ASS. REC. BY: Kenneth | REF: LIP /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Guan

of 0718

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.

N/S	O/S

Bal. or Market Value: $ 42k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 03/29 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJP 9401 Yr Regn: 03, 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Toy Vios c.c 1497

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 297559 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR0531HY93 05103656

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/55R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	27/9/24	D.O.I.	1/10/2024

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

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

源摩哆廠

GUAN MOTOR WORKS

Not Authorised
Clinic &

Business Regn. No: 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

Resurvey After Paint

REPAIR ESTIMATE SJP940J

No.	Qty		
		List Items	
1	1	Rear bumper	$ 451.60
2	2	Rear bumper side reflector	$ 185.80
3	2	Rear bumper inner side bracket	$ 112.60
4	2	Rear bumper side retainer	$ 171.20
5	2	Rear bumper corner retainer	$ 86.00
6	1 set	Rear bumper clips	$ 40.00
7	1	Rear boot lid	$ 589.10
8	1	Rear boot centre "TOYOTA" logo	$ 48.10
9	1	Rear boot LH "VIOS" emblem	$ 55.60
10	1	Rear boot RH "E" emblem	$ 45.30
11	1	Rear boot top lock	$ 121.35
12	1	Rear boot lower lock catch	$ 41.40
13	1	Rear boot weatherstrip	$ 176.80
14	2	Taillamp	$ 665.20
15	1	Rear end panel	$ 575.00
16	1	Rear end panel top garnish	$ 211.40
			$ 3,576.45
		Less 25%	$ 894.11
		Total :	$ 2,682.34

		Special Nett Items	
17	1 set	Reverse sensors	$ 280.00
18	1 set	Rear end panel sealant	$ 60.00
		Total :	$ 340.00

		Labour	
1		Labour Charges for remove/refit, cutting/welding and replacement of damages.	$ 1,000.00
2		To putty and spray Spray Paintings charges.	$ 1,000.00
3		To check wirings and lightings.	$ 40.00
4		To remove, refit reverse sensors.	$ 70.00
5		To remove, refit rear boot lid fittings.	$ 80.00
6		To remove, refit rear upholstery and attachments.	$ 150.00
7		To supply and apply anti rust treatment	$ 80.00
		Total :	$ 2,420.00

Total Parts and Labour : $ 5,442.34

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

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 witholding 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	27/09/2024 16:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/09/2024 12:05 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	CAUSEWAY (JB)
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP940J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG POH YONG
NRIC No	SXXXX071B
Email Address	ANGKPY@GMAIL.COM
Mobile Phone No	(Phone) +65-82648310
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VIOS E AUTO
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	1497
Vehicle Fuel	Petrol
First Regisration Date	11/03/2009
Chassis no	MR053HY9305103656
Effective Date/Time of Ownership	11/03/2009 10:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10704840R02

DRIVER

Budget Direct
Vehicle: SJP 940J
27/09/2024

IMPORTANT NOTICE

SKETCH PLAN

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 any 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.

27/9/24
1530 hrs

27/09/2024

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan