

ASS. REC. BY:

REF:

CT21 220121671Kp

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.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1-B1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SLR 962L

Yr Regn:

07 17

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

Truck / Trailer or

Make:

Toy Prius

c.c

1797

Colour

M. Silver

AC:

Insured / Std / NI / NA

Sp. Reading

235387

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

8VW50

6080425

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Interac

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

1/11/22

D.O.I.

6/12/2022

Survey held at

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

Rear N/S

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

Fines

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

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

Date: 30/11/2022
 Vehicle No: SLR962L
 Model: TOYOTA PRIUS HYBRID 1.8S CVT
 Chassis: ZVW506080425
 Reg.Year: 2017

Third Party Insurer: CHINA TAIPING
 Third Party Veh No: GBJ7473X
 Date of Accident: 01/11/2022
 Estimator: NASHIK
 Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR UPPER TAIL LAMP LH	1		<i>Br</i> \$433.00 ✓
2	REAR LOWER TAIL LAMP LH	1		<i>Br</i> \$463.00 x
3	REAR BUMPER	1		<i>Net Br</i> \$548.00 ✓
4	REAR FENDER LH	1		REPAIR
SUB TOTAL				\$1,444.00
LESS 25%				-\$361.00
PARTS TOTAL				\$1,083.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>Br</i> \$50.00 ✓
S/N TOTAL				\$50.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST ACCIDENT AREAS. \$400.00 *2001*

LABOUR CHARGES FOR PAINTING & FURNISHING MATERIALS AT ACCIDENT AREAS. \$500.00 *2201*

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. \$100.00 *201*

LABOUR TOTAL \$1,000.00

NASHIK

TOTAL \$2,133.00

*Not Withheld
 Return By painting
 2 days*

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: _____

Head office

6 Kung Chong Road Singapore 159143
 Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
 Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
 Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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	30/11/2022 00:14 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	67 TAMPINES CENTRAL 7 CITYLIFE @ TAMPINES S528598
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR962L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KINETIC HOLDINGS PTE LTD
Company Reg No	201618392N
Email Address	support@kinetic-alliance.com
Mobile Phone No	(Phone) +65-97849075
Alternative Phone No	-

VEHICLE PARTICULARS

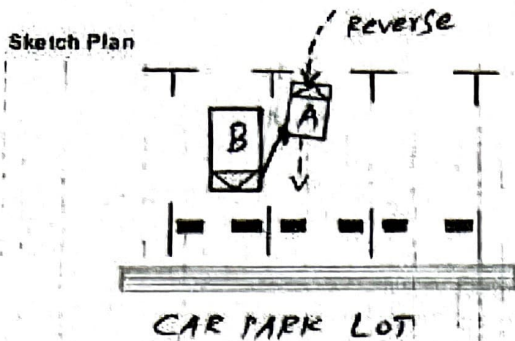
Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00009432202

DRIVER

Name of Driver	CHAN YUEN QUAN VINCENT (CHEN YANGUANG)
NRIC No	S7825231F
Date Of Birth	28/08/1978
Occupation	Outdoor



① → SLR 962L

② → GBJ 7473X

67 Tampines Central 7 Citylife @ Tampines S(528598)

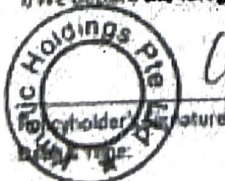
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: L/2022/101/7045

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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



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

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

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop () Claim Own Policy