

ASS. REC. BY:

REF:

A161

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:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frit / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Rear

R/Bal.

L/Bal.

D.O.I.

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S - RS, SI

F. &amp; S.

Others

Report Format:

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

TOTAL

Date: 12-9-2024  
Vehicle No: SNP1219E  
Model: Toyota Sienta Hybrid  
Chassis: JTDBBBA350L000159  
Reg.Year: 28.10.2022

*Not Authorized  
Resurvey By pain  
2 days*

Third Party Insurer: AIG  
Third Party Veh No: SLG7203G  
Date of Accident: 12/9/2024  
Estimator: Loong  
Surveyor:

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT LH DOOR PANEL	1		<i>By</i> \$1,991.90 ✓
2	FRONT LH DOOR OUTER LOWER MOULDING	1		\$293.50 ✓
3	FRONT LH DOOR NO.1 BLACK OUT TAPE	1		<i>in</i> \$89.40 ✓
4	FRONT LH OUTER DOOR HANDLE	1		REPAIR
5	FRONT LH SIDE MIRROR	1		REPAIR

SUB TOTAL	\$2,374.80
LESS 25%	-\$593.70
PARTS TOTAL	\$1,781.10

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR INNER TRIM BOARD CLIPS	1		<i>in</i> \$50.00 X
2	FRONT DOOR OUTER MOULDING CLIPS	1		\$50.00 ?
			S/N TOTAL	\$100.00

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT LH ACCIDENT AREAS & ETC.

*200d*  
\$300.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT LH DOOR PANEL, FRONT LH OUTER DOOR HANDLE, FRONT LH SIDE MIRROR, ETC

*220d*  
\$550.00

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT DOOR INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

\$100.00 *60d*

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$100.00 *30d*

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$100.00 *20d*

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

LABOUR TOTAL \$1,150.00

- Third party survey is on a "Without Prejudice"

TOTAL \$3,031.10

- 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:

Branch (Motor Insurance Claims)

810 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047

Tel: (+65) 6481 1522 Fax: (+65) 6481 1011

Head office

6 Kung Chong Road Singapore 159143

Branch

9A Serangoon North Ave 6 Singapore 554500

Tel: (+65) 6484 9919 Fax: (+65) 6481 1993





## 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	12/09/2024 15:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/09/2024 12:02 (SGT)
Exact Location of Accident	Phillips Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNP1219E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEH EAN LENG
NRIC No	S7625370F
Email Address	EANLENG76@GMAIL.COM
Mobile Phone No	(Phone) +65-98270889
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENTA HYBRID
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	Petrol-Electric
First Registration Date	28/10/2022
Chassis no	JTDBBBA350L000159
Effective Date/Time of Ownership	07/02/2024 12:02 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5143220727

DRIVER

Name of Driver	TEH EAN LENG
NRIC No	S7625370F
Date Of Birth	21/08/1976
Occupation	Outdoor
Driving Pass Date	02/06/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98270889
Alt. Phone Number	-
Email Address	EANLENG76@GMAIL.COM
Address	BLK 434B FERNVALE ROAD #24-238
Address complement	-
Postcode	792434
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WILL BE SEND VIA EMAIL

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG7203G
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## SKETCH PLAN

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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)**

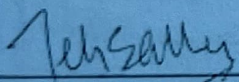
I understand, acknowledge, agree and consent that:

(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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

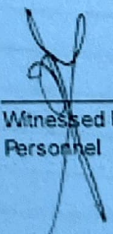

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

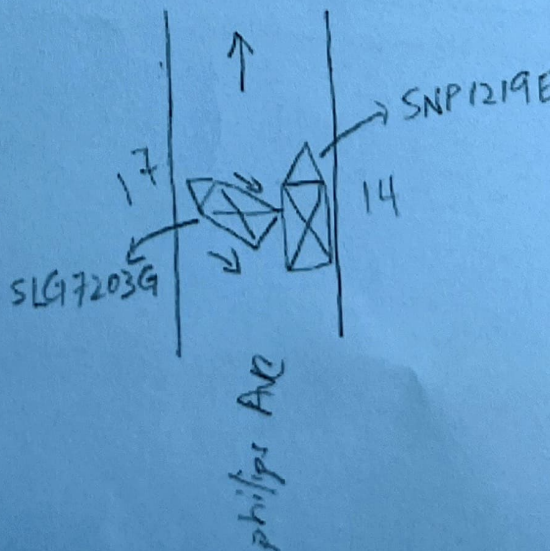
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  **Tan**  
**AMC AUTOPOINT P/L**

Sketch Plan





### Describe Circumstances of the Accident

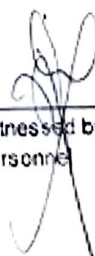
On the 12<sup>th</sup> September 2024, during 12:02p.m., with the road visibility being clear, I was along Philip Ave dropping off a passenger from a Grab order for 14 Philip Ave near the side gate. I was stationary for the passenger to come down at the right side of the car and the passenger has alighted and I proceeded to close the door. When the door was closing halfway and saw a car SLG72036 with its backside reversing out of 17 Philip Avenue and have proceeded to horn when there is half a car length between the two cars. The car have continued to reverse despite the horn and have hit the left side of my front door leaving a dent on the left front ~~side~~ door.

### 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

  
Witnessed by Reporting Centre  
Personnel  
Jocelle Tan  
AMK Autopoint P/L