

ASS. REC. BY:

REF:

C721

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

QD/TP/WS/TP RES/QD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop n/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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Wkup will re-submit cost prices.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

: Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Transportation

S - RS, SI

: Fuel

: Others

Report Format:

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

Veh No:

PC 3099R

Yr Regn:

05, 15

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

Truck / Trailer or

Make:

Toyota

Colour:

White

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: N/A / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO/YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

Des. of Damages

The UIC / Chassis frame / Body Structure affected due to collision.

SC Auto Industries (S) Pte Ltd (Co.Reg.No:199800107D)  
 51 Senoko Road, #03-01  
 Singapore 758133  
 Tel: 67582222/65719972 Fax: 62576931 Email: sales@scauto.com.sg

INSURER: China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

### PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	DMB1SNW00014232200	Date of Loss:	27/12/2022
Vehicle Reg. No.:	PC3099R	Driveable?	
Driver Age/Info:	/ FEMALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	KIM TRANSPORT SOLUTION PTE LTD		
Driver:	TNG HUI TING		

Make/Model:	TOYOTA HIACE, 3.0 D DX (A)	Vehicle Reg. Date:	03/05/2015
Vehicle Colour:	METALLIC WHITE	Chassis No:	KDH2010157956
Engine No:	1KDH2010157956		
Odometer:	0 KM		

Paint Type:	METALLIC 2K
Total Loss?	NO
Est. Duration of Repair (day)	30 Days

*Not Noted*  
*11 Pys @*  
*Permy After Paint*  
*Ex @ 2000*

Present Location: SC AUTO INDUSTRIES (S) PTE LTD (HQ)

	Amount
<b>COST OF CLAIMS</b>	25,031.30
Parts	0.00
Miscellaneous Items	10,280.00
Labour	0.00
Paintwork Labour	150.00
Towing	
<b>Gross Total (S\$)</b>	<b>35,461.30</b>
<b>+ GST 8.00% (S\$)</b>	<b>2,836.90</b>
<b>Nett Amount (S\$)</b>	<b>38,298.20</b>

This claim is handled by: **RAYMOND TING SING WEI**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**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:



## REPAIR DETAILS

## Reference

## Part Source:

Parts: N/A (Last Synchronised: 04 Jan 2023)  
 Labour: Repairer's TOYOTA HIACE 3.0 D DX (A) (Model not available in database)  
 Print Code: SC Auto Industries (S) Pte Ltd/PC3099R/04/01/2023 18:37  
 (Price-denominated Standard List)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

## Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT BUMPER	0.00	0.00	<i>By</i> *785.60 F ✓
2	2		*FRONT HEADLIGHT LH & RH	<i>mg Ro</i> 0.00	0.00	*2,880.40 F ✓
3	1		*BONNET LOCK	0.00	0.00	*268.20 F ?
4	1		*FRONT TOP GRILLE	0.00	0.00	<i>CM</i> *385.40 F ✓
5	1		*FRONT GRILLE LOWER	0.00	0.00	<i>DT</i> *885.40 F ✓
6	1		*FRONT GRILLE BASE	0.00	0.00	<i>CM</i> *823.10 F ✓
7	1		*FRONT WINDSCREEN	0.00	0.00	<i>CM</i> *1,240.10 F ✓
8	1		*FRONT WINDSCREEN MOULDING	0.00	0.00	<i>Ne</i> *201.60 F ✓
9	1		*FRONT WINDSCREEN SEALANT	0.00	0.00	<i>Ne</i> *147.00 F ✓
10	1		*A/C CONDENSER	0.00	0.00	<i>By</i> *1,580.50 F ✓
11	1		*RADIATOR	0.00	0.00	*2,250.00 F ?
12	1		*SUPPORT PANEL ASSY	0.00	0.00	<i>By</i> *986.60 F ✓
13	2		*RETAINER LH & RH	0.00	0.00	<i>DT</i> *328.50 F ✓
14	2		*HEADLAMP BRACKET LH & RH	0.00	0.00	*189.00 F ?
15	2		*FRONT BUMPER TOW COVER	0.00	0.00	<i>ml</i> *147.20 F ✓
16	1		*ENGINE LOWER COVER	0.00	0.00	<i>Ro</i> *680.40 F ✓
17	1		*COOLING FAN COVER	0.00	0.00	<i>Ro</i> *1,085.60 F ✓
18	2		*RADIATOR FLIP COVER LH & RH	0.00	0.00	<i>ml</i> *571.20 F ✓
19	1		*A/C PIPE	0.00	0.00	*620.10 F ?
20	2		*COOLING FAN	0.00	0.00	<i>Ro</i> *1,102.80 F ✓
21	1		*COOLING FAN MOTOR	0.00	0.00	*1,797.60 F ?
22	1		*FRONT BUMPER REINFORCEMENT	0.00	0.00	<i>By</i> *956.60 F ✓
23	1		*HORN	0.00	0.00	*98.50 F ?
24	1		*AIR FILTER ASSEMBLY	0.00	0.00	<i>Ro</i> *1,550.90 F ✓
25	1		*STABILIZER BAR	0.00	0.00	*2,180.20 F ?
26	2		*STABILIZER LINK LH & RH	0.00	0.00	*971.20 F ?
27	4		*COOLANT	0.00	0.00	<i>Ne</i> *112.00 F ✓
28	1		*SIDE STEP COVER RH	0.00	0.00	<i>Ro</i> *205.60 F ✓

F=Franchise part.

Total Parts (S\$)

25,031.30

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# Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			<i>2001</i>
1	LABOUR TO REMOVE, REINSTALL AND CHECK STRUCTURE WIRE HARNESS.	New	650.00
2	LABOUR TO REMOVE AND REINSTALL FRONT WINDSCREEN	New <i>4001</i>	600.00
3	LABOUR TO REFILL A/C GAS	New <i>1001</i>	180.00
4	LABOUR TO REPLACE UNDERCARRIAGE COMPARTMENT. CHECK ACCORDING TO DAMAGE.	New	1,800.00 ?
5	LABOUR TO CARRY OUT WHEEL ALIGNMENT	New <i>601</i>	250.00
6	LABOUR TO CARRY OUT DIAGNOSTIC CHECK	New	300.00 ?
7	LABOUR TO RESPRAY SUPPORT PANEL ASSY, FRONT SIDE MEMBER LH & RH, CHASSIS FRAME, A-PILLAR LH & RH. <i>3x400</i>	New <i>12001</i>	2,000.00
8	LABOUR TO REMOVE, REPAIR, AND REINSTALL FRONT BUMPER, SUPPORT PANEL ASSY, FRONT SIDE MEMBER LH & RH, CHASSIS FRAME AND A-PILLAR LH & RH. CHECK ACCORDING TO DAMAGE	New <i>14001</i>	4,500.00
Gross Labour Cost (\$\$)			10,280.00

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< END OF ESTIMATES >

## 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	28/12/2022 18:20 (SGT)
Reported by	Both
Date of Accident	27/12/2022 05:45 (SGT)
Exact Location of Accident	71 Brani Terminal Ave, Singapore
Additional Location Information	BRANI TERMINAL AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3099R

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIM TRANSPORT SOLUTIONS PTE LTD
Company Reg No	2XXXXX057N
Email Address	ALEXNG@KIMSINGAPORE.COM.SG
Mobile Phone No	(Phone) +65-98731138
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?	Yes
Vehicle Category	Goods vehicle
Transmission	Auto
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00014232200

#### DRIVER

Name of Driver	TNG HUI TING
NRIC No	SXXXX502I
Date Of Birth	11/02/1989
Occupation	Outdoor



## IMPORTANT NOTICE

## SKETCH PLAN

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 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 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

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

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

### Sketch Plan

A: R3099R

11	11	11
77	77	77
11	11	11
77	77	77

18/10/2022

Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode

22/12/2017  
5 YEARS  
Female  
(Phone) +65-90170524

Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

-  
ALEXNG@KIMSINGAPORE.COM.SG  
BLK 511 JURONG WEST STREET 52  
#03-68  
640511  
No  
Employee  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

No Collision  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? No  
Number of vehicles involved in the accident 1  
Was anybody injured in the Accident? No  
Was any injured conveyed to hospital by ambulance? -  
Was any other vehicle or property damaged? No  
Number of Passengers (Including Driver) 1  
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 -

#### 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 WAS DRIVING ALONG BRANI TERMINAL AVENUE. DUE TO I WAS DRIVING WRONG DEPOT WAY, THEN MY VEHICLE DROP INTO CONTAINER CUSHION. I TRY TO DRIVE MY VEHICLE OUT OF THE LOCATION FEW TIMES BUT UNABLE THEN DAMAGE MY FRONT PORTION AND UNDERCARRIAGE.

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? No