ASS. REC. BY: Kenneth

REF: AGW 23006153K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Alan's

of _____

Insured: _____

Policy No. _____

Claims No. _____

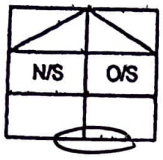
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 1.12 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: CB 3366 D Yr Regn: 03, 23

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

Make: Toy Caster c.c 4009

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 9810 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTGBDAC89066 00309

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: 215/70R17.5

R: _____ (0)

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.	14/6/23	D.O.I.	22/6/2023

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: ___ $ + RS ___ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee:

☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.
Tel: 6453 8686 (3 Lines) Fax: 6459 6550
Company Reg. No.: 201113667N
GST Reg. No.: 201113667N

No. : 06859

Vehicle Insured : SJP7477J
Accident Date : 14-Jun-2023

Date : 16-Jun-2023

Our Ref : 023132 (AUTO & GEN) / CHAN

PAGE : 1

TAN SIEW HUAY
BLK 863 YISHUN AVE 4
#03-77
Singapore 760863

Not Authorised
Resurvey B4 paint
3 days

ESTIMATED COST OF REPAIR FOR TOYOTA COASTER CB3366D

1 pc Rear bumper fascia		R	764.30
2 pcs Rear bumper inner bracket	@ S$276.00		552.00
1 pc Rear bumper tow cover		R	52.60
			1,368.90
	Less 25% :		342.23
			1,026.67
To putty and spray replaced parts			500.00
To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts			400.00
	Total :		S$ 1,926.67

Singapore Dollars One Thousand Nine Hundred and Twenty Six and Cents Sixty Seven Only

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 Compan

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 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	15/06/2023 18:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/06/2023 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 2 SLIP RD TWDS YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB3366D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SIEW HUAY
NRIC No	S1527449B
Email Address	jess@oddsneven.com.sg
Mobile Phone No	(Phone) +65-90087863
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COASTER 23 SEATER AUTO
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	Bus
Transmission	Auto
CC	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00004322300

DRIVER

Name of Driver	TAN SIEW HUAY
NRIC No	S1527449B
Date Of Birth	05/01/1962
Occupation	Outdoor

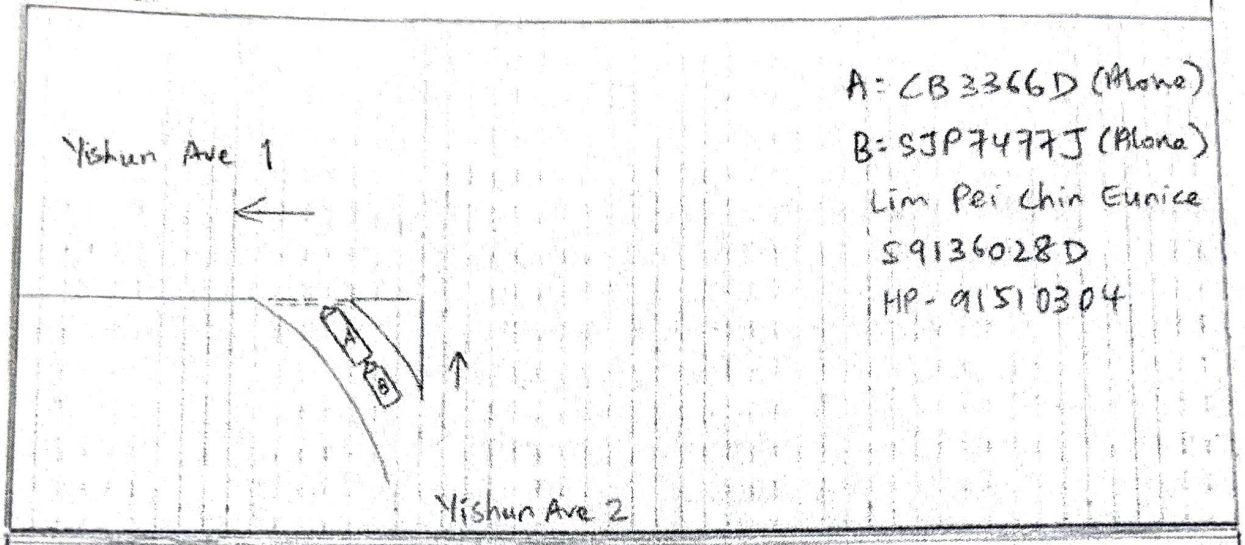
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

(✓) Claim OD (TP) at other workshop (_____)

Sketch Plan



A: CB3366D (Mone)

B: SJP7477J (Blone)

Lim Pei Chin Eunice

S9136028D

HP - 91510304

I came to a stop at the above slip road to check for main road traffic when suddenly car B rear ended my veiicle. No one was injured.

Declaration

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

Policyholder's Signature / Date & Time

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

15/6

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