

(08/13) waf

ASS- REC. BY: RCM

REF:

CS/CT123003768/Rwp3

670K

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

GBJ 2483A

at Workshop m/s

ARC

of

48, POT LUMIN RD ESSI #02-146

Insured:

CTI

Policy No.

Claims No.

Sum Insured:

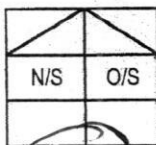
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

87K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBJ 2483A

Yr Regn:

2019 / MAR

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

Truck / Trailer or

Make:

TOYOTA DYNA 3.0M

c.c

2982

Colour:

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

91326

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KDY2318029332

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:

195R15C

R:

155R13C

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

TOYO (YOKO) or

Front

Rear

R/Bal.

7

mm

R/Bal.

5/5

mm

L/Bal.

7

mm

L/Bal.

5/5

mm

D.O.A. 20/03/23

D.O.I.

25/04/23

Survey held at

ARC

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

REPAIR LIMIT - 73K

16/06/2023

Finalise 4/5 \$1,250.00 @ 4 days (Red \$780.83/38%)

Date/Time, File Pass to?

16/06/2023

1)

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format:

TP

Lump Sum / I.B.I. (\$ 4/5 \$1,250.00)

Automotive Repair Centre Pte Ltd
#05-18, Singapore 757700, 38
Woodlands Industrial Park E1
757700

Insurer Reference:

Repairer Reference: 059569

Date calculated: 10/04/2023 3:03 PM

Full Report

Registration: GBJ2483A

Printed: 10/04/2023 3:14 PM

Summary Information

Claim

Location: Singapore (SG)

Work Provider: China Taiping Insurance
(Singapore) Pte Ltd

Printed by: RAYMOND TAN

Currency: SGD
Date of Incident: 30/03/23

Claim Reference:

Estimated Repair Time:

Actual Repair Days:

Hire Car Start:

Hire Car End:

Vehicle Details

Vehicle

Manufacturer: TOYOTA

Model: DYNA

Sub Model: BASE MODEL

Model Sheet Number: 70 1N 01

Registration: GBJ2483A

VIN number:

Odometer:

Model Specs

PLATFORM

Vehicle Condition

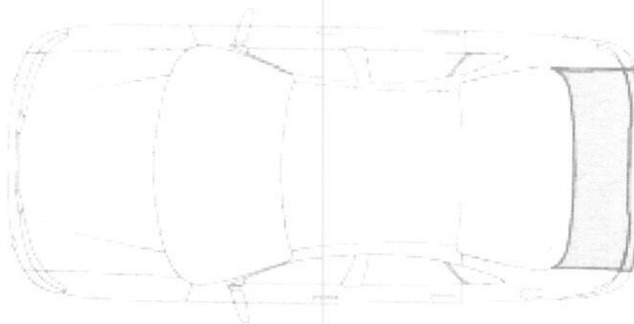
Vehicle Status

Pre-Accident Damage:

Date of Inspection:

Damage Areas

All ☐
Underbody ☐



Tyres Condition

Tyre Brand	Tread (Left Middle), mm	Tread (Left Outer), mm	Tread (Left Inner), mm	Tread (Right Inner), mm	Tread (Right Outer), mm	Tread (Right Middle), mm	Condition
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Spare Tyre Brand	Tread (Spare), mm
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Labour

Code	Description	Time Base 10 WU/h	Price = 42.00 SGD/h	
			WU	Price SGD
NO NUMBER	R + R REAR LOADING LID		6.0	25.20
NO NUMBER	R + R L/FOLDING GATE SUPPORT		2.0	8.40
811011	R + R LEFT TAIL LAMP		3.0	12.60
NO NUMBER	RENEW L/TAILLAMP ATTACHMENT		2.0	8.40
5403	PLATFORM FLOOR REPAIR		10.0*	42.00
Labour Cost			Hrs	WU
Panel / Mechanical Labour			2.30	23.0
Total of Labour				96.60

Paint

Paint Work		SYSTEM AZT	Time Basis 10 WU/h	
Code	Description		WU	Price SGD
	REAR LOADING LID NEW PART PAINTING		14.0	
	PLATFORM FLOOR REPAIR PAINTING <50%		57.0	

Paint Work

SYSTEM AZT

Time Basis 10 WU/h

Code Description

WU Price SGD

Paint Material Per Part

Code Description

Price SGD

5385 REAR LOADING LID NEW PART PAINTING
5403 PLATFORM FLOOR REPAIR PAINTING <50%

30.63
126.00

Labour Cost - Paint

Factor

42.00 SGD/h

Hrs

WU

Price SGD

Time Paint

71.0

Preparation Main Work Metal

1.70

17.0

71.40

Total

10 WU/h

8.80

88.0

369.60

Material Cost - Paint

New Part Painting

Price SGD

Repair Painting

30.63

Material-constant Metal

126.00

Total

18.10

174.73

Spare Parts

Code

Description

Part Number

Part Source

prices as at 2015-06-01/01

Price SGD

3617 BADGE MODEL *see* 75471 25030 Original
5419 L/LOADING LID SUPP *see* 66014 25010 Original
5417 L/REAR PANEL BRAKE *see* 66280 25010 Original
3281 L/R LAMP ASSY *see* 81560 25100 Original
3621 L/TAILLAMP PANEL *see* 75136 25010 Original
3025 REAR BADGE "TOYOTA" 75995 37020A3 Original
5385 REAR LOADING LID *see* 65700 26010 Original

35.00

100.00

144.00

150.00

95.00

35.00

650.00

f: OEM Parts

n: Non-OEM Parts

u: Used parts

Savings

Subtotal

0.00

Addition(+10.00%)

1,209.00

120.90

Total

1,329.90

Extras

Code

Description

Price SGD

1000 NUMBER PLATE NUMBER PLATE *see*
1001 70KM/H STICKER 70KM/H STICKER *see*

35.00*

25.00*10

Total Extras

60.00

Final Calculation

	SGD	SGD
Parts		
Addition(+10.00%)	835	1,209.00
Total Parts		120.90
		1,329.90
Labour Time Base 10 WU/h		
Total 23.0 WU X 42.00 SGD/h		418.50
Total of Labour	79.80	96.60
		79.80 96.60
Total Of Extras		45
		60.00
Paint Work Time Base 10 WU/h		
Labour Cost 88.0 WU X 42.00 SGD/h		369.60
Material Cost		174.73
Total Paint Including Material		544.33
Repair Cost Excludes GST	1587.63	2,030.83
GST (+8.00%)		162.47
Repair Cost Included GST		2,193.30

Comments

- * - USER SUPPLIED DATA
- NN - NO MANUFACTURERS CODE EXISTS
-) - WU PARTIAL INCL IN OTHER POSITIONS

Assessment Note

No assessment notes entered.

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:

Reame
H99001068
4 days
45
25/04/23 @ 15:15
Resy after repair

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	31/03/2023 15:06 (SGT)
Reported by	Actual Driver
Date of Accident	30/03/2023 17:05 (SGT)
Exact Location of Accident	Near Hitachi, Singapore
Additional Location Information	ALONG PIONEER ROAD TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2483A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HAKURUMA TECHNOLOGY PTE LTD
Company Reg No	2XXXXX670K
Email Address	HAKURUMA@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-65478542
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00016992304

DRIVER

Name of Driver	GOH BUK HOOI
NRIC No	SXXXX949H
Date Of Birth	02/01/1952
Occupation	Indoor

Date Of Driving Pass	26/09/1987
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96572695
Alt. Phone Number	-
Email Address	ALBERT@HAKURUMA.COM
Address	BLK 178 BT BATOK WEST AVE 8 #09-229
Address complement	-
Postcode	650178
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	COLLEAGUE
Gender	Female

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

I WAS STATIONARY WHEN LORRY B COLLIDED INTO MY REAR. TRUCK C COLLIDED INTO LORRY B.

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	GBJ1921J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AHAMED TANVIR
Contact Number	(Phone) +65-97851058
Address	APEX ASIATIC ENGINEERING PTE LTD
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE4360Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	GAO CHUANG
Contact Number	(Phone) +65-62616101
Address	HOCK SENG HENG
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH BUK HOOI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER PAIN
Injured person in which vehicle?	GBJ2483A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	COLLEAGUE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER PAIN
Injured person in which vehicle?	GBJ2483A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 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 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Ng Keng Guan

Sketch Plan

A - GBJ2483A
B - GBJ194J
C - XE43602

Pinear Rd.

Signed by "the claimant"

Signed by "the claimant"

Describe Circumstance of the Accident

Refer to Report.

Declaration

I/We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature]
 Driver's Signature (if driver is not the policyholder) / Date & Time
 21/7/23
 2pm

[Signature] Ng Keng Guan
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)