ASS. REC. BY: Kenneth

REF: CTL/ 2201064210g

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s China Nam Hup Hee

of 07-19

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 500

(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: $81K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SMQ 7045G Yr Regn: 11/19

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

Make: Hyundai Avante c.c 1591

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

Sp.Reading 28283 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMLU027470

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	22/10/22	D.O.I.	28/10/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Heard from wkp owner how the car

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS ___ SI

Photos _____

Others _____

TOTAL _____

Report Format :

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

ESTIMATE REPAIR COST

CHIN NAM HUP KEE MOTOR WORKS PTE LTD
160 SIN MING DRIVE #07-19 SIN MING
AUTOCITY SINGAPORE 575722

TEL: 6453 5112
FAX: 6552 2061

Messrs. China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00 Springleaf Tower
Singapore 079909

Date 25/10/22

Vehicle No. SMQ7045G Hyundai Avante

Quantity	Items/Descriptions	Prices
	Bal B/fd:	3614.20
6PCS	FRONT SUPPORT PANEL TOP GARNISH CLIP @$1.80/PC	10.80
1PC	FRONT SUPPORT PANEL	260.00
1PC	RADIATOR	145.00
1PC	RADIATOR COOLANT	16.00
1PC	AC CONDENSER	160.00
1PC	RADIATOR FAN ASSY	150.00
		4356.00
	Cost Plus 20%	871.20
	Sub Total:	5227.20
	Towing (Bill)	60.00
	Panel beating labour	1000.00
	Putty and spray paint	1000.00
	Check electrical lightings	120.00
	Replace AC condenser and recharge AC gas	150.00
	Rustproof welded and affected section.	80.00
	Computerised wheel alignment	80.00
	Total :	$7,717.20

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 **CHIN NAM HUP KEE MOTOR WORKS PTE LTD**

Not Authorised
Remove B4 paint
Ex @ 50c/c

Kenneth (CKKC)

ESTIMATE REPAIR COST

CHIN NAM HUP KEE MOTOR WORKS PTE LTD
160 SIN MING DRIVE #07-19 SIN MING
AUTOCITY SINGAPORE 575722

TEL: 6453 5112
FAX: 6552 2061

Messrs. China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00 Springleaf Tower
Singapore 079909

Date 25/10/22

Vehicle No. SMQ7045G Hyundai Avante KMHD841CMLU027470

Quantity	Items/Descriptions		Prices
1PC	BONNET		550.00
1PC	BONNET INSULATION		90.00
14PCS	BONNET INSULATION CLIP @$1.80/PC		25.20
2PCS	BONNET HINGES @$23/PC		46.00
1PC	BONNET LOCK		60.00
1PC	FRONT GRILLE		370.00
1PC	FRONT NO. PLATE	S/NETT	35.00
1PC	FRONT NO. PLATE GARNISH		13.00
1PC	FRONT BUMPER TOP GARNISH		40.00
1PC	FRONT BUMPER		600.00
1PC	FRONT BUMPER TOW COVER		7.00
2PCS	FRONT BUMPER RETAINER @$15/PC		30.00
1PC	FRONT BUMPER REINFORCEMENT		160.00
1PC	FRONT BUMPER SPONGE		58.00
1PC	LH FOG LAMP		80.00
1PC	LH FOG LAMP GARNISH		20.00
1PC	RH FOG LAMP		80.00
1PC	RH FOG LAMP GARNISH		20.00
1PC	LH HEADLAMP		620.00
1PC	RH HEADLAMP		620.00
1PC	LH HEADLAMP LOWER BRACKET		25.00
1PC	RH HEADLAMP LOWER BRACKET		25.00
1PC	FRONT SUPPORT PANEL TOP GARNISH		40.00
		Total C/fd:	$3,614.20

Alvin

for **CHIN NAM HUP KEE MOTOR WORKS PTE LTD**

SS2E22AP0005 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 25/10/2022 14:49 (SGT)
SUBMITTED BY: Cynthia Myint Myint Than
VERSION: 1 (25/10/2022 14:49 (SGT))

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	25/10/2022 14:49 (SGT)
Reported by	Both
Date of Accident	22/10/2022 12:25 (SGT)
Exact Location of Accident	Gambas Ave, Singapore
Additional Location Information	Gambas Ave (towards Woodlands)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7045G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Benson Neo Beng Seng
NRIC No	S1510174A
Email Address	bensonneo@hotmail.com
Mobile Phone No	(Phone) +65-97575693
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00239062100

DRIVER

Name of Driver	Benson Neo Beng Seng
NRIC No	S1510174A
Date Of Birth	21/04/1961
Occupation	Indoor

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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

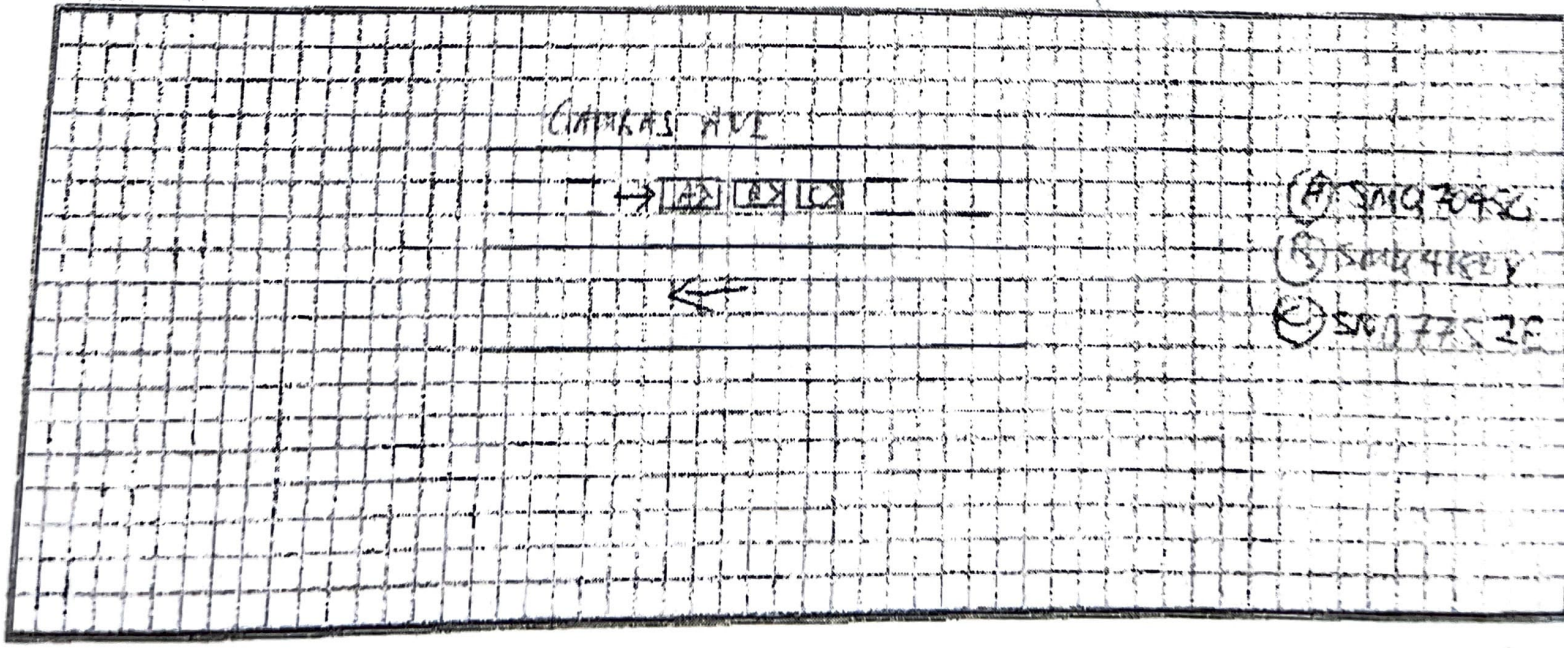
(collectively the "**Purposes**")

(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	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



ASS. REC. BY: Kenneth

REF: CTL/ 22010642Kq

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s China Nam Hup Hire

of 07-19

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 500

(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: $81K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SNQ7045G Yr Regn: 11/19

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

Make: Hyundai Avante (A) c.c 1591

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

Sp.Reading 28283 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMLU027470

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	22/10/22	D.O.I.	28/10/2022

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
/	Heard from wkp owner tow the car only after the vehicle over-heat.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Photos _____

Others _____

TOTAL _____

Report Format :

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