REF: C721

ASS. REC. BY: Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Colour Vibe

of OTTB

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: ~~$~~ 84K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 8-9 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNJ 9544J Yr Regn: 03 20

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

Make: Toy Altis (A) c.c 1598

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 64406 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2BE3BE500007186

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl: 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 _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	5/11/24	D.O.I.	12/11/2024

Survey held at _____

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

O/S ~~Frt~~ body

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

Date / Time	Action / Instruction
/	

...mo, File Pass to?

☐ : Prell. Report

☐ : Final Report

...e, File Return to?

...ormat :

...m / I.B.I: ($

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation

$ - RS. SI

Others

TOTAL

Not Withstand
L/Rup &
Resurvey After Paint
8-9days

COLOUR VIBE PTE. LTD.

176 Sin Ming Dr, #05-16 Sin Ming AutoCare, Singapore 575721
Company Registration No: 202203460Z
Email: business@colourvibe.sg
Contact: (+65) 94594918

Date: 11/11/2024

Car Make/Model: TOYOTA COROLLA ALTIS
Engine/Chassis No: ZRE210R-GEXGPZ
Carplate : SMS9544J

LIST ITEM				
DESCRIPTION	QUANTITY	PRICE	TOTAL	
FRONT FENDER LH	1	$ 1,076.20	$ 1,076.20	✓
FRONT DOOR LH	1	$ 1,396.30	$ 1,396.30	✓
REAR DOOR LH	1	$ 1,276.50	$ 1,276.50	x
SIDE SKIRT LH	1	$ 868.10	$ 868.10	✓
SPORT RIM	2	$ 2,409.40	$ 4,818.80	✓
REAR FENDER LH	1	$ 1,262.58	$ 1,262.58	✓
REAR AXLE LEFT HUB & BEARING ASSEMBLY	1	$ 1,064.80	$ 1,064.80	✓
FRONT AXLE LEFT HUB & BEARING ASSEMBLY	1	$ 868.00	$ 868.00	✓
LOWER ARM SUB ASSEMBLY	1	$ 980.30	$ 980.30	✓
LEFT STEERING KNUCKLE	1	$ 1,075.90	$ 1,075.90	✓
LEFT FRONT ABSORBER	1	$ 628.00	$ 628.00	✓
LEFT REAR ABSORBER	1	$ 416.00	$ 416.00	✓

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SPECIAL NETT ITEM			
DESCRIPTION	QUANTITY	PRICE	TOTAL

LABOUR CHARGE				
DESCRIPTION	QUANTITY	PRICE	TOTAL	
TO PANEL BEAT/ ALIGNMENT	1	$ 4,000.00	$ 4,000.00	1200
TO SPRAY PAINTING	1	$ 2,500.00	$ 2,500.00	1300

$ 22,231.48

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:

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	06/11/2024 13:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/11/2024 15:35 (SGT)
Exact Location of Accident	Bishan St 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9544J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA BENG CHUAN
NRIC No	S1527077B
Email Address	BUSINESS@COLOURVIBE.SG
Mobile Phone No	(Phone) +65-97666643
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142464547

DRIVER

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly 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.

ADMIN SERVICE PTE LTD Co. Reg. No. 201319885G

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