

ASS. RE = U.B.I. *Paul*

REF:

HSB

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp. at Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

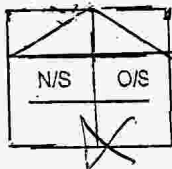
Excess: _____

(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: _____

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Davren

Veh No: JVK 9298

Yr Regn: 2016 / 07

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

Truck / Trailer or

Make: Toyota Innova

c.c. 1998

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 168895

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: PN111NV4018644264

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: 205/65R15

R: 17

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

D.O.I. 9/3/23

Survey held at Teamwork

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1) _____

☐

: Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / E.B. / F

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL



Pte Ltd

TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel : 6844 2475

E-mail : claims@teamworkgarage.com

ROC number : 201015366H

REPAIR PERFORMANCE INVOICE



Vehicle number	JVK9298
Make / Model	TOYOTA INNOVA
Chassis number	PN111NV4018644264
Accident date	5/3/23
Reference	2303-13

Qty	Particulars	Unit Price - SGD \$
PARTS REPLACEMENT - LIST ITEMS		
1	TAILGATE	1392.00 <i>bt</i>
1	TAILGATE GLASS MOULDING	220.00 <i>re</i>
1	TAILGATE LOCK	185.00 ?
1	TAILGATE LOCK STRIKER	35.00 X
1	TAILGATE RUBBER	166.00 <i>ent</i>
1	TAILGATE INNER TRIM BOARD	303.00 ?
1	TAILGATE EMBLEM - LOGO	85.00 <i>re</i>
1	TAILGATE EMBLEM - 2.0G	63.60 <i>re</i>
1	TAILGATE EMBLEM - INNOVA	59.50 <i>re</i>
1	REAR BUMPER	758.00 <i>de</i>
1	REAR BUMPER RETAINER	<i>LHX</i> 80.40 <i>RH?</i>
2	REAR BUMPER REFLECTOR	<i>LHX</i> 210.60 <i>RH-cry</i>
1	END PANEL	651.00 ?
1	END PANEL TOP GARNISH	165.30 ?
1	REAR FENDER RH	1175.60 X
2	REAR FENDER INNER TRIM BOARD	<i>LHX</i> 840.00 X <i>RH?</i>
2	TAILLAMP	850.00 ?
1	SPARE TYRE TOP BOARD	221.00 X
1	SPARE TYRE COMPARTMENT	989.00 <i>Rp</i>
1	EXHAUST SILENCER <i>disassemble photo.</i>	985.40 <i>bt</i>
1	EXHAUST MOUNTING	30.00 <i>de</i>
		9465.40
	Less 25%	2366.35
	Subtotal	7099.05
PARTS REPLACEMENT - SPECIAL NETT ITEMS		
1 SET	REAR BUMPER CLIP	30.00 <i>re</i>
1 SET	TAILGATE INNER TRIM CLIP	50.00 20?
1 SET	END PANEL TOP GARNISH CLIP	50.00 20?
1 SET	REAR FENDER INNER TRIM CLIP	50.00 X
1 SET	REVERSE SENSOR	200.00 <i>re</i>
1	TAILGATE GLASS SEALANT	120.00 <i>60 re</i>
1	REAR NUMBER PLATE	80.00 X
	Subtotal	580.00
LABOUR AND MISCELLANEOUS CHARGES		
1	CHECK WIRING AND LIGHTING SYSTEM	100.00 30
2	REMOVE & REFIT REAR TRIMS AND GARNISHES	150.00 60
3	REMOVE & REPLACE REVERSE SENSOR	150.00 30
4	REMOVE & REFIT TAILGATE GLASS	150.00 120
5	REMOVE & REPLACE EXHAUST SILENCER	200.00 80
6	PANEL BEATING ON AFFECTED AREAS	1400.00 700
7	SPRAY PAINTING ON AFFECTED AREAS	1400.00 700
8	APPLY ANTI-RUST ON AFFECTED AREAS	150.00 30
	Subtotal	3700.00
	Granttotal	11379.05

Tanfer 92445749
wp 9/3/23 e 3pm
L/S Resurvey after repair
Tanfer e lkhank.com
06 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:



T/20230308/2054

1 of 3

Report No. T/20230308/2054

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number T/20230308/2054

Vide Report Number T/20230306/7071

Date/Time of Report Made 08/03/2023 13:55

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant GAN LEE HWA

ID Type / ID No. PASSPORT / A55858852

Home/Office

Mobile 0149939298

Email kylegan71@gmail.com

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 05/03/2023 19:35

Accident Location AYER RAJAH EXPRESSWAY

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JVK9298	Car	TOYOTA	INNOVA	Black	Seriously Damaged	2
SHC7694R	Car	HYUNDAI		Yellow	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20230308/2054

Continuation of CSF For NP168

Driver				
Name	GAN LEE HWA		ID No.	A55858852
Related Vehicle	JVK9298 (Car)		Contact No.	0149939298
Hospital/Clinic	GALILEE CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/03/2023		Date Discharge	06/03/2023
No. of Days granted Medical Leave	04		Degree of Injury	NIL
Driver				
Name	Tien Kim Sin		ID No.	NIL
Related Vehicle	SHC7694R (Car)		Contact No.	91697330
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Facts.

With reference to NP168 report No: T/20230306/7071, complainant has come to Jurong East NPC to add on one vehicle registration plate number "SHC7694R" involved in the accident. Complainant also wish to add in the person namely "Tien Kim Sin", Contact No: 91697330 which related to vehicle registration plate number "SHC7694R".

I wish to further state that the vehicle registration plate number "SHC7694R" was the vehicle that collided onto my rear bumper.

I have already see doctor at Galilee Clinic on 06/03/2023 and given 4 days of Medical Leave.



T/20230308/2054

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Report No. T/20230308/2054

Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / FAHKRUL RAZI BIN SUHAIME
Classification of Case	1) INJURY / OTHERS

notify
j:
inting
ig resurvey
mation
ut Prejudic
ved
resurveyed
Insurance