Kenneth

ASSIGNMENT

From: _____	Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ *Cartime*

of _____

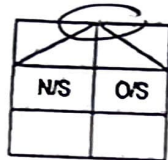Insured: _____

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.

Bal. or Market Value: $66K

IDAC Accident Rport _____ 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

Veh No: PC 8445S   Yr Regn: 05, 19

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

Make: Toy Hiace   c.c 2754

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

Sp.Reading 119910   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GOH 201 1020484

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: 195 R15 X 8

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	8/11/22	D.O.I	15/11/2022

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.

N/S	O/S

Date / Time	Action / Instruction

Kenneth finalised LS $3050, 3 days. (Red $7935.50, 72%)

Data/Time, File Pass to? ☐ : Prell. Report

20/04 Typist ☐ : Final Report

Data/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech Invs ($)
☐ : Weekend ($)

Survey Fee:

Transportation
$ - FS SI
F...s
Others

Report Format : TP

Lump Sum / T.B.T. ($ 3050

AUTOLUTION
CARTIMES
CarTimes Autolution Pte Ltd
160 Sin Ming Drive AutoCity
#02-04 Singapore 575722
Tel 6471 5111
Email : claims@cartimes.com.sg

Not Authorised
LI Surp &
Recovery After Paint
3 days

VEHICLE NO: PC8445S   **MODEL: TOYOTA HIACE 2.8**
CHASSIS NO: GDH2011020484

DESCRIPTION		REPAIRER'S ESTIMATE(S$)
PARTS (LIST ITEMS)		
FRONT BUMPER		$ 650.00
FRONT BUMPER RETAINER LHS		$ 150.00
FRONT BUMPER RETAINER RHS		$ 150.00
BUMPER TOWING COVER		$ 45.00
FOG LAMP COVER LHS		$ 60.00
FOG LAMP COVER RHS		$ 60.00
FRONT GRILLE		$ 1,200.00
FRONT REINFORCEMENT BAR		$ 360.00
FRONT BONNET		$ 1,030.00
TOYOTA EMBLEM		$ 75.00
FRONT BONNET HINGE LHS		$ 95.00
FRONT BONNET HINGE RHS		$ 95.00
HEADLAMP LHS		$ 2,102.00
HEADLAMP RHS		$ 2,102.00
HEADLAMP BRACKET LHS		$ 45.00
HEADLAMP BRACKET RHS		$ 45.00
FRONT SUPPORT PANEL		$ 780.00
AIRCOND CONDENSER		$ 980.00
WATER RESERVOIR TANK		$ 290.00
		$ 10,314.00
	25%	$ 2,578.50
		$ 7,735.50

SPECIAL NETT ITEMS

CARPLATE WITH HOLDER	CM	$ 150.00

RONT BUMPER CLIPS 1 SET			$	60.00
FRONT GRILLE CLIPS 1 SET			$	60.00
	Total		$	270.00
	TOTAL PARTS		**$**	**8,005.50**

DESCRIPTION	REPAIRER'S ESTIMATE (S$)
LABOUR	
1 To remove the affected parts & fittings to commence repairs; replace damaged parts and components	$ 4ool 1,200.00
2 To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	$ 4ool 1,200.00
3 To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	$ 2ol 100.00
4 To provide anti-rust treatment on affected areas	$ ~~ 100.00 X
5 To remove and re-fix front aircond condenser and re-fill gas	$ 200.00
6 To remove and re-fix front radiator and re-fill coolant	$ ~~ 180.00 X
Labour Total :	$ 2,980.00
TOTAL (PARTS & LABOUR):	$ 10,985.50

✆ 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	09/11/2022 17:38 (SGT)
Reported by	Driver
Date of Accident	08/11/2022 17:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTRAM PARK TOWARDS CHIN SWEE NEAR LAMP POST 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8445S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	C & P RENT-A-CAR PTE LTD
Company Reg No	1XXXXX477H
Email Address	claims@cartimes.com.sg
Mobile Phone No	(Phone) +65-96322387
Alternative Phone No	-

VEHICLE PARTICULARS

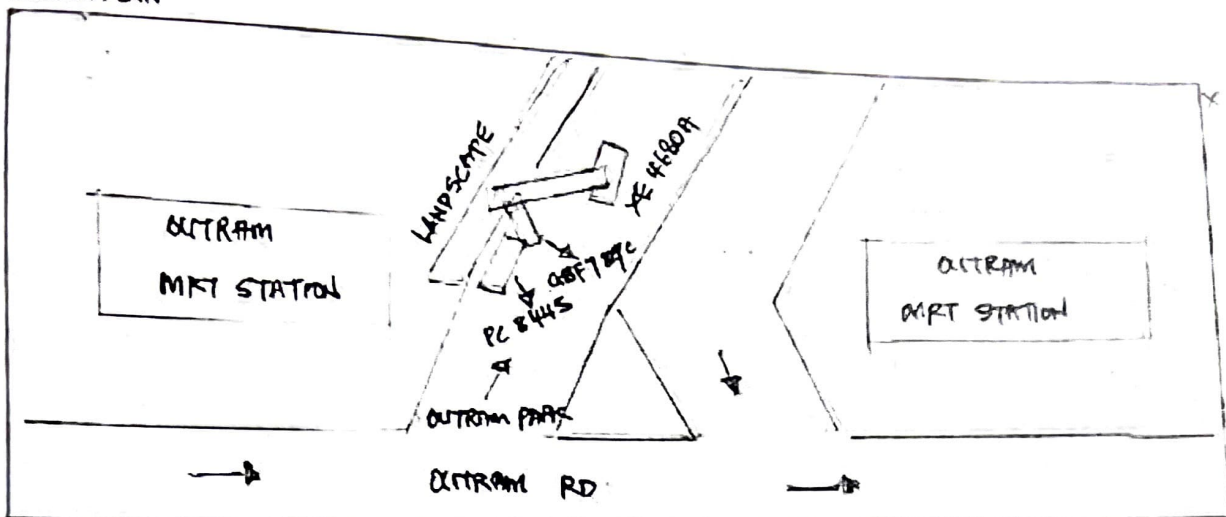|	
Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V01369/VBZ/R09

DRIVER

Name of Driver	SLAMAT BIN NGASMAN
NRIC No	SXXXX737G
Date Of Birth	13/05/1964
Occupation	Outdoor

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am working AS AN AREA SUPERVISOR FOR CONRAD MAINTENANCE. MY COMPANY IS A SUB-CONTRACTOR DOING CLEANING WORK FOR SMRT.

ON 8/11/2022 AT ABOUT 5:35pm. I ARRIVED AT OUTRAM PARK MRT STATION. I PARKED MY VAN PC8445S ALONG OUTRAM PARK TOWARDS CHIN SWEE NEAR LAMP POST 3. THEREAFTER I ALIGHTED AND TOGETHER WITH MY FELLOW COLLEAGUES, WE WENT TO THE MRT STATION TO DO OUR WORK. MY OTHER COLLEAGUES ANBU HAD ALSO PARKED HIS VEHICLE GBF789C AT THE SAME ~~STAT~~ LOCATION.

AT ABOUT 7:04pm, WHILE I WAS WORKING, I RECEIVED A CALL FROM ANBU WHO TOLD ME THAT A TRAILER HAD HIT ONTO BOTH MY VAN AND HIS VAN. I QUICKLY WENT UP TO MAKE A CHECK. WHEN I ARRIVED, I HEARD AND DISCOVERED THAT A TRAILER DRIVEN BY A CHINESE MAN HAD HIT ONTO BOTH MY VAN PC8445S AND ANBU VAN GBF789C. I DO NOT KNOW EXACTLY HOW THE INCIDENT HAD HAPPEN. I DID NOT SPEAK TO THE TRAILER DRIVER, AND I DID NOT GET HIS PARTICULARS. FROM WHAT I SAW. I SUSPECT THAT THE TRAILER HAD HIT ONTO ANBU VAN THAT CAUSES ANBU VAN TO HIT ONTO MY VAN. ANBU VAN WAS PARKED INFRONT OF MY VAN.

AFTER A WHILE, THE TRAFFIC POLICE CAME AND ATTENDED TO THE ACCIDENT. I WAS GIVEN A CASE CARD AND WAS TOLD BY THE TRAFFIC POLICE OFFICER TO MAKE A POLICE REPORT REGARDING THE ACCIDENT.

DECLARATION

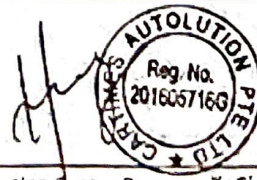I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: