

ASS. REC. BY:

REF: 1PC1Kenneth

## ASSIGNMENT

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

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

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

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

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

at Workshop m/s J & H

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.

N/S	O/S

Bal. or Market Value: \$138K

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

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 03 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: SNB 71107Yr Regn: 09, 21

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

Truck / Trailer or (A)Make: ToyotaC.C. 1797Colour: Black

AC: Insured / Std / NI / NA

Sp. Reading: 305285

T/Radio: Insured / Std / NI / NA

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

C/No: ZWR 800503446Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / Rlm / STD A/Rlm orTyre Size: F: 195/55R15

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

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

TOYO / YOKO or Greenlander

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 11/10/24D.O.I. 12/11/2024

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

File Pass to?

☐

: Prell. Report

☐

: Final Report

To Return to?

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

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

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

Transportation

S - RS. \$

F. 100%

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

mat:

/ I.B.I. (\$



6453 4730  
6457 1931  
enquiry@sh-motor.com

WORKSHOP  
160 Sin Ming Drive  
#07-02 Sin Ming AutoCity  
Singapore 575722

S&H Motor Pte Ltd  
Co. Reg. No.: 198701322K  
GST Reg. No.: M2-0076269-0

NOT WITHHOLD  
C/P &  
Marry After Rain  
30/9/24

M/s Lonpac Insurance Bhd  
100 Beach Road  
#19-00 Shaw Tower  
Singapore 189702

File No :  
Date :

SH/2024/0158/TP  
11/10/2024

Estimated cost of repair for vehicle no:	SNB7110T	Toyota Noah			11/10/2024
Accident involving vehicle no:	SNB7110T	&	YR2073K	On	List Price
Description			Quantity		
Front bumper rh			1	\$	1,381.80 ✓
Front bumper center			1	\$	950.00 ✓
Front bumper side retainer rh			1	\$	rh 137.40 X
Front bumper lower grille			1	\$	rh 355.90 X
Front bumper parking sensor			set	\$	rh 494.20 X
Front radiator grille assy			1	\$	3,358.30 ✓
Front radiator grille "Toyota Logo" emblem			1	\$	rh 91.80 ✓
Headlamp rh & lf			1	\$	rh 4,287.10 ✓
				\$	11,056.50
			LESS 25%	\$	2,764.13
				\$	8,292.38

#### Special Nett

Front bumper clip	set	\$	rh 40.00 ✓
Radiator grille clip	set	\$	rh 40.00 ✓

#### Labour

To dismantle, replace, cut, weld, knock out dents to straighten accident damaged parts.	\$	400.00 2001
Remove & replace front bumper sensor & conduct distance safety setting	\$	80.00 ✓
Wiring /bulb checking/focusing	\$	40.00 201
To putty & spray paint accident damaged parts and adjacent panels	\$	500.00 2201
	\$	9,392.38

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:

Your NCD will be affected due to late reporting

SV1024AB0004 / Vin's Motor Pte Ltd [575722]  
ENTRY DATE & TIME: 21/10/2024 17:25 (SGT)  
SUBMITTED BY: Law Qi Zhi  
VERSION: 1 (21/10/2024 17:25 (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 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	21/10/2024 17:25 (SGT)
Reported by	Actual Driver
Date of Accident	11/10/2024 12:08 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CASHIN STREET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB7110T

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ECO CARZ PTE LTD
Company Reg No	2XXXXXX543M
Email Address	MAYSHIM28@GMAIL.COM
Mobile Phone No	(Phone) +65-88556141
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	NOAH HYBRID 1.8X CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company  
Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.  
DMHCSNA00012372400

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 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.



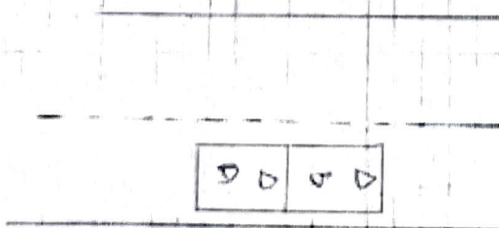
Policyholder's Signature / Date & Time

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



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

### Sketch Plan



Cashin P

A: SNB 7110 T

B: YR 2013 E