

ASS. REC. BY:

REF:

AGZ/

## ASSIGNMENT

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

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

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

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

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

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: \$149k

IDAC Accident Rpt: \_\_\_\_\_ 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

Vehicle: IN / OUT

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

Veh No: SKP1669A Yr Regn: 02 21

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

Truck / Trailer or

Make: Toyota c.c. 1987Colour: Black A/C: Insured / Std / NI / NASp. Reading: 52753 T/Radio: Insured / Std / NI / NA

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

C/No: JT EAC3BH50J000128Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: 225/60R18

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

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

TOYO / YOKO or

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 11/10/24

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 23/10/2024

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?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

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

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

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

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

S - RS - SI

F. P. S.

Others

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

TOTAL

Report Format :

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

# KBS Motorsports Pte Ltd



YOUR REF.: QX1783P  
OUR REF.: SKP1669A

TO: SINGAPORE POLICE FORCE

CC: Claims Services Department

DATE: 21/10/2024  
FROM: Lee Shirley  
FAX: 6452 5333  
CONTACT: 8686 5188

MAKE & MODEL: TOYOTA HARRIER 2.0  
SUV (AUTO) (2WD)

CHASSIS NO.: JTEAC3BH50J000128

ENGINE NO.: M20A5514392

YEAR MADE: 2021

ACCIDENT DATE: 11 October 2024

FAX:

*Not Authorised  
Resurvey Before  
2 days*

## ESTIMATE FOR VEHICLE NO.: SKP1669A

NO.	DESCRIPTION	QTY.	LIST PRICE
1	FRONT BUMPER	1	\$ 961.50 ✓
2	FRONT BUMPER REINFORCEMENT	1	\$ 1,061.60 ?
3	FRONT BUMPER EXTENSION LH	1	\$ 48.00 ?
4	FRONT BUMPER BRACKET LH	1	\$ 222.40 ?
5	FRONT BUMPER SIDE RETAINER LH	1	\$ 153.50 ✓
6	FRONT BUMPER ABSORBER	1	\$ 125.30 ?
7	FRONT BUMPER LOWER ABSORBER	1	\$ 183.30 ?
8	FRONT BUMPER CLIP	10	\$ 55.00 ✓
9	FRONT BUMPER SENSOR	2	\$ 500.00 X
10	HEADLAMP LH	1	\$ 10,082.80 ?
11	FOG LAMP LH	1	\$ 361.60 X
TOTAL:		\$	13,755.00
LESS 25%:		\$	(3,438.75)
PARTS TOTAL:		\$	10,316.25

## LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGE PARTS	\$	800.00 200
TO CHECK & RECONNECT ALL NECESSARY WIRING	\$	150.00 20
TO REMOVE & REFIT ALL SENSOR	\$	100.00 60
TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)	\$	250.00 ?
TO SPRAY PAINTING ON THE AFFECTED AREA	\$	800.00 220
TOTAL:		\$ 12,416.25
9% GST:		\$ 1,117.46
GRAND TOTAL:		\$ 13,533.71

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:

KBS Motorsports Pte Ltd  
160 SIN MING DRIVE, #06-03  
SIN MING AUTOCITY  
t 6451 5333 f 6452 5333

COMPANY REG. NO.: 200504627K



## 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	14/10/2024 16:47 (SGT)
Reported by	Actual Driver
Date of Accident	11/10/2024 02:49 (SGT)
Exact Location of Accident	175 Ang Mo Kio Ave 4, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKP1669A

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHEE KIONG
NRIC No	SXXXX830H
Email Address	ZEVESLEY@GMAIL.COM
Mobile Phone No	(Phone) +65-97608221
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	HARRIER 2.0 SUV (AUTO) (2WD)
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	1987
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPV01002293


#### DRIVER

## 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 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 rescind 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 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

  
Witnessed by Reporting Police Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

