

ASS. REC. BY:

REF: Ty /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 _____

04-06054F

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

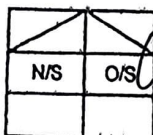
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$72K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLC 3714XYr Regn: 05, 18

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

Truck / Trailer or _____

Make: ToyVellineC.G. 2493Colour: A.P. White

A/C: Insured / Std / NI / NA

Sp. Reading: 115831

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AGH 300008477Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD ARim or

Tyre Size: F: 235/508R18

R: _____

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

TOYO / YOKO or APLUS

Front

Rear

R/Bal. 6 mmR/Bal. 7 mmL/Bal. 6 mmL/Bal. 7 mmD.O.A. 18/9/24D.O.I. 24/9/2024

Survey held at _____

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

For dls dca mirror

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S - RS. \$ _____

☐ : Interview (\$ _____)

F. & S. _____

☐ : Tech Invs (\$ _____)

Others _____

☐ : Weekend (\$ _____)

) _____

TOTAL

Report Format :

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

DING AUTO PTE LTD

176 SIN MING DRIVE
#04-06 SIN MING AUTOCARE
SINGAPORE 575721
TEL: 8205 3757
FAX: 6452 0614

VEHICLE NO.:	SLC3714X
MODEL:	TOYOTA VELLFIRE
CHASSIS NO.:	AGH300008477

NO	DESCRIPTION	QTY	Cost	MARK UP	PRICE	SURVEYORS MARKING
1	SIDE MIRROR RHS	1	\$ 640.00	10% <i>CM</i>	\$ 704.00	✓
2	SIDE MIRROR LOWER COVER RHS	1	\$ 60.00	10%	\$ 66.00	7
3	FRONT FENDER RHS	1	\$ 425.00	10% <i>SL</i>	\$ 467.50	X
4	SIDE MIRROR COVER RHS	1	\$ 60.00	10% <i>MS</i>	\$ 66.00	✓
5	SIDE MIRROR GLASS	1	\$ 95.00	10% <i>SL</i>	\$ 104.50	X
6	SIDE MIRROR SIGNAL LIGHT BAR	1	\$ 60.00	10% <i>CM</i>	\$ 66.00	✓
		1		10%	\$ -	
		1		10%	\$ -	
		1		10%	\$ -	
TOTAL:					\$ 1,474.00	

NO	SPECIAL NETT	QTY	PRICE	SURVEYOR
1	FRONT FENDER INNER SHIELD CLIP	1 <i>nn</i>	\$ 50.00	X
2		1		
3		1		
SPECIAL NETT:			\$ 50.00	

NO	LABOUR	PRICE	SURVEYOR
1	SPRAY PAINTING- FRONT FENDER RHS, SIDE MIRROR COVER RHS	\$ 400.00	<i>SL</i>
2	REMOVE AND REFIT SIDE MIRROR RHS	\$ 60.00	
3	REMOVE AND REFIT FRONT FENDER RHS <i>nn</i>	\$ 80.00	X
TOTAL:		\$ 540.00	

PARTS	\$ 1,474.00
LABOUR	\$ 540.00
SPECIAL NETT	\$ 50.00
TOTAL	\$ 2,064.00
GST 9%	\$ 185.76
FINAL TOTAL	\$ 2,249.76

Kenner
98910683

NOT Authorised
Recovery B4, 10am

2 days

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:

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	20/09/2024 13:44 (SGT)
Reported by	Actual Driver
Date of Accident	18/09/2024 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK RD TOWARDS BUKIT BATOK FLYOVER (PIE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC3714X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QI LIN
NRIC No	SXXXX054F
Email Address	bennylfh94@gmail.com
Mobile Phone No	(Phone) +65-92951511
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2493
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	AGH300008477
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2030571350-01

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' 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

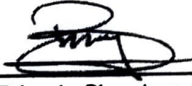
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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.

基林 20 09 24
10:00

 18/09/24 1753H18
& Time


Witnessed by Reporting Centre
Personnel

Sketch Plan

