

ASS. REC. BY:

REF:

AGZ / 23002264/KV

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:

04 days

Res.: Yes or No

Lum Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

Pmp 4339J

Yr Regn:

09, 19

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

Truck / Trailer or

Make:

Toy CHR

c.c

1797

Colour

M. Yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

170243

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

8YX10

2180023

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

235/508R18

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

TOYO / YOKO or

Greentac

Front

Rear

R/Bal.

P

mm

R/Bal.

9

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

28/2/23

D.O.I.

2/3/2023

Survey held at

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

N/S 151

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation:

\$ - RS. \$

Fines

Others

TOTAL

Report Format :

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

Date: 02/03/2023
 Vehicle No: SMP4339J
 Model: TOYOTA CHR HYBRID 1.8S CVT
 Chassis: ZYX102180023-2019
 Reg. Year: 2019

*Not Notwithstanding
 Attorney Bepain
 4 day*

Third Party Insurer: AGI
 Third Party Veh No: SKD3017G
 Date of Accident: 28/02/2023
 Estimator: TING AN
 Surveyor:

ESTIMATE

| NO. | DESCRIPTION | QTY | UNIT S\$ | AMOUNT S\$ |
|-------------|--|-----|----------|----------------------------------|
| 1 | FRONT BONNET | 1 | | <i>Bu</i> \$1,223.00 ✓ |
| 2 | FRONT BONNET HINGE LH | 1 | | <i>mi</i> \$71.00 ✓ |
| 3 | FRONT BONNET HINGE RH | 1 | | \$71.00 ✓ |
| 4 | FRONT BONNET INSULATOR | 1 | | <i>in</i> \$443.00 X |
| 5 | FRONT WIPER AIR GRILLE | 1 | | <i>cm</i> \$746.00 ✓ |
| 6 | FRONT HEADLAMP LH | 1 | | <i>my</i> <i>cm</i> \$1,727.00 ✓ |
| 7 | FRONT BUMPER | 1 | | <i>cm</i> \$856.00 ✓ |
| 8 | FRONT BUMPER SIDE BRACKET LH | 1 | | <i>cm</i> \$115.00 ✓ |
| 9 | FRONT BUMPER TOWING COVER | 1 | | <i>su</i> \$41.00 X |
| 10 | FRONT BUMPER LOWER GRILLE | 1 | | <i>my</i> <i>cm</i> \$515.00 ✓ |
| 11 | FRONT BUMPER FOG LAMP GARNISH COVER LH | 1 | | <i>mi</i> \$98.00 ✓ |
| 12 | FRONT FENDER LH | 1 | | <i>Ry</i> \$774.00 ✓ |
| 13 | FRONT FENDER "HYBRID" EMBLEM | 1 | | <i>na</i> \$65.00 ✓ |
| 14 | FRONT FENDER INNER SHIELD LH | 1 | | <i>Ne</i> <i>su</i> \$236.00 ✓ |
| 15 | FRONT FENDER WHEEL ARCH COVER LH | 1 | | <i>Ry</i> \$177.00 ✓ |
| SUB TOTAL | | | | \$7,158.00 |
| LESS 25% | | | | -\$1,789.50 |
| PARTS TOTAL | | | | \$5,368.50 |

| NO. | SPECIAL NETT | QTY | UNIT S\$ | AMOUNT S\$ |
|-----------|--|-----|----------|---------------------|
| 1 | FRONT BONNET INSULATOR CLIPS | 1 | | <i>na</i> \$40.00 X |
| 2 | FRONT BUMPER CLIPS | 1 | | <i>na</i> \$50.00 ✓ |
| 3 | FRONT FENDER INNER SHIELD CLIPS LH | 1 | | <i>na</i> \$40.00 ✓ |
| 4 | FRONT FENDER WHEEL ARCH COVER CLIPS LH | 1 | | <i>na</i> \$40.00 ✓ |
| S/N TOTAL | | | | \$170.00 |

Date: 02/03/2023
Vehicle No: SMP4339J
Model: TOYOTA CHR HYBRID 1.8S CVT
Chassis: ZYX102180023-2019
Reg.Year: 2019

Third Party Insurer: AGI
Third Party Veh No: SKD3017G
Date of Accident: 28/02/2023
Estimator: TING AN
Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT ACCIDENT AREAS & ETC.

500/
\$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BONNET, FRONT BUMPER, FRONT FENDER LH & ETC.

600/
\$700.00

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

\$100.00 80/

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$80.00 20/

| | |
|--------------|------------|
| LABOUR TOTAL | \$1,580.00 |
|--------------|------------|

TING AN

TOTAL

\$7,118.50

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 | 01/03/2023 18:33 (SGT) |
| Reported by | Driver |
| Date of Accident | 28/02/2023 12:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ANCHORVALE LINK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP4339J

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 | C-hr |
| 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

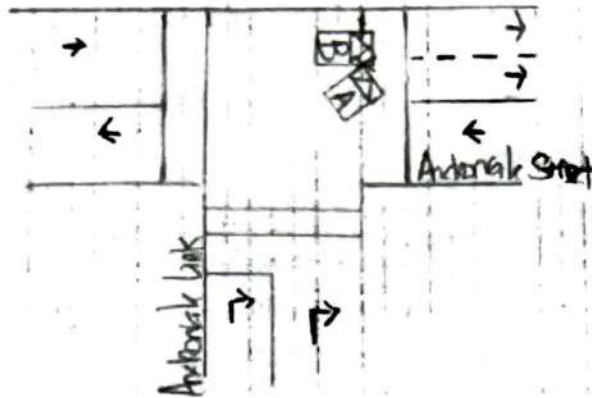
| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNA00009432202 |

DRIVER

| | |
|----------------|---------------------------|
| Name of Driver | HO SHU CHERN (HE SHUZHEN) |
| NRIC No | S7537492E |
| Date Of Birth | 15/12/1975 |
| Occupation | Outdoor |

Sketch Plan

Anchorvale
Link &
Anchorvale street



Veh A: Smp4339J

Veh B: SKD3017G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/1/2023 @ 1200hrs, I was making a right turn towards Anchorvale street when the traffic turns green. Suddenly I hit an impact, I alighted & realised that Veh B: SKD3017G right portion has collided into my Veh A: Smp4339J front left portion. We

Exchanged particulars

Seek for medical treatment and was given 2 days mc.

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

DECLARATION

We declare that 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:
NRMC/TRA No.:

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