

ASS. REC. BY:

REF:

AGL/23 003570/kn

Kenneth

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:

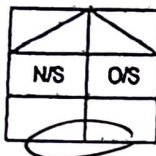
Excess:

(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:

05

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBF 9601B

Yr Regn:

05, 17

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

Truck / Trailer or

Make:

Toy Dyna

c.c

2982

Colour:

Silver

AC: Insured / Std / NI / NA

Sp. Reading

232078

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFA T35490K 208059

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Triangle

195R 15XB

Rear: 155R 12XB

155R 12XB

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

4/4/23

D.O.I.

10/4/2023

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

Action / Instruction

Date/Time, File Pass to?



: Prell. Report



: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

S - RS. \$

Fees

Others

TOTAL

Report Format :

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

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL : 6481 4152 FAX : 6481 4157

e-mail : c2msvc@singnet.com.sg

Our Ref : 081/04/2023

Page : 1

Date : 05/04/2023

M/S : AUTO & GENERAL INSURANCE SINGAPORE PL
190 CLEMENCEAN AVE #03-01
SINGAPORE SHOPPING CENTRE
SINGAPORE 239924

ACCIDENT REPAIR ON : GBF 9601 B - TOYOTA DYNA 150
CHASSIS NO :
DATE OF ACCIDENT : 04/04/2023

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

REPLACEMENT OF PARTS

- 1 TAILGATE
- 2 REAR STICKER "TOYOTA"
- 3 END PANEL
- 4 REVERSE SENSOR
- 5 SPARE TYRE BRACKET
- 6 TAILAMP LEFT
- 7 TAILAMP RIGHT
- 8 REAR NUMBER PLATE
- 9 REAR NUMBER PLATE BRACKET
- 10 REAR SUSPENSION LEFT
- 11 REAR SUSPENSION RIGHT
- 12 COIL SPRING BRACKET LEFT
- 13 COIL SPRING BRACKET RIGHT
- 14 REAR EXHAUST PIPE
- 15 REAR EXHAUST BOX

	S\$		S\$
Bn	1,057.23	✓	
na	80.00	✓	
Bn	987.50	✓	
S/NETT		na	250.00 200/10
na	165.40	✓	
cm	253.20	✓	
in	253.20	X	
S/NETT		na	20.00 ✓
S/NETT			124.50 7
in	282.00	X	
in	282.00	X	
na	160.00	X	
na	160.00	X	
na	187.00	X	
	486.50	7	
	4,354.03		
	435.40		
			3,918.63
			4,313.13

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts price 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:

- 16 STRIP / REFIT UNDERCARRIAGE ACCESSORIES
- 17 KNOCKING PUSH OUT REAR ACCIDENT PARTS CUT & WELD END PANEL STRIP / REFIT ABOVE ACCESSORIES
- 18 SPRAY PAINT & ANTI-TUFF-KOTE ON REAR ACCIDENT DAMAGE AREAS

na 300.00 X

1,100.00 600/

950.00 350/

6,663.13



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	04/04/2023 17:35 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 07:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9601B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	C. BALASHANKAR ENTERPRISE
Company Reg No	4XXXX600A
Email Address	CBEDESIGN1989@GMAIL.COM
Mobile Phone No	(Phone) +65-97302129
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	DYNA 150 5MT
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

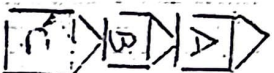
Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR002708

DRIVER

Name of Driver	JEYAKUMAR RAMESHKUMAR
Passport No/FIN	GXXXX553K
Date Of Birth	01/01/1982
Occupation	Outdoor

SKETCH PLAN

Since
A: GBT 9601B
B: SLW 18913
C: GBC F145 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report attached.

DECLARATION

I, the undersigned, declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

SLI

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

J. P. P. P.

Reporting Centre Personnel's Signature
Name:
NID/CHN No.

Zila
All India Motor Company