

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT/23001416/49p3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: PC 9187E

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 Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

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

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

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, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

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. (\$

MER-TP

4200



KT GARAGE PTE LTD UEN: 201906115R
Auto Bay@ Kaki Bukit Entrance A
BLK 1 Kaki Bukit Ave 6 #01-04 Singapore 417883

4/5 8 4200
4 days

Date :

Total Pages :

TO: China Taiping Insurance
3 Anson Rd
#16-00 Springleaf Tower
Singapore 079909

Our Customer : KT Leasing
Vehicle No : **PC9187E**
Model : Toyota Hiace High Roof
Manufacture Year : 2019
Date of Accident : 7/2/2023

Total Estimate Repair Days :

Attn : Motor Claim Department
Email : claimsdept@sg.cntaiping.com

Re: Repair Estimate For Third Party Claim against :GBJ1700E

| No. | Item Descriptions | Qty | Unit Price | Amount | Remarks From Surveyor |
|-----------|---|--------------------|-------------------|-------------------|-----------------------|
| A. | Spare Parts | | | | |
| 1 | Rear Bumper | 1 | \$475.00 | \$475.00 | DD ✓ |
| 2 | Rear Bumper Clip | 1 set 8 | \$5.00 | \$40.00 | nei ✓ |
| 3 | Rear Bumper Lower Bracket | 3 | \$30.00 | \$90.00 | Seip ✓ |
| 4 | Rear Bumper Side Retainer | 2 | \$65.00 | \$130.00 | 11 X |
| 5 | Tailgate | 1 | \$2,450.00 | \$2,450.00 | Body ✓ |
| 6 | Tailgate Logo | 1 | \$80.00 | \$80.00 | nei ✓ |
| 7 | Tailgate Hiace Emblem | 1 | \$78.00 | \$78.00 | nei ✓ |
| 8 | Tailgate Inner Trimboard | 1 | \$608.50 | \$608.50 | DD/Tr ✓ |
| 9 | Tailgate Lock | 1 | \$332.70 | \$332.70 | DD/Tr ✓ |
| 10 | Tailgate Weatherstrip | 1 | \$280.60 | \$280.60 | Tr ✓ |
| 11 | Tailgate Outer Handle | 1 | \$180.70 | \$180.70 | 11 X |
| 12 | End Panel - Outer | 1 | \$450.00 | \$450.00 | DD ✓ |
| 13 | End Panel - Inner | 1 | \$1,090.50 | \$1,090.50 | R X |
| 14 | Rear Corner Panel | 2 | \$100.60 | \$201.10 | 11 X |
| 15 | Rear Number plate Lamp | 2 | \$99.40 | \$198.80 | 11 X |
| | Sub Total | | | \$6,685.90 | |
| | Less 10% | | | \$668.59 | |
| | Sub Total 1 | | | \$6,017.31 | |
| B. | S/Nett | | | | |
| 1 | Tailgate Windscreen Sealant | 1 | \$18.00 | \$28.00 | nei ✓ |
| 2 | Tailgate Windscreen Inner Seal | 2 | \$25.00 | \$50.00 | nei 40 |
| 3 | 70 KM/HR Sticker | 1 | \$18.00 | \$28.00 | nei 10 |
| 4 | Rear Number Plate | 1 | \$50.00 | \$50.00 | 50 X |
| 5 | Rear Parking Sensor | 1 set | \$252.00 | \$252.00 | Shut 200 |
| | Sub Total 2 | | | \$408.00 | |
| B | Labour | | | | |
| 1 | To panel beat, knock and straighten damaged panel and re-align the same | | | \$1,650.00 | 600 |
| 2 | To Remove Rear Windscreen | | | \$150.00 | 120 |
| 4 | To Remove Upholstery | | | \$120.00 | 80 |
| 5 | To spray paint the affected areas | | | \$900.00 | 500 |
| 6 | To rust proof all affected areas | | | \$80.00 | 50 |
| 8 | To Transfer Tailgate | | | \$100.00 | 60 |
| 9 | To Check All Necessary Lighting | | | \$80.00 | 20 |
| 10 | Instal Parking Sensor | | | \$100.00 | 40 |
| | Total Labour | | | \$3,180.00 | |

p-4679.8
252
3009.85
278
1410
5257



KT GARAGE PTE LTD UEN: 201906115R

Auto Bay@ Kaki Bukit Entrance A

BLK 1 Kaki Bukit Ave 6 #01-04 Singapore 417883

| | | |
|--|-------------------|------------|
| | Total Repair Cost | \$9,605.31 |
| * The above quoted are exclusive of GST. | | |

Yours faithfully,

Kai
f KT Garage Pte Ltd

| Surveyor's Details | |
|--------------------|---------------------------|
| Name | MORONG LHM |
| Contact | 90096608 |
| Survey Date | 20/2/23 |
| Recommender | Authorize / Not Authorize |
| Before Paint | Yes / No |
| Signature | |

Not Authorize
2/5 = 4200/
4 days.
Take photo after repair

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 | 08/02/2023 13:39 (SGT) |
| Reported by | Driver |
| Date of Accident | 07/02/2023 10:20 (SGT) |
| Exact Location of Accident | 60 Admiralty Rd W, Singapore 759956 |
| Additional Location Information | Alon Admiralty Road West |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | PC9187E |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | KT LEASING PTE. LTD. |
| Company Reg No | 2XXXXX231C |
| Email Address | ZK@GAL.COM.SG |
| Mobile Phone No | (Phone) +65-82981957 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| Variant | TOYOTA / HIACE COMMUTER GL 2.8 AUTO |
| 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 | Bus |
| Transmission | Auto |
| CC | 2754 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | - |

DRIVER

| | |
|----------------|------------------|
| Name of Driver | Alias Bin Ismail |
| NRIC No | SXXXX668I |
| Date Of Birth | 25/08/1981 |
| Occupation | Outdoor |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 16/07/2014 |
| Driving experience | 8 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87483812 |
| Alt. Phone Number | - |
| Email Address | zk@gal.com.sg |
| Address | Blk 462 Sembawang Drive #11-239 |
| Address complement | - |
| Postcode | 750462 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| 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

Please Refer To Sketch Plan

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------------------|
| Vehicle Registration Number | GBJ1700E |
| 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) -

SKETCH PLAN

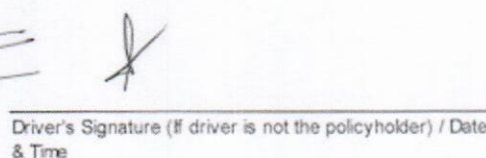
IMPORTANT NOTICE


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 Authorised 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 Police for investigation.
6. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

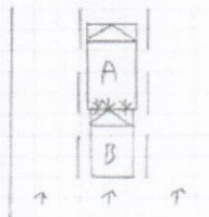

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

A: P1187E
D: G0J177E




Describe Circumstances of the Accident

The accident happened on 7th of Feb 2023 at around 1020hrs along Admiralty Road West. I was travelling along the middle lane when Veh 13 suddenly collided with the rear portion of my vehicle.

Declaration

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


Witnessed by Reporting Centre Personnel







GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

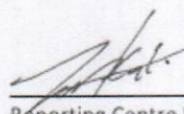
Original Report No : SGOK23280001 Vehicle Registration No: PC9187E
Name (as shown in NRIC) : KT Leasing PTE. LTD. NRIC/FIN/Passport No : 201909231C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : _____ Time of Accident : _____
Place of Accident : _____
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

4 Edit Sketch Plan

Policyholder / Driver's Signature
Date:


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