ASS. REC. BY: Taufik | REF: CS/LIP2406280/Tvh3

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: SNR 846R

Policy No. _____

Claims No. IVS24/1207

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: $80K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMK3959C Yr Regn: 2019, 04

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

Make: Toyota Sienta c.c 1496

Colour Biege A/C: Insured / Std / NI / NA

Sp.Reading 66258 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MHFC2&H3000063179

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: 195/50R16

R: 〃 〃

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 23/6/2024 D.O.I. 27/6/24

Survey held at Autobacs

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

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

Date / Time	Action / Instruction
15/7/24	Taufikh confirmed LS $6500 (Red 3253.50, 33%)

Date/Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

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

Report Format : _____

Lump Sum / I.B.I: (_____)

Survey Fee: _____

Transportation: _____ $ + RS _____ SI

Photos _____

Others _____

AUTOBACS CAR CARE (SINGAPORE) PTE. LTD.

8 Kaki Bukit Ave 4 #08-40/45/46 Premier@Kaki Bukit S(415875)
Tel : 6702 1555 Fax : 6702 1444
Co. Reg No. : 201500047H GST No. : 201500047H
Email : admin@autobacs.com.sg

TO	: Liberty (SNR846R)	DATE	: 24-Jun-24
ATTENTION	: MOTOR CLAIMS DEPARTMENT	JOB TYPE	: T/P CLAIMS
OWNER PARTICULAR			
OWNER ID	: SXXXXX592C	P -	
		S -	
VEHICLE DETAILS		L -	
VEHICLE NO.	: SMK3959C	TOTAL :	
MODEL / MAKE	: Toyota Sienta	L/S -20% :	
CHASSIS NO.	: MHFZ28H3000063179	SUB TOTAL :	
ACCIDENT DETAIL			
DATE	: 23-Jun-24		
TIME	: 11:25HRS	CONTACT PERSON	: MR. SIM 9844 0974

QUOTATION SUMMARY PAGE 01

CLAIMS DETAIL : PARTS LIST

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	front headlamp Rh	1	$ 4,887.00	$ckq 4,887.00
2	front fender Rh	1	$ 813.00	$bd 813.00
3	front fender bracket Rh	1	$ 159.00	$XR 159.00
4	front fender inner shield Rh	1	$ 245.00	$dlw 245.00
5	front fender inner shield stay clips Rh	2	$ 18.00	$ax 36.00
6	front bumper	1	$ 478.00	$dl 478.00
7	front bumper top rubber seal (stick on)	1	$ 79.00	$ X 79.00
8	front bumper fog lamp garnish Rh	1	$ 178.00	$ cut 178.00
9	front bumper side retainer Rh	1	$ 98.00	$? 98.00
10	front 16" sport rim Rh	1	$ 2,785.00	$dd 2,785.00

11 Bonnet RP

TOTAL PRICE	$ 9,758.00
LESS -25%	$ (2,439.50)
SUB TOTAL PRICE	$ 7,318.50

CLAIMS DETAIL : PARTS LIST

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	front fender inner shield clips set Rh	1	$ 60.00	$one 60.00
2	front bumper clips set	1	$ 80.00	$80 80.00

TOTAL	$ 140.00

QUOTATION SUMMARY **PAGE 02**

CLAIMS DETAIL : LABOUR CHARGES AND SPRAY PAINTING

TO DISMANTLE & REPLACED WITH PANEL BEATING ALL THE ACCIDENT PORTION	$ 800.00	450	
TO SPRAY PAINTING ALL THE ACCIDENT PORTION & POLISHING AFFECTED AREA	$ 800.00	450	
TO APPLY ANTI-RUST & TUFF KOTE	$ 75.00	30	
TO PERFORM LIGHTING & WIRING CHECK	$ 120.00	30	
TO SEND VEHICLE FOR 3D COMPUTERISED TO PERFORM CHECK & ADJUSTED ALL WHEEL ALIGNMENT	$ 120.00	80	
TO PERFORM DIAGNOSTIC CHECK & RESET MEMORY FAULT CODE TO IDENTIFICATION STANDARD	$ 380.00	X	
TOTAL	$ 2,295.00		

ESTIMATE REPORT

TOTAL PARTS COST	:	$ 7,458.50
TOTAL LABOUR COST	:	$ 2,295.00
TOTAL REPAIR COST	:	$ 9,753.50

APPROVED DETAILS

NO. OF REPAIR DAYS : DAYS

REPAIR UNDER : PART BY PART OR LUMPSUM

DATE / TIME OF SURVEY : Tanfikri 97495749 / 62563561

SURVEYED BY / FROM : 27/6/24 @ 730 pm

CONTACT NUMBER

EMAIL ADDRESS tanfikri@lkkauto.com

3 days

4/8 Running after repair

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	24/06/2024 13:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/06/2024 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Farleigh Ave
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3959C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Xiao Yu Hong @ Seow Kin Hwa
NRIC No	SXXXX592C
Email Address	yhxiao@hotmail.com
Mobile Phone No	(Phone) +65-90292096
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 301085197 ATM

DRIVER

Name of Driver	Xiao Yu Hong @ Seow Kin Hwa
NRIC No	SXXXX592C
Date Of Birth	22/04/1973
Occupation	Indoor

Driving Pass Date	20/05/1992
Driving experience	32 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90292096
Alt. Phone Number	-
Email Address	yhxiao@hotmail.com
Address	Blk 433 Ang Mo Kio Avenue 10 #02-1397
Address complement	-
Postcode	560433
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the accident statement

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNR846R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ahmad Baihaqhi Bin Sani
Contact Number	(Phone) +65-97672314

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 making 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.

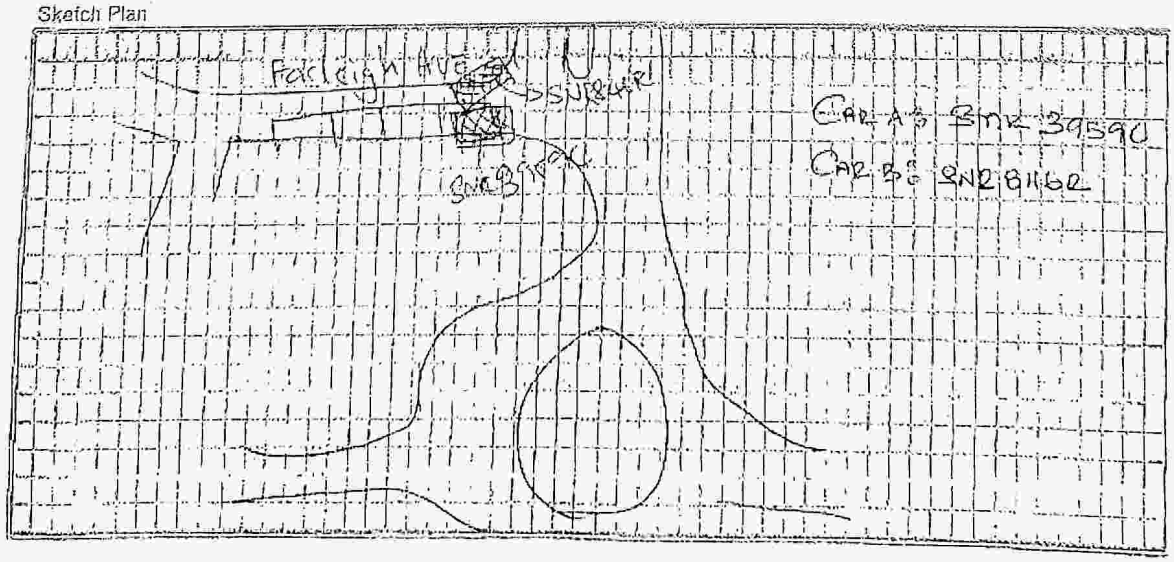
24/6/2024

Policyholder's Signature / Date & Time

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

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

Sketch Plan



SKETCH PLAN #2

Describe Circumstance of the Accident

The car was parked at Farleigh Ave around 11.10am and I went to visit a restaurant. At around 11.25am , the Subaru SUV with car plate number SNR846R turned into Farleigh Ave from Kensington Park Rd, lost control, over steered and knocked into my parked car.

Declaration

I/We declare the foregoing particulars are true in every respect.

24/6/2024

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)

2