

ASS. REC. BY:

REF:

LAW/

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Estunof 6510

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMU 1093K Yr Regn: 07, 20Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or TrailerMake: Toy Vias c.c. 1496Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 72729 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MR 2B 23K 3501203488Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / VR / Im orTyre Size: F: 185/60R13

R: \_\_\_\_\_

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

TOYO / YOKO or NexenFront 7 mm Rear 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 23/9/24 D.O.I. 2/10/2024Survey held at ✓Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop orR/N N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

) S - RS. SI

) Fines

) Others

TOTAL

Report Format :

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





# ESTEEM

ESTEEM PERFORMANCE PTE LTD  
UEN 200005485N

HEADQUARTERS / SHOWROOM / WORKSHOP  
385 Sin Ming Drive  
Singapore 575718  
(T) 6753 2112 (F) 6451 0394

WORKSHOP  
176 Sin Ming Drive  
Sin Ming Auto Care #01-14, #01-15, #01-16  
Singapore 575721  
(T) 6484 1221 (F) 6484 7829

## Repair Estimates

SMU 1093 K

Parts (a) Cost / List Price Items \_\_\_\_\_  
Plus/Less 10% \_\_\_\_\_  
Total of Cost / List \_\_\_\_\_  
(b) Nett Price Items \_\_\_\_\_  
Less \_\_\_\_\_  
Total of Nett Item \_\_\_\_\_  
(c) Special Nett Items \_\_\_\_\_  
Total Parts Cost \_\_\_\_\_  
Labour \$ 3,260.00  
Total \_\_\_\_\_

*Not authorized  
Recovery B4 paint*

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:

The above total will be subjected to 9% G.S.T.

Name of Surveyor

Company

Survey conducted on

### Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.

(b) Recommended Days of Repair : 05 day(s)

(c) Resurvey : Required / ~~Not Required~~

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : \_\_\_\_\_

Date: 21/01/24



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## Spare Parts

Vehicle No. : SMU 1093 K  
Make & Model : TOYOTA VIOS  
Chassis No : MR2B23F3501203488

Submit By : JENNY  
Year Manufacture : 29-Jul-20  
Engine No. :   
**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Bonnet <i>R X</i>	1			X
2	Bonnet lock <i>R X</i>	1			X
3	Bonnet heat insulator <i>Sn X</i>	1			X
4	Bonnet heat insulator clip <i>n n X</i>	10			X
5	Bonnet hinge LH	1			?
6	Bonnet hinge RH	1			?
7	Headlamp LH <i>CM</i>	1			
8	Front support panel (complete) <i>R</i>	1			?
9	Front support top garnish <i>Sn</i>	1			X
10	Front sensor <i>Gr</i>	<i>X/1</i>			4
11	Front bumper <i>B/L CM</i>	1			✓
12	Front bumper clip <i>Sn</i>	10			✓
13	Front bumper reinforcement	1			?
14	Front bumper side retainer LH <i>D/S</i>	1			✓
15	Front bumper side retainer RH <i>Sn</i>	1			X
16	Front bumper bracket LH	1			?
17	Front bumper bracket RH	1			?
18	Front bumper sponge	1			?
19	Front bumper upper grille <i>Sn</i>	1			X
20	Front bumper lower grille <i>CM</i>	1			✓
21	Front bumper tow cover <i>Gr</i>	1			✓
22	Fog lamp LH	1			?
23	LH front fender <i>Bu</i>	1			✓

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

**Spare Parts**

Vehicle No. :  
Make & Model :  
Chassis No. :

**SMU 1093 K**

TOYOTA VIOS  
MR2B23F3501203488

Submit By :  
Year Manufacture :  
Engine No. :

**JENNY**

44041

**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
24	LH front fender undershield	1			?
25	LH front fender undershield clip	10			?
26	RH front fender quarter garnish	1			✓
27					
28					
29					
30					
31					
32					
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42					
43					
44					
45					
46					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.



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Singapore 575721  
(T) 6484 1221 (F) 6484 7829

**Labour**

Vehicle No. : **SMU 1093 K** Submit By : **JENNY**  
Make & Model : **TOYOTA VIOS** Year of Manufacture : **44041**

S/No	Labour Description	Estimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (BONNET,FRONT BUMPER,SUPPORT PANEL, LHF FENDER,LHF DOOR)	\$1,200.00	500
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (BONNET,FRONT BUMPER,SUPPORT PANEL, LHF FENDER,LHF DOOR)	\$1,200.00	600
3	To check wiring, focus headlamp	\$50.00	200
4	To remove & refit radiator to assist work load. <i>nn</i>	\$150.00	X
5	To remove & refit aircon condensor to assist work load,to top up A/C gas. <i>nn</i>	\$150.00	X
6	To do wheel alignment.	\$120.00	600
7	To tuff coat.	\$150.00	300
8	To conduct water leakage tests to ensure proper air and sealing <i>nn</i>	\$120.00	X
9	To remove & refit front sensor	\$120.00	500

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any

## 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 .....	24/09/2024 11:08 (SGT)
Reported by .....	Owner
Date of Accident .....	23/09/2024 14:10 (SGT)
Exact Location of Accident .....	60 Airport Blvd., Singapore Changi Airport (SIN), Singapore 819643
Additional Location Information .....	Changi Airport Terminal 1, bay D30
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMU1093K
INSURED/POLICYHOLDER	
Is company? .....	Yes
Name Of Registered Owner .....	GOLDBELL CAR RENTAL PTE LTD
Company Reg No .....	2XXXXX651D
Email Address .....	accident@gbcr.com.sg
Mobile Phone No .....	(Phone) +65-66039398
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1496
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	24-MAB00158-R00



## 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 Actual 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.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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

  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time 23 SEPT 24 1800

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) SOH JIT HOON  
Rec'd 24 SEP 2024

### Sketch Plan

