$ Bu 663.90	✓
2	1	Font bumper LH fog lamp cover	\$ 226.90	
3	2	Front bumper side retainer	MSD11 \$ 60.60	✓
4	1	LH headlamp	\$ Bu 730.50	X
5	1	Front grille	\$ CM 519.30	✓
6	1	Front grille centre "TOYOTA" logo	\$ Nu 79.10	✓
7	1	Front LH fender	\$ Bu 1,288.90	✓
8	1	Front LH fender signal lamp	\$ Bu 22.90	X
9	1	Front LH fender under shield	DIV \$ 256.90	✓
10	1 set	Front LH mudflap (C/w 1 set)	\$ Div 147.80	✓
11	1 set	Front fender under shield clips	\$ Nu 40.00	✓
12	1	Front LH shock absorber	\$ Bu 361.00	✓
13	1	Front LH lower arm	\$ 1,414.70	?
14	1	Front LH top arm	\$ 1,001.30	?
15	1	Front LH knuckle arm	\$ Bu 1,120.50	✓
16	1	Front LH wheel hub	\$ Bu 417.20	✓
17	1	Front LH wheel bearing	\$ Nu 189.30	✓
18	1	Steering rack & pinion	\$ 4,926.70	?
19	1	Front engine cross member	\$ 2,997.50	?
20	1	Front LH door mirror assy	\$ Pull for 950.00	✓
21	1	Front LH door	\$ Bu 1,786.40	✓
22	1	Front LH door "HILUX" emblem	\$ Nu 47.93	✓
23	1	Front LH door "D4D" emblem	\$ Nu 60.60	✓
24	1	Front LH door outer handle	\$ Nu 235.30	✓
25	2	Front LH door hinge (Top & bottom)	Lower \$ Bu 373.80	✓
26	1	Front LH door weatherstrip	\$ Bu 275.65	X
27	1	Rear bumper	\$ Bu 699.75	✓
28	1	Rear bumper inner reinforcement	\$ Bu 486.70	✓
29	2	Rear bumper inner bracket	\$ 370.00	?
30	2	Rear number plate lamp	\$ 85.70	?
31	1	Rear tow hook	\$ K 187.40	X
32	1	Rear tailgate	\$ Bu 1,517.90	✓
33	1	Rear tailgate LH "TOYOTA" emblem	\$ Nu C 67.80	✓
34	1	Rear tailgate RH "HILUX" emblem	\$ Nu 56.93	✓
35	1	Rear tailgate RH "J" emblem	\$ Nu 49.80	✓
36	2	Rear tailgate top side lock	\$ Bu 355.60	✓
37	2	Taillamp	\$ Bu 739.40	✓
38	2	Rear side body panel (Fender)	\$ Bu 3,956.80	✓
39	1	Rear floor deck assy	\$ Bu 2,504.70	✓
40	1	Rear deck end panel	\$ Bu 789.63	✓
			\$ 32,062.79	
Less 25%			\$ 8,015.70	
Total :			\$ 24,047.09	

Special Nett Items

41	1	Front number plate	\$	B1	45.00	2012
42	1	Front LH wheel rim	\$	B1	220.00	✓
43	1	Front LH tyre	\$	Ta	180.00	2012
44	1	Front LH door lower black sticker	\$	Ma	40.00	✓
45	1 set	Reverse sensors	\$	Ma	250.00	2012
46	1	Rear number plate	\$	Ma	45.00	2012
47	1	Rear tailgate LH "70km/h" sticker	\$	Ma	12.00	—
48	1	Rear tailgate RH "8pax" sticker	\$	Ma	12.00	—
Total :			\$		<u>804.00</u>	

Labour

1	Towing charges.	\$	100.00	50
2	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	2,500.00	2200
3	To putty and spray Spray Paintings charges.	\$	2,400.00	1800
4	To check wirings and lightings for front & rear portion.	\$	60.00	40
5	To remove, refir front undeer carriages.	\$	300.00	200
6	To conduct computerise wheel alignment test.	\$	80.00	60
7	To remove, refit front LH door fittings.	\$	80.00	60
8	To lift up & dismantle rear deck assy.	\$	300.00	200
9	To supply & apply anti rust treatments.	\$	120.00	✓
Total :			\$	<u>5,940.00</u>

Total Parts and Labour : \$ 30,791.09

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 Actual 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	01/09/2022 16:25 (SGT)
Reported by	Driver
Date of Accident	01/09/2022 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVE 2 TO AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ2181C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NGEE CHENG ELECTRIC COMPANY (PTE) LTD
Company Reg No	1XXXXX150K
Email Address	STANLEYSOH@NGEECHENG.COM
Mobile Phone No	(Phone) +65-93222833
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hilux
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	Goods vehicle
Transmission	Manual
CC	2494

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA425962

DRIVER

Name of Driver	MARUTHAMUTHU MAYAKRISHNAN
Work Permit No	GXXXX214X
Date Of Birth	21/04/1987
Occupation	Outdoor

163.20
\$
1

Date Of Driving Pass	10/11/2021
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82619322
Alt. Phone Number	-
Email Address	STANLEYSOH@NGEECHENG.COM
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	COLLEAGUE
Gender	Male

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

REFER SKETCH PLAN

REPAIR AT OWNER'S WORKSHOP

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6823Y
Vehicle Manufacturer	-

179.60

REINFORCEMENT

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	-
Contact Number	Bus
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Manufacturer	XD9306D
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

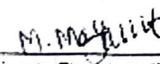
SKETCH PLAN

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 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.

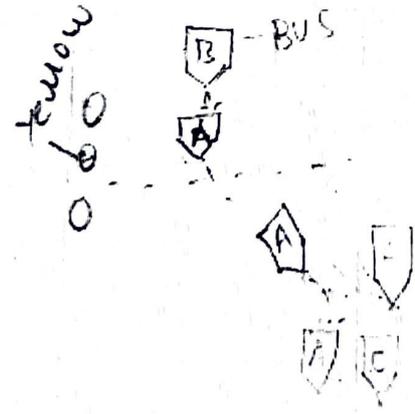

 Policyholder's Signature / Date & Time
 2002pm




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


 Witnessed by Reporting Centre Personnel

Sketch Plan



A 02 2180
 B PC 6288
 C 10-93068
 TUAS SOUTH AVE

281.30

Describe Circumstances of the Accident

11/23/2019 at 8:40 AM, (Vehicle A) was driving along
Twas south ave 2 to warts Ave 3 Traffic light signal
yellow color on already. My vehicle stop already
A bus (vehicle B) hit me from behind. My vehicle
skidded to the left and slightly touched vehicle C
[FRONT] LANE drove off and no damage caused.
I vehicle A had damage at the rear portion
of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.