ASS. REC. BY: Kenneth | REF: MSG

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Cuan

of 227A

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: $ 68k

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: | Person Contacted: | Vehicle: IN / OUT

Veh No: SLA 8339Z Yr Regn: 03/17

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

Make: Lexus IS200t c.c 1998

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

Sp.Reading 89650 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTHBA1D 220505 0021

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: 225/45R17

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	12/10/24	D.O.I.	15/10/2024

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:

Survey Fee:

Transportation: $ - RS SI

Parking

Others

TOTAL

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Report Format :

Lump Sum / I.B.I: ($

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No: 08102600F

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

NOT Authorise
LI Sign &
Return After Paint
4-5 days

REPAIR ESTIMATE SLA8339Z

No.	Qty	List Items		
1	1	Rear bumper		1,640.40
2	2	Rear bumper side reflector		466.40
3	2	Rear bumper reverse sensor		1,260.80
4	1	Rear bumper lower black spoiler		806.60
5	1 set	Rear bumper clips		80.00
6	2	Rear bumper side retainer		438.20
7	1	Rear bumper inner foam		155.70
8	1	Rear bumper inner reinforcement		733.30
9	2	Taillamp		3,913.20
10	1	Rear boot lid		1,838.80
11	2	Rear boot side lamp		2,190.40
12	1	Rear boot top centre "LEXUS" logo		99.40
13	1	Rear boot LH "LEXUS" emblem		94.70
14	1	Rear boot RH "IS200t" emblem		110.00
15	2	Rear boot hinge		621.20
16	1 set	Rear boot inner trim clips		80.00
17	1	Rear boot top lock		691.90
18	1	Rear boot weatherstrip		329.80
19	1	Rear end panel		1,249.60
20	1	Rear end panel top garnish		440.60
				17,241.00
			Less 10%	1,724.10
			Total :	15,516.90

Special Nett Items

21	1 set	Rear ~~windscreen~~ end Panel sealant	60.00

Labour

1	Labour Charges for remove/refit, panel beating, cutting welding and replacement of damages.	1,000.00
2	To putty and spray Spray Paintings charges.	1,000.00
3	To remove, refix and reset reverse sensors.	100.00
4	To check wirings & lightings.	40.00
5	To remove, refix rear upholsery & attachments.	100.00
6	To supply and apply anti rust treatment	80.00
	Total :	2,320.00

Total Parts and Labour : $ 17,896.90

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:

SA1B24AEM004 / AH LIM MOTOR COMPANY (BRANCH)
ENTRY DATE & TIME: 14/10/2024 11:27 (SGT)
SUBMITTED BY: GERALD CHEW
VERSION: 1 (14/10/2024 11:27 (SGT))

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	14/10/2024 11:27 (SGT)
Reported by	Actual Driver
Date of Accident	12/10/2024 13:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI, 1ST LANE NEAR LAMP POST 770
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8339Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN GEOK CHOO
NRIC No	SXXXX227A
Email Address	ANNATAN@KEMMS.COM.SG
Mobile Phone No	(Phone) +65-96334426
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	LS200T
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000
Vehicle Fuel	Petrol
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	M0037407

DRIVER

E-Hail
Vehicle SLA8339Z
14/10/2024

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 any insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in the 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.

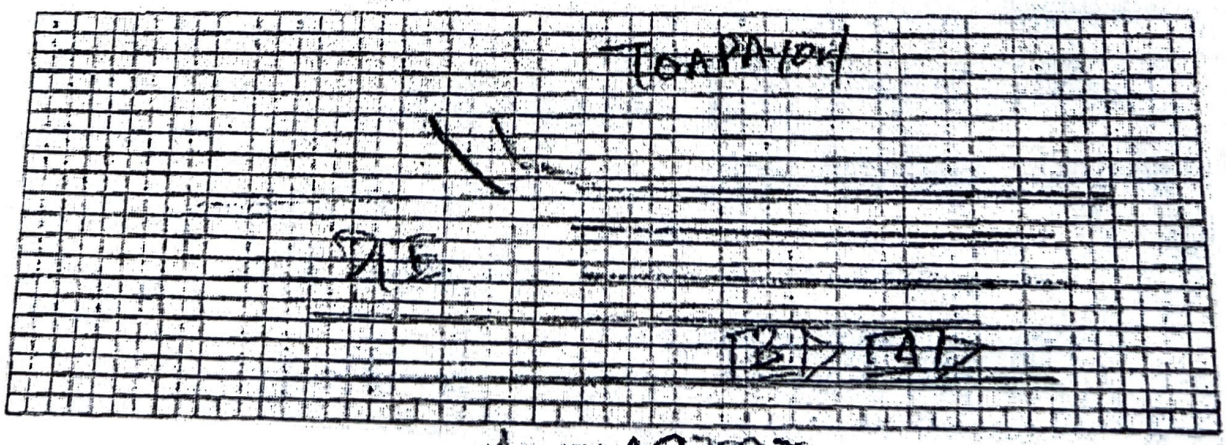
(collectively the "Purposes")

(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.

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

Sketch Plan



A: SLA8339Z

B: SLM3020L