ASS. REC. BY: Kenneth | REF: HSBI 2300180711Kn

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Massive

of 267X

Insured: _____

Policy No. _____

Claims No. _____

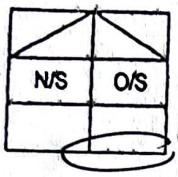
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: $51K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBF 7972T Yr Regn: 03, 17

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

Make: Toy Hiace c.c 2982

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

Sp.Reading 113933 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH201-50

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: Falken 195R15X8

R: Yoko

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	7 mm
L/Bal.	9 mm	L/Bal.	7 mm
D.O.A.	16/2/23	D.O.I.	20/2/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
/	W/Shop said unable to locate 2nd parts.

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. _____ SI

Parking: _____

Others: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/p 91082728

Not Authorised C/Pay & Primary After Paint 4-5days

Lim Ah Song Trading
Blk 644 Ang Mo Kio Ave 4
#11-860
Singapore 560644

Vehicle No : GBF 7972 T
Make/Model : Toyota Hiace
Year : 2016

Qty	Description	Unit Price	Amount
	Estimate Cost Of Repair		
1 pc	Rear tail-gate assy		$1,850.70
1 pc	Rear tail-gate windscreen moulding		$75.20
1 pc	Rear tail-gate emblem " Logo "		$65.70
1 pc	Rear end panel		$487.60
1 pc	Rear bumper		$576.20
1 pc	Rear bumper inner step panel		$387.50
1 pc	Rear o/s bumper side retainer		$75.60
1 pc	Rear boot rubber		$205.70
1 pc	Rear o/s tail-lamp		$465.80
1 pc	Rear o/s tail-lamp apron panel		$155.70
1 pc	Rear exhaust silencer		$750.80
			$5,096.50
		Less 25 %	$1,274.13
			$3,822.37
	S Nett Item		
1 pc	Rear windscreen sealant		$35.00
1 pc	Rear tail-gate sticker " 70 kmph "		$15.00
1 pc	Rear tail-gate sticker " 8 PAX "		$15.00
1 pc	Rear reverse sensor		$200.00
			$265.00

Labour Charges

Remove/renew the above accident parts including knocking, welding & cutting.	$900.00 500
To putty and spray paint	$900.00 400
Check & reconnect wiring.	$30.00 20
balance c/f	$5,917.37

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:

GBF 7972 T

	balance b/f	$5,917.37

Labour Charges

Remove/refit rear windscreen glass to facilitate repair		$120.00
Remove/refit rear tail-gate mechanism, inner trim to new door.		$100.00
Remove/renew rear exhaust silencer		$150.00
	Total	$6,287.37

SN09232H0001 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 17/02/2023 08:18 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 1 (17/02/2023 08:18 (SGT))

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	17/02/2023 08:18 (SGT)
Reported by	Driver
Date of Accident	16/02/2023 15:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SUNRISE WAY TURNING TO YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7972T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIM AH SONG TRADING
Company Reg No	5XXXX267X
Email Address	limahsongtrading20170101@gmail.com
Mobile Phone No	(Phone) +65-98322718
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00020492200

DRIVER

Name of Driver	LIM AH SONG
NRIC No	SXXXX801D
Date Of Birth	11/05/1961
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please ensure 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 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 as 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.

LIM AH SONG TRADING

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)
	16/2/23	17/2/2023

Sketch Plan