

ASS. REC. BY:

REF:

1CS1

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:

GIA / PR Seen:

Consistent? : Yes or No

Consistent? : Yes or No

Est. Repairs:

Res.: Yes or No

Lum Sum:

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNM 5241D

Yr Regn:

07.15

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

Truck / Trailer or

Make:

Toy

c.c

1496

Colour

M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

148123

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NHP 18 . 2415084

Gen. Cohd: 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:

185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

4

mm

L/Bal.

3

mm

L/Bal.

4

mm

D.O.A.

21/8/24

D.O.I.

4/9/2024

Survey held at

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

O/S / Frt

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

Date / Time

Action / Instruction

LTA rebate @ 7976.00

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation

S + RS. SI

F.P.A.S

Others

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech Invs

(\$

☐

: Weekend

(\$

Report Format :

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

TOTAL

KIEN CHEONG AUTOMOTIVE
BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C #01-26 (S) 575644
HP:81259406 FAX:64550902

VEHICLE NO: SNM5241D
 MAKE & MODEL: TOYOTA AQUA
 CLAIM TYPE: TP

Not Authorized
CI Rep &
Penalty After Repair
4 days

ESTIMATION QUOTE

PARTS	QTY	PRICE (\$)	REMARKS
FRONT BUMPER	1	\$ 1,124.50	
FRONT BUMPER LOGO	1	\$ 82.10	
FRONT BUMPER GRILLE	1	\$ 563.60	X
FRONT BUMPER CLIPS	1SET	\$ 80.00	
FRONT BUMPER RETAINER LH & RH	2	\$ 115.20	
FRONT BUMPER SIGNAL LAMP	1	\$ 266.20	
FRONT BUMPER FOG LAMP	1	\$ 332.70	X
FRONT BUMPER FOG LAMP COVER	1	\$ 110.50	
FRONT FENDER	1	\$ 612.50	X
FRONT FENDER EMBLEM	1	\$ 88.30	
FRONT FENDER INNER SHIELD CLIPS	1	\$ 80.00	
FRONT LOWER SPOILER	1	\$ 895.90	?
FRONT BUMPER UPPER RUBBER	1	\$ 102.20	X
		\$ 4,453.70	
	LESS 25%	\$ 1,113.43	
	SUB TOTAL	\$ 3,340.28	

SPECIAL NETT ITEMS	QTY	PRICE (\$)	REMARKS
FRONT NO PLATE	1	\$ 65.00	X
	SUB TOTAL	\$ 65.00	

LABOUR	QTY	PRICE (\$)	REMARKS
TO PANEL BEAT FRONT SUPPORT PANEL AND REPLACE DAMAGE PARTS	1	\$ 1,000.00	3201
TO PUTTY AND RESPAIR AFFECTED AREA	1	\$ 1,000.00	4001
TO APPLY ANTI RUST COATING	1	\$ 100.00	X
TO FOCUS HEADLAMP	1	\$ 50.00	201
TO CHECK WIRING	1	\$ 50.00	201
	SUB TOTAL	\$ 2,200.00	
	GRAND TOTAL	\$ 5,605.28	

I KK 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 First Submission	21/08/2024 16:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/08/2024 11:42 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CAR PARK AT ENTERPRISE HUB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNM5241D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN NIAP NAM
NRIC No	S1195471E
Email Address	PHILIPTANN@GMAIL.COM
Mobile Phone No	(Phone) +65-96611886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	AQUA 1.5 X-URBAN A
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	Private hire
Transmission	Auto
CC	1496
Vehicle Fuel	Petrol-Electric
First Registration Date	29/07/2015
Chassis no	NHP102415064
Effective Date/Time of Ownership	18/10/2023 05:10 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2008116141

DRIVER

SKETCH PLAN

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 Authorised Driver.
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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.
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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.

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)
 Witnessed by Reporting Centre
 Personnel

Policyholder's Signature / Date &
 Time

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

Sketch Plan

Entrance



B4 B3 B2



Enterprise Hub Car Park

(A) SNM 5241D

(B) 6BK 7326H