ASS. REC. BY: Kenneth | REF: CTL / 23006032 / kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Civan Hin

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 07/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKP 1448X Yr Regn: 07, 08

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

Make: Toy Altis (A) c.c 1598

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

Sp.Reading 262123 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053ZEE106113164

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Falken 195/65R15

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	4 mm
L/Bal.	6 mm	L/Bal.	4 mm

D.O.A. 10/6/23 D.O.I. 15/6/2023

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	Cont BY

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

GUAN HIN MOTOR WORKSHOP

NO 10 ANG MO KIO INDUSTRIAL PARK 2A
#02-03 AMK AUTOPOINT 568047
Tel No. : 64837111 Fax No. : 64837221
E-Mail : guanhinmotor@yahoo.com
Buss. Reg. No. : 06035200X PAYNOW

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD #16-00
SPRINGLEAF TOWER SINGAPORE 079909

Not Authorise
L/Pay &
Resurvey After Paint
4 days

Attention : Motor Claim Department
Contact : 63896111 Fax No. : 62247175

Estimate : ES000982

Date : 15/06/2023
Vehicle Num. : SKP 1448 X
Make/Model : TOYOTA ALTIS 1.6 A-2008
Chassis/Eng# : MR053ZEE106113164/3ZZ4780798
Accident Date : 10/06/2023
Claim No. :
Reference :
Policy No. : (25/07/2008)

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1	FRONT BUMPER	Br	489.60 ✓
2.	1	LH HEAD LAMP	Br	489.60 ✓
3.	1	FRONT LH FENDER	Rp	766.10 ✓
4.	1	FRONT BUMPER RETAINER	0.17	60.00 ✓
5.	1	FENDER INNER SHIELD L/H	Rp	90.00 ✗
6.	1	CLIP	Rp	50.00 ✗
7.	1	BONNET	R	788.60 ✗
8.	1	FOG LAMP	Rp	120.00 ✗
9.	1	ENGINE LOWER COVER	Rp	231.20 ✗
10.		.		
		List Total S$:		3,085.10
		LABOUR :		400
		REMOVE & FIX BACK AS ABOVE PARTS		500.00
		SPRAY PAINTING		800.00 600
		Labour Total S$:		1,300.00

25%

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:

E. & O.E. **Total S$: 4,385.10**

for GUAN HIN MOTOR WORKSHOP

SA1H236C0004 / AMK Autopoint Pte Ltd
ENTRY DATE & TIME: 12/06/2023 16:45 (SGT)
SUBMITTED BY: Joelle Tan
VERSION: 1 (12/06/2023 16:45 (SGT))

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 witholding 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	12/06/2023 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 16:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1448X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NIGHT9SKY CAR HIRE
Company Reg No	5XXXX669C
Email Address	night9sky.carrental@gmail.com
Mobile Phone No	(Phone) +65-82234462
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116546756-03

DRIVER

Name of Driver	JAZZ SOH AILIAN
NRIC No	SXXXX865G
Date Of Birth	06/12/1981
Occupation	Indoor

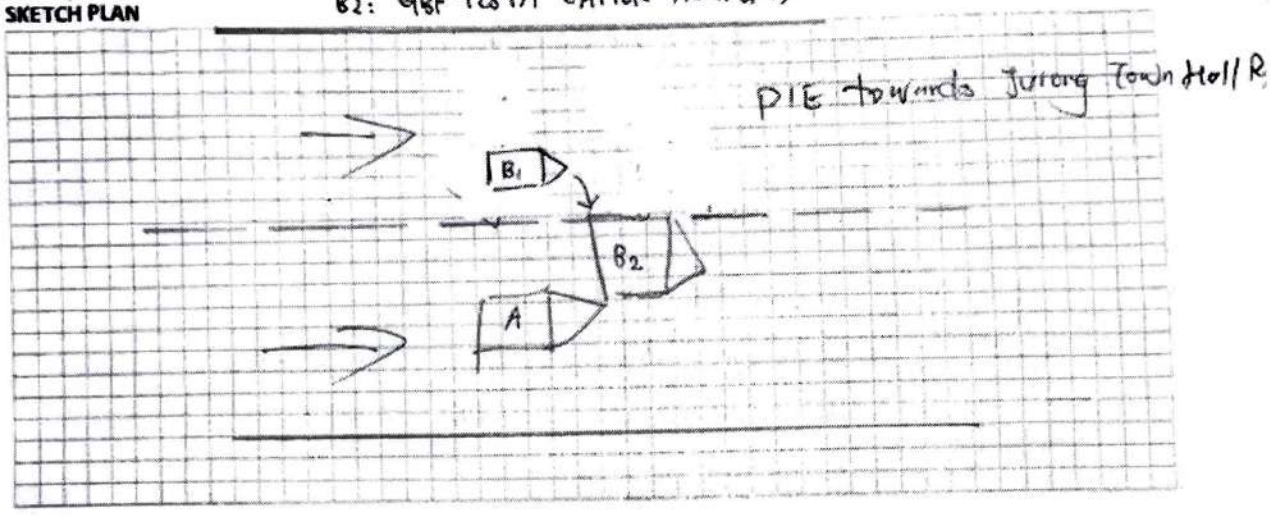
SKETCH PLAN #2

A - SKP7040X

B1: GBF4289A (BEFORE ACCIDENT)

B2: GBF 4289A (AFTER ACCIDENT)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Refer. T/20230612/2049.

DECLARATION

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

NIGHTSKY CAR HIRE
Reg. No: 53342668G
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: AMK AUTOPOINT P/L

CIB&MC Sketch Plan Form