

ASS. REC. BY:

REF:

C72/220109801kp

Kenneth

ASSIGNMENT

From: _____ Date: _____

Veh No: Sy 777K Yr Regn: 09 16

Estimated Cost: _____

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

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

Truck / Trailer or Wagon

To Inspect Vehicle No: _____

Make: Toy Vellfire c.c. 2493

at Workshop m/s City Auto

Colour h. Black A/C: Insured / Std / Nil / NA

of 8

Sp. Reading 161068 T/Radio: Insured / Std / Nil / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: AG1430 0063241

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

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

(Policy Condition)

Tyre Size: F: 215/55R17

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

R: _____

Bal. or Market Value: _____

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

IDAC Accident Rpt: _____ Consistent? : Yes or No

TOYO / YOKO or

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

Front R/Bal. 4 mm

Est. Repairs: 4-5 days Res.: Yes or No

Rear R/Bal. 3 mm

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

L/Bal. 4 mm

D.O.A. 24/10/2 D.O.I. 4/11/2022

CA / REV / REP. / 24 HRS

Survey held at _____

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Des. of Damages: Frit / Rear / O/S / N/S / UIC / Rooftop or

N/S 151

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prel. Report

1)

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

2)

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$

Survey Fee:

: Interview (\$

Transportation
S - RS. SI

: Tech Invs (\$

Fixes

: Weekend (\$

Others

Report Format :

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

TOTAL



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT202211-000050(00)

CHINA TAIPING INSURANCE (S) PTE LTD

NO. 3
ANSON RD
SPRINGLEAF TOWER
SINGAPORE 079909

Contact :-

NOT Notified
11 Day &
Recovery After Pain
4-5 days

Date : 01/11/2022
Vehicle No. : SY777K
Make/Model : TOYOTA VELLFIRE

Mileage (km) : 0
Chassis No. : AGH30-0063241
Accident Date : 27/10/2022 00:00:00 (1016)
Claim No. : PC5541S
Reference : JO202211-0063
Policy No. : 5124222023-01

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Bonnet	1.0	909.50	909.50 X
2	Front bumper	1.0	669.20	669.20 ✓
3	Front bumper retainer	2.0	72.20	144.40 ✓
4	Front bumper grille	1.0	224.40	224.40 X
5	Front bumper fog lamp	1.0	516.00	516.00 X
6	Front bumper fog lamp garnish	1.0	126.70	126.70 ✓
7	Front bumper sensor	1.0	481.90	481.90 X
8	Front bumper reinforcement	1.0	494.50	494.50 X
9	Apron panel LH	1.0	428.20	428.20 ✓
10	Headlamp - LH	1.0	3,900.50	3,900.50 ✓
11	LH front fender	1.0	1,389.30	1,389.30 ✓
12	LH front fender innershield	1.0	274.70	274.70 ✓
13	Engine under cover	1.0	197.00	197.00 X
14	LH front rim	1.0	2,648.10	2,648.10 ✓
15	LH front tyre	1.0	285.00	285.00 X
16	LH front wheel bearing	1.0	711.10	711.10 X
17	LH front knuckle	1.0	778.90	778.90 X
18	Support panel (top)	1.0	646.00	646.00 X
19	Support panel (side)	1.0	406.10	406.10 ✓
20	Support panel (lower)	1.0	398.75	398.75 X
List Total :				15,630.25
25% Discount S\$				3,907.51
				11,722.74

LABOUR :

- To change under carriage	1.0	180.00	180.00 X
-To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	650.00	650.00 450
- Spray painting on affected & replace parts	1.0	800.00	800.00 600
Computerised wheel alignment	1.0	60.00	60.00 ✓
			1,690.00

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

CONTINUE NEXT PAGE

Received 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 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 Submission 28/10/2022 11:42 (SGT)
Reported by Owner
Date of Accident 27/10/2022 19:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF VISTA EXCHANGE FREEN AND NORTH BOUNA
VISTA RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SY777K
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner MARK LIM BENG HOE
NRIC No SXXXX467C
Email Address PIGGOES@GMAIL.COM
Mobile Phone No (Phone) +65-98768504
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vellfire
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?
Vehicle Category No - Claiming third party
Transmission Private car
CC Auto
2500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5124222023-01

DRIVER

Name of Driver ELIZABETH ANN LIM YU YAN
NRIC No SXXXX296E
Date Of Birth 08/11/1994

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre
Personnel

[Signature] 28 Oct 22
11:01 am
Policyholder's Signature / Date & Time

[Signature] 28 Oct 22
11:01 am
Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

