ASS. REC. BY: Kenneth

REF: UOT/2300596811Kn

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Medland

of 02-18,19 780E

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: $24k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT 93911482

Veh No: GBD 2911M Yr Regn: 08, 14

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

Make: Toy Hiace (A) c.c 2982

Colour M Black A/C: Insured / Std / NI / NA

Sp.Reading 269906 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH201-0143803

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: 195R15 x8

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	5/6/23	D.O.I.	13/6/2023

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: ___ S + RS ___ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee:

☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Not Authorised
L/Lamps &
Reserve After Paint
10days

MADLANE AUTO PTE LTD
60 JALAN LAM HUAT CARROS CENTRE
#02-18/19 (S737869)
Tel: 93911482

TO	: UOI	**DATE**	: 13-Jun-23
ATTENTION	: MOTOR CLAIMS DEPT	**JOB TYPE**	: T/P CLAIM
OWNER'S PARTICULAR		**VEHICLE DETAILS**	
NAME	:	**VEHICLE NO**	: GBD2911M
ADDRESS	:	**MODEL**	: TOYOTA HIACE

QUOTATION SUMMARY

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE	
1	TAILGATE	1	$ 1,754.00	$ 1,754.00	
2	TAILGATE NUMBER PLATE LAMP	2	$ 59.60	$ 119.20	X
3	TAILGATE INNER TRIM	1	$ 267.60	$ 267.60	
4	TAILGATE WEATHERSTRIP	1	$ 368.00	$ 368.00	50%
5	TAILGATE WEATHERSTRIP PROTECTOR	1	$ 99.60	$ 99.60	
6	TAILGATE INNER LOCK	1	$ 257.60	$ 257.60	
7	TAILGATE LOWER LOCK	1	$ 100.20	$ 100.20	X
8	TAILGATE KEY LOCK	1	$ 241.60	$ 241.60	X
9	TAILGATE WINDSCREEN MOULDING	1	$ 294.00	$ 294.00	X
10	TAILGATE LOGO	1	$ 59.00	$ 59.00	
11	TAILGATE INNER TOP TRAM	1	$ 284.00	$ 284.00	X
12	TAIL GATE CAMERA	1	$ 845.00	$ 845.00	X
13	TAIL LAMP	2	$ 412.20	$ 824.40	4
14	TAIL LAMP PANEL RH	1	$ 387.90	$ 387.90	X
15	TAIL LAMP LOWER GARNISH	2	$ 159.00	$ 318.00	4
16	REAR FLOOR MAT	1	$ 800.00	$ 800.00	X
17	REAR BUMPER	1	$ 598.00	$ 598.00	
18	REAR BUMPER STEP PANEL	1	$ 398.00	$ 398.00	
19	REAR BUMPER STEP GARNISH	1	$ 258.00	$ 258.00	X
20	REAR BUMPER SIDE RETAINER	2	$ 67.20	$ 134.40	4

21	REAR SIDE PANEL RH		1	$	1,598.00	$ 1,598.00
22	REAR FENDER INNER PANEL		1	$	679.40	$ 679.40
23	REAR END PANEL (INNER)		1	$	547.10	$ 547.10
24	REAR END PANEL (OUTER)		1	$	850.20	$ 850.20
25	REAR END PANEL EXTEND PANEL RH		2	$	398.70	$ 797.40
26	REAR FLOOR PANEL		1	$	1,985.00	$ 1,985.00
27	REAR EXHAUST SILENCER		1	$	1,025.00	$ 1,025.00

TOTAL PRICE	$	15,890.60
LESS 25%	$	3,972.65
SUB TOTAL PRICE	**$**	**11,917.95**

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR NUMBER PLATE	1	$ 50.00	$ 50.00
2	REAR BUMPER CLIP	8	$ 6.50	$ 52.00
3	REAR SIDE PANEL COMPANY LOGO	1	$ 300.00	$ 300.00
4	TAILGATE INNER BOARD CLIP	8	$ 6.50	$ 52.00
5	TAILGATE SEALANT	1	$ 80.00	$ 80.00
6	TAILGATE STICKER '70km/h'	1	$ 20.00	$ 20.00
7	REAR END PANEL SEALANT	1	$ 80.00	$ 80.00
8	REAR END PANEL EXTEND PANEL SEALANT	1	$ 80.00	$ 80.00
9	REAR FLOOR PANEL TOP BOARD (SPECIAL TYPE)	1	$ 300.00	$ 300.00
10	REAR FENDER INNER PANEL SEALANT	1	$ 80.00	$ 80.00
11	REAR FLOOR TOP BOARD	1	$ 800.00	$ 800.00
12	REAR FLOOR PANEL SEALANT	1	$ 300.00	$ 300.00
		TOTAL	**$**	**2,194.00**

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	PANEL BEATING AND REPLACE PARTS	$1,800.00		1200
2	SPRAY PAINTING TO AFFECTED AREA	$1,800.00		900

3	TUFF COAT	$250.00		90l
4	WIRNING, BULB CHECKING	$80.00		20l
5	REMOVE AND REFIX TAILGATE WINDSCREEN	$150.00		120l
6	TRANSFER TAILGATE MECHAISM	$120.00		60l
7	CONDUCT WATER LEAKAGE TEST	$100.00		20l
8	REMOVE AND REFIX REAR EXHAUST	$150.00		60l
9	REAR CHASSIS ALIGHMENT	$250.00		~~ X

TOTAL **$4,700.00**

ESTIMATE REPORT

TOTAL PARTS COST	:	$	14,111.95
TOTAL LABOUR COST	:	$	4,700.00
TOTAL REPAIR COST	:	$	18,811.95

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	05/06/2023 14:36 (SGT)
Reported by	Actual Driver
Date of Accident	05/06/2023 08:35 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLE/ CTE TOWARDS TO WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2911M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOUR SEASONS DURIANS PTE LTD
Company Reg No	199803780E
Email Address	madlaneclaims@hotmail.com
Mobile Phone No	(Phone) +65-93988404
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	HIACE 3.0 DX DIESEL TURBO MT 2WD 4DR LGV
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	Goods vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MS009225-R03

DRIVER

Name of Driver	MUTHUKRISHNAN MOHAN
Passport No/FIN	G2156647R
Date Of Birth	21/03/1989
Occupation	Outdoor

SKETCH PLAN

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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.

FOUR SEASONS PTE LTD

Policyholder's Signature / Date & Time

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

MOTOR PTE LTD

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

Sketch Plan