

ASS. REC. BY:

REF:

1051

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:

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SNN 6531E Yr Regn: 12, 23

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

Truck / Trailer or

Make:

Toy Piento C.C. 1490

Colour

M.P. White A/C: Insured / Std / NI / NA

Sp. Reading

65793 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MXP210 1089887

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size:

Rearforce 195/5R15

R: R.S

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

TOYO / YOKO or

Front

R/Bal.

9 mm

L/Bal.

9 mm

D.O.A.

3/9/24

Survey held at

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

Rear N/S

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

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

TOTAL

Report Format:

ump Sum / I.B.I. (\$

142302



# 輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721  
Tel: 64515752 (2 Lines) . Fax: 64514658  
GST Reg No. 201629438M

05/09/2024

Owner: AUTOGALLERY @ JDM

## **ESTIMATE TO REPAIR TOYOTA SIENTA HYBRID - SNN6531E**

1pc	rear tailgate
1pc	rear tailgate "HYBRID" emblem
1pc	rear tailgate "TOYOTA" emblem
1pc	rear tailgate outer garnish
1pc	rear tailgate inner lock
1pc	rear tailgate inner rubber
1pc	rear tailgate inner cardboard
1pc	rear tailgate inner handle
1pc	rear tailgate windscreen moulding
1pc	rear LH taillamp
1pc	rear bumper
2pcs	rear bumper side reflector @\$132.10
8pcs	rear bumper clip @\$5.00
1pc	rear bumper towing cover
2pcs	rear bumper centre parking sensor @\$258.50
4pcs	rear bumper centre parking sensor base @\$85.50
1pc	rear end panel outer
1pc	rear end panel outer sensor
1pc	rear end panel inner
1pc	rear end panel inner garnish

R	\$ 1,358.50	✓
na	\$ 89.50	✓
na	\$ 75.20	X
h	\$ 485.20	X
n	\$ 425.50	X
	\$ 381.90	?
	\$ 281.50	?
h	\$ 121.50	X
na	\$ 181.50	✓
h	\$ 685.20	✓
Bu	\$ 1,125.20	✓
	\$ 264.20	✓
na	\$ 40.00	✓
h	\$ 85.20	X
	\$ 517.00	?
	\$ 342.00	?
	\$ 564.20	?
	\$ 281.50	?
	\$ 781.45	?
	\$ 371.85	?

\$ 8,458.10  
\$ 2,114.53  
\$ 6,343.58

1set rear number plate & casing

s.nett \$h 50.00 X

remove & refix rear windscreen glass  
sealant  
tuffkote  
wiring  
spray painting  
labour charges  
Total

\$ 150.00 20d  
\$ 80.00 40sm  
\$ 80.00 ?  
\$ 80.00 2d  
\$ 1,000.00 44ol  
\$ 1,000.00 40d  
\$ 8,783.58

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:

42302

ECICS  
LKK  
09/09/24  
(mon)

Not Noted

11 Rm B

Money After Pain 4 days



## 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 ..... 05/09/2024 16:32 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 05/09/2024 13:00 (SGT)  
Exact Location of Accident ..... Moulmein Rd, Singapore  
Additional Location Information ..... TOWARDS SINARAN DR  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNN6531E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AUTOGALLERY@JDM  
Company Reg No ..... 5XXXX660L  
Email Address ..... allianceleasing168@gmail.com  
Mobile Phone No ..... (Phone) +65-91818445  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... SIENTA HYBRID 1.5X  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1490  
Vehicle Fuel ..... -  
First Registration Date ..... -  
Chassis no ..... -  
Effective Date/Time of Ownership ..... -

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5141751274

#### 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.
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. The 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.

### 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

29/12/22  
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

### Sketch Plan

