

ASS. REC. BY:

REF:

072 /

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD 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:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

2-3 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:

SLV 2932P

Yr Regn:

12 / 17

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

Truck / Trailer or

Make:

Seat Ibiza

c.c

999

Colour

Black

A/C: Insured / Std / Nil / NA

Sp. Reading

107219

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

VSS 2278JB14R137747

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F:

215/45R17

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.

21/10/24

D.O.I.

1/11/2024

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Prel. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

Fees

Others

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format:

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

TOTAL

# Tropical Tech Automobile Services

BLK 5030 ANG MO KIO AVENUE 3 #01-201 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL : 6481 7773 / 6481 1403 FAX : 6484 4978

E-mail : tsac303@singnet.com.sg

M / s : **China Taiping Insurance (Singapore) Pte. Ltd**  
3, Anson Road,  
#16-00, Springleaf Tower,  
Singapore 079909

Attn : Motor Claims Department  
Tel : 6389 6111  
Fax : 6222 1033

Estimate bill : TT 41 / 24 / TP / WT

Registration No : SLV2932P

Make / model : Seat Ibiza

Mileage : Date : 23 / 10 / 2024

**TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SNE8642C AND SLV2932P ALONG CLEMENTI ROAD ON 21 OCTOBER 2024 AT ABOUT 1710HRS.**

1pc	Rear bumper		\$	1,635.00	✓
2pcs	Rear bumper parking sensor (Centre)	(Each \$308.00)	\$	616.00	✗
1pc	Rear bumper license plate garnish		\$	200.00	✓
1pc	Rear bumper reflector (LH)		\$	67.00	✓
1pc	Rear bumper lip		\$	424.00	✓
1pc	Rear silencer box		\$	1,352.00	✓
1pc	Rear exhaust tail pipe adaptor		\$	549.00	✓
	Sub A total :		\$	4,843.00	
	Less 10% discount :		\$	484.30	
	A total :		\$	4,358.70	

## Special net items :

1pc	Rear license smart plate (Chrome lettering)	\$	180.00	✓
1pc	Rear license smart plate casing	\$	25.00	✓
	B total :	\$	205.00	

Remove and transfer rear bumper necessary attachment spart part items.

Remove and refit rear bumper, rear bumper parking sensor (Centre), rear bumper license plate garnish, rear bumper reflector (LH), rear bumper lip, rear silencer box, rear exhaust tail pipe adaptor.

Heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Alignment jack.

To check and refit rear tail lamp wiring harness.

Under coating on rear damaged portion.

Putty / primer application, spray painting rear bumper, rear bumper parking sensors (Centre).

**Grand final amount :**

**\$ 6,193.70**

**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:

Tropical Tech Automobile Services

( Authorised Signature )

William Tan



## 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 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 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.

22/10/2024  
1251HRS

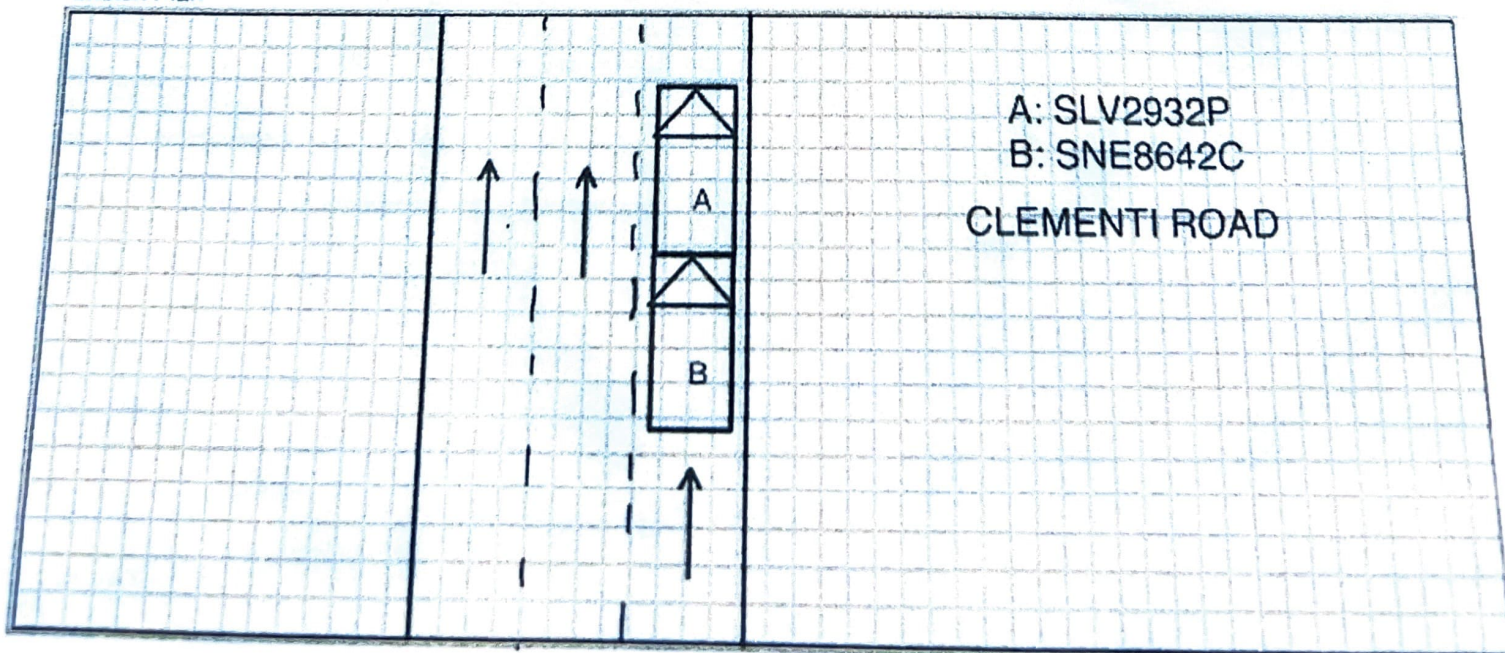
NUR ASYRAF BIN ZAINAL  
S997042

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan





## 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	22/10/2024 13:08 (SGT)
Reported by	Actual Driver
Date of Accident	21/10/2024 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2932P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WILSON PEK
NRIC No	S9646984E
Email Address	WILSONPEK@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94767017
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Seat
Model	Ibiza
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	1000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5143628376

#### DRIVER

# DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number	SNE8642C
Manufacturer	-
Model	-
Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	-
Contact Number	S8666185C
Address	(Phone) +65-97856554
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	PEK KONG HWEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLV2932P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No