ASS. REC. BY: Kenneth | REF: AIG/ 2200910618p

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chey Hoe

of 09211

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.

N/S	O/S

Bal. or Market Value: _____

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: 12/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBC 8026J Yr Regn: 12, 13

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

Make: Toy Dyna c.c 2982

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

Sp.Reading 236916 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35Y40K202671

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: BS 195R 15X8

R: Fronway 155R 12X8(D)

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 7 mm
L/Bal.	8 mm	L/Bal.	7 7 mm
D.O.A.	8/8/22	D.O.I.	27/1/2023

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: ___ $ - RS. ___ St

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

GBC8026J
78/AIG

Not Authorize
Lifting ②

M/S : AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120
TEL: 64193000 FAX: 64153727
ATTN: Motor Claim Department

Accessory After Paying
4 days

Estimate No: **ES2300075**
Date: 26 Jan 2023
Policy No:
Veh Reg No: **GBC8026J**
Make/Model: TOYOTA TOYOTA DYNA 150 MANUAL
Chassis No: JTFAT35Y40K202671
Engine No: 1KD2344843
Reg. Date: 16/12/2013

WS Ref: TP AIG
Claim Type: Third Party
Accident Date: 08/08/2022
TP Veh Reg No: GBD1378J

PAGE:1/1

Estimate Repair Cost to Vehicle No :GBC8026J

	Description	U/Price	Quantity		List Price S$		Amount S$
	List Price						
1	REAR TAILGATE	1,129.10	1 PC	Buy	1,129.10	—	
2	TAILGATE STICKER - TOYOTA	215.00	1 PC	Na	215.00	—	
					1,344.10		
			Less 25%		336.03		1,008.08
	Special Net						
3	TAILGATE INNER PROTECTOR	250.00	1 PC	Buy	250.00	—	
4	TAILGATE INNER PROTECTOR RIVET	2.00	20 PCS	Na	40.00	—	
5	STICKER- 13 PAX	10.00	1 PC	Na	10.00	—	
6	STICKER - 70KM/H	10.00	1 PC	Na	10.00	—	
7	REVERSE SENSOR	200.00	1 PC	Repl	200.00	✓	
8	REFLECTOR STICKER	50.00	1 PC	Na	50.00	—	
					560.00		560.00
	Labour						
9	TO REMOVE AND REFIX TAILGATE, TRANSFER LOCK ASSY, TAILLAMP, RH SAFETY LOCK; KNOCK AND REPAIR REAR STEP TRAY, TAILAGATE LOWER MEMBER AND RE-ALIGN TO SAME	480.00	1 LA		480.00	420!	
10	TO REMOVE AND REPLACE TAILGATE INNER PROTECTO R	200.00	1 LA		200.00	120!	
11	TO PUTTY AND RESPRAY ON REAR STEP TRAY, TAILGATE, TAILGATE LOWER MEMBER	480.00	1 LA		480.00	420!	
					1,160.00		1,160.00
					Total		S$ 2,728.08
					Add GST @ 8%		218.25
					Total Amount Payable		S$ 2,946.33

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:

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

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 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	10/08/2022 19:08 (SGT)
Reported by	Driver
Date of Accident	08/08/2022 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG WEST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8026J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEW HOCK SCAFFOLDING PTE LTD
Company Reg No	1XXXXX092H
Email Address	sharonlim@yewhock.com.sg
Mobile Phone No	(Phone) +65-68518188
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z21VC05009468

DRIVER

Name of Driver	CHOKKALINGAM SUKUMARAN
Passport No/FIN	FXXXX992L
Date Of Birth	05/05/1972
Occupation	Outdoor

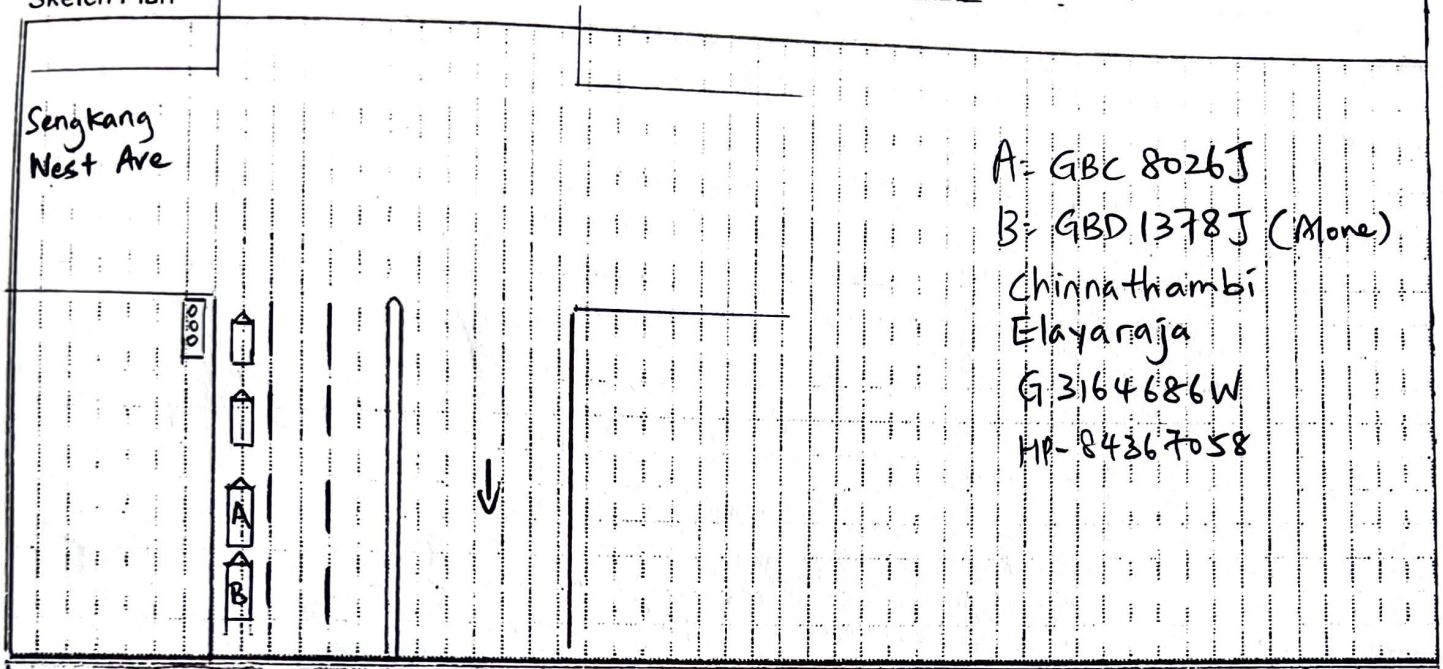
...nstance of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Onlly

( ) Claim OD/ TP at other workshop (_____)

Sketch Plan



A- GBC 8026J
B- GBD 1378J (Mone)
Chinnathiambi
Elayaraja
G3164686W
HP-84367058

Sengkang West Rd

Refer to Police Report No: T/20220808/2081

Declaration

I/We declare the foregoing particulars are true in every respect.

NEW HOCK SCAFFOLDING PTE LTD

Policyholder's Signature / Date & Time

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

10/8/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

(YS)