

ASS. REC. BY:

REF:

SNOI

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: \$ 87k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: OP days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKN600P Yr Regn: 06118Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Harrier c.g. 1998Colour: M. Black A/C: Insured / Std / NI / NASp. Reading: 136398 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTEKB 3G400 J002059Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: NII / S/Rim / STD / RIm orTyre Size: F: 225/60R18

R: _____

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

TOYO / YOKO or

Front

R/Bal. 3 mmL/Bal. 3 mmD.O.A. 17/9/24

Survey held at

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format:

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

TOTAL

Date: 17/9/2024
Vehicle No: SKN600P
Model: TOYOTA HARRIER
Chassis: JTEKB3GH00J002059
Reg.Year: 2018

Third Party Insurer: SOMPO
Third Party Veh No: GU1064R
Date of Accident: 17/9/2024
Estimator: JONATHAN
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
	LH SIDE MIRROR ASSY			\$ <i>cm</i> 2,096.00
	LH SIDE MIRROR COVER			\$ <i>ms</i> 132.70
	LHF DOOR			\$ <i>12</i> 2,555.00
	LHF DOOR HANDLE			\$ <i>pdw</i> 531.00
	LHF DOOR HANDLE INNER HOLDER			\$ 132.00
	LHF FENDER			REPAIR
	LHR DOOR			REPAIR
	LH SIDE DOOR MEMBER			REPAIR
SUB TOTAL				\$ 5,446.70
Less 25%				-\$ 1,361.68
PARTS TOTAL				\$ 4,085.03

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
	DOOR INNER TRIM CLIPS			\$ <i>na</i> 50.00
S/N TOTAL				\$ 50.00

LABOUR CHARGES:

To remove, replace, repair, readjust & refix Side affected areas		\$	800.00	<i>400</i>
To perform wiring checks on electrical systems		\$	30.00	<i>20</i>
To remove, putty, repair, sand and respray affected areas		\$	750.00	<i>460</i>
To remove, replace & reinstall Door inner mechansim	2	30 \$	60.00	<i>✓</i>

LABOUR TOTAL \$ 1,640.00

JONATHAN TOTAL \$ 5,775.03

- 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:

Head office
6 Kung Chong Road
Singapore 159143
Tel: (+65) 6472 1313

Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1622 Fax: (+65) 6481 1011



Not Withhold

1x Lm &

*Money After Paint
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	17/09/2024 16:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/09/2024 14:36 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NIVEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN600P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG LOY YONG
NRIC No	SXXXX642H
Email Address	rayong2626@gmail.com
Mobile Phone No	(Phone) +65-91511755
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HARRIER G GRADE
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	1998
Vehicle Fuel	Petrol
First Registration Date	08/06/2018
Chassis no	JTEKB3GH00J002059
Effective Date/Time of Ownership	21/03/2019 12:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01047056/02

DRIVER

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Niven Road

A-GU 1064R

B-SKN 600P

