

ASS. REC. BY:

REF: 14021

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Utrak

of 9581

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

Bal. or Market Value: \$48k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SCV 3982C Yr Regn: 05, 17

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

Truck / Trailer or

Make: Subaru Forester c.c. 1600

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

Sp. Reading: 140011 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1GP3KC5HG 205344

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / SRIm / STD A/Rim or

Tyre Size: F: 225/55R17

R: _____

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

TOYO / YOKO or Continental

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 17/6/24 D.O.I. 3/7/2024

Survey held at _____

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

N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Survey Fee:

Date/Time, File Return to?

Transportation

2)

Add Fee: : Site Insp (\$ _____)

S - RS. \$ _____

: Interview (\$ _____)

Pin Ups

: Tech Invs (\$ _____)

Others

: Weekend (\$ _____)

TOTAL

Report Format :

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

來發 (明記) 摩哆有限公司
LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267
 GST No: M3-0128609-3
 UEN: 199407592C

ESTIMATE

EST. No EST0035083
 Tan Tiong Kheng

Page 1 of 1
 Your ref TP-SHD 7220U MS FC
 Job No. 74520
 Our ref 24 06 22
 Payment
 Date 20/6/2024

Attn

*Not Notified
 Running After Paint
 4 days*

Vehicle No SCV 3962C
 Vehicle Model Subaru XV
 Accident on 17/6/2024

Quantity	Unit	Description	Unit price	Disc pct	Amount
Supply of parts-Nett item:					
1.00	Pc	Front fender arch trim LH	180.50	10.00	162.45 ✓
		Labour & Misc			
1.00		Computerised wheel alignment	60.00		60.00 ✓
1.00		To repair +respray sport rim LH	250.00		250.00 150f
1.00		To knock dents on front fender LH and renew parts	150.00		150.00 120f
1.00		To spray paint (including front bumper / Pearl white)	550.00		550.00 500f ✓

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 items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

Sub-Total 1,172.45
 GST 9.00% 105.52
 Total S\$ 1,277.97

本公司拥有最先进的 CAROLINER MARK IV 机械, 可提供给多种款式的车身及给予快速与准确的测量方式和大铁...
 此外, 还有先进的 SAICO Deluxe 喷漆烘炉。
 "Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the sup...
 lolly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SA...
 Deluxe oven heater for re-spraying all motor vehicles."

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	18/06/2024 16:48 (SGT)
Reported by	Actual Driver
Date of Accident	17/06/2024 09:00 (SGT)
Exact Location of Accident	7 Pasir Ris Heights, Singapore 519214
Additional Location Information	outside my house no. 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCV3962C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tan Tiong Kheng
NRIC No	SXXXX956A
Email Address	bentank@yahoo.com.sg
Mobile Phone No	(Phone) +65-94554098
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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	1600

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	Seah Chiew Peng
NRIC No	SXXXX386A
Date Of Birth	05/08/1970
Occupation	Indoor

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please read carefully the details of the incident to attend to the claims process.
- 2. This Form must be completed by the Policyholder using the Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation will constitute a breach of the contract with the insurance companies to reporting police lawfully.
- 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 C & Records Management Centre established by the Director of Road Traffic Administration of Singapore (GIA) for archiving and that copies of this report will be made available upon application by the insured's partners.
- 7. By the lodgement of this report to the insurers, you hereby consent to the providing of the report to the Centre and to copies of this report being made available elsewhere.

8. Consent under the Personal Data Protection Act (PDPA)

I understand and acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data (personal information set out in this form) and any other personal information prescribed by rules of possession by myself or collectively the **Personal Information**) and disclose and transfer such Personal Information to all Insurers (who have insured vehicles) involved in this accident (all Insurers) who have insured vehicles) involved in this accident shall be collectively referred to as the **Insurers** (the Insurers' lawyers/firm, 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 requests by me;
- (iv) administering my claims (including the mailing of correspondence, statements, notices, 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 correspondence packages) and/or
- (v) complying with a statutory requirement in administering, processing, handling and/or dealing with my claims (collectively the **Purposes**);

(b) all Insurers (who have insured vehicles) involved in this accident and the Insurers' lawyers/firm, may be 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 also be disclosed by any of the Insurers (and/or GIA) to their third party service providers or agents (including their lawyers/firm), which may be sent 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 _____
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) _____ **Jenny Lim**

18 JUL 2024

Sketch Plan

