

ASS. REC. BY:

REF:

CTW 22010862/KW

C

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 _____

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

03

days

Res.: Yes or No

Lum Sum: _____

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

15/11 21Ry @ 3600L Cash @ 03 days (Red \$2,101.42 / 37%)

Veh No: _____

SMR 30530

Yr Regn: _____

12, 19

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

Truck / Trailer or

Make: _____

Toy

Noah

c.c

1797

Colour

N. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

166232

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

ZWR80

0413868

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: _____

R: _____

195/65R15

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

TOYO / YOKO or

Ferrod

Front

R/Bal. _____

3

mm

Rear

R/Bal. _____

D

mm

L/Bal. _____

3

mm

L/Bal. _____

D

mm

D.O.A. _____

27/10/22

D.O.I. _____

8/11/2022

Survey held at _____

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

N/S/F

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

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

Fax : 64816131

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

*Not Authorized
LH Rep \$3600
Resurvey After Paint
3 days*

Vehicle No : SMR 3053 D
Make : Toyota Noah Hybrid 1.8X CVT
Year : 2019

Description		Unit Price	Amount
<u>Estimate Cost Of Repair</u>			
1 pc	Front n/s fender <i>711-20</i>	<i>Br</i> \$988.50	✓
1 pc	Front n/s fender emblem	<i>Br</i> \$65.10	✓
1 pc	Front n/ fender innershield	<i>Br</i> \$205.00	X
1 pc	Front n/s headlamp assy	<i>my car</i> \$2,750.80	✓
1 pc	Front n/s headlamp garnish	<i>Br</i> \$155.20	X
1 pc	Front radiator grille	<i>Br</i> \$550.70	X
1 pc	Front bumper <i>1025</i>	<i>Br</i> \$1,255.70	✓
1 pc	Front n/s bumper side retainer	<i>Br</i> \$95.20	✓
1 pc	Front n/s fog lamp cover	<i>Br</i> \$115.70	X
			\$6,181.90
		Less 25 %	\$1,545.48
			\$4,636.42
<u>S Nett</u>			
15 pcs	Bumper clip	\$3.00 <i>Br</i>	\$45.00 ✓
<u>Labour Charges</u>			
Remove/renew the above parts including knocking, welding & cutting.			\$500.00 <i>4000</i>
To putty & spray paint on accident affected portion.			\$500.00 <i>4000</i>
Check/reconnect wiring.			\$20.00 ✓
Total			\$5,701.42

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	27/10/2022 16:44 (SGT)
Reported by	Driver
Date of Accident	27/10/2022 10:50 (SGT)
Exact Location of Accident	Garden Ave, Singapore
Additional Location Information	GARDEN AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR3053D
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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) +65-98572315
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	Income Insurance Limited
Policy Number / Cover Note Number	5127247960-000108

DRIVER

Name of Driver	YAP HOCK GUAN
NRIC No	S1723922H
Date Of Birth	03/02/1965
Occupation	Outdoor

Date Of Driving Pass	14/08/1984
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98572315
Alt. Phone Number	-
Email Address	carrental.lh@gmail.com
Address	APT BLK 603 WOODLANDS DRIVE 42
Address complement	#06-27
Postcode	730603
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)	5
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

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 AM TRAVELLING ALONG GARDEN AVE ROUNDBABOUT THE BUS PC1217E WAS GOING TO EXIT THE ROUNDBABOUT, HE STOPPED HIS VEHICLE SUDDENLY, I PROCEED TO OVERTAKE HIM, SUDDENLY HE JUST SWERVE IN, I IMMEDIATELY STOPPED MY VEHICLE AND HORN REPEATEDLY, HE STILL BANG INTO MY CAR.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC1217E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YAP HOCK GUAN
 Gender Male
 Phone No (Phone) +65-98572315
 Address APT BLK 603 WOODLANDS DRIVE 42
 Address Complement #06-27
 Post Code 730603
 Approximate Age Years Old 57
 Injuries Sustained SHOULDER , BACK AND WAIST
 Injured person in which vehicle? SMR3053D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

IMPORTANT NOTICE

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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 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 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 purposes 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

LH CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

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

Sketch Plan

Car A = JNR3053D
Car B = PC02AE

Car A

v3jun2022

Describe Circumstance of the Accident

I am travelling along Garden Ave towards
the bus PC 1217E was going to exit the roundabout,
he stopped his vehicle suddenly. I proceed to overtake
him. Suddenly he just swung in, I immediately stopped
my vehicle and honk repeatedly repeatedly. he still bang
into my car.

Declaration

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

LH CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

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

V01m2022

