

ASS. REC. BY:

Tang

REF:

CS/SMR24060301/T2h3

## 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.

N/S	O/S

Bal. or Market Value:

\$135K

IDAC Accident Rpt:

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:

SM584364

Yr Regn:

2020 / 03

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

Truck / Trailer or

Make:

Toyota Noah Hybrid

c.c

1797

Colour

Maroon

A/C: Insured / Std / NI / NA

Sp. Reading

230007

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZWR800411-526

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orMod: ☒ NII / S/Rim / STD A/Rim or

Tyre Size:

F:

205/65R15

R:

7 7

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.

D.O.I.

12/7/24

Survey held at

Kok Wang

Des. of Damages: Frt / Rear / P/S / N/S / U/G / Rooftop or

Frt o/s

The U/G / 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?

2)

Days Of Repair:

Resurvey No. of Trip:

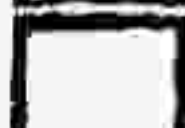
Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Format:

Lump Sum / L.B.R. (\$



**Kok Wang Car Grooming**  
**1 Soon Lee Street #06-40 Pioneer Centre**  
**Singapore 627605**  
**Hp: 91839633 E-mail: vianong@gmail.com**

**ESTIMATE REPORT**

Vehicle Number : SMS8436U  
 Make And Model : Toyota Noah Hybrid  
 Date of Accident : 21 June 2024

S/No	Parts	QTY	Unit Price	List Price
1	Front bumper	1		\$ 848.30 <i>de</i>
2	Front bumper retainer RH	1		\$ 132.20 <i>de</i>
3	Front bumper fog lamp cover RH	1		\$ 137.70 X
4	Front bumper sponge	1		\$ 101.60 X
5	Front bumper under cover RH	1		\$ 165.80 X
6	Front fender RH	1		\$ 1,425.10 <i>bf</i>
7	Front fender bracket RH	1		\$ 60.50 X
8	Front fender inner shield RH	1		\$ 232.80 X
9	Front fender 'HYBRID' emblem RH	1		\$ 81.50 <i>acc</i>
10	Front rim RH	1		\$ 2,327.00 X
11	Wing mirror assy RH	1		\$ 1,632.40 X
12	Wing mirror cover RH	1		\$ 131.90 X
13	Headlamp RH	1		\$ 4,609.90 <i>car</i>
				\$ 11,886.70
Less 25%				\$ 2,971.68
<b>Total</b>				<b>\$ 8,915.03</b>
<div style="display: flex; justify-content: space-between;"> <div> <p><b>Special Nett Item</b></p> <p>1 Front bumper clips</p> <p>2 Front fender inner shield clips RH</p> </div> <div style="border: 1px solid black; padding: 5px; width: 60%;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed <u>and</u> is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature: _____</p> </div> <div> <p>1 set</p> <p>1 set</p> </div> </div>				
				\$ 60.00 <i>4 Out</i>
				\$ 60.00 X
<b>Total</b>				<b>\$ 120.00</b>
<b>Labour &amp; Misc Charges</b>				
To dismantle, replace & panel beating affected portion.				\$ 800.00 <i>500</i>
To spray paint on affected portion.				\$ 800.00 <i>800</i>
To check wiring.				\$ 60.00 <i>30</i>
To apply anti-rust on affected areas.				\$ 80.00 <i>30</i>
To conduct computerized wheel alignment.				\$ 150.00 X
To perform system diagnostic & reset ECU system.				\$ 300.00 X
<b>Total</b>				<b>\$ 2,190.00</b>
<b>Grand Total :</b>				<b>\$ 11,225.03</b>

*Taufik 97495749*  
*wp 12/7/24 e 11 am*  
*415 Resurvey after repair*  
*4 days*  
*Taufik c/hk auto. l.m.*

# 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 24/06/2024 14:03 (SGT)  
Reported by Actual Driver  
Date of Accident 21/06/2024 17:00 (SGT)  
Exact Location of Accident Choa Chu Kang Loop, Singapore  
Additional Location Information -  
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS8436U  
INSURED/POLICYHOLDER  
Is company? Yes  
Name Of Registered Owner GRAN TORINO PTE. LTD.  
Company Reg No 2XXXXX383C  
Email Address VIANONG@YMAIL.COM  
Mobile Phone No (Phone) +65-88556141  
Alternative Phone No -

## VEHICLE PARTICULARS

Manufacturer Toyota  
Model Noah  
Variant HYBRID 1.8X CVT  
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 hire  
Transmission Auto  
CC 1797

## INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number SP2030218172

## DRIVER

Name of Driver CHIN MIN YEK  
NRIC No SXXXX772F  
Date Of Birth 05/09/1977  
Occupation Indoor

Driving Pass Date	06/08/2002
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81138419
Alt. Phone Number	-
Email Address	CMINYEK@YAHOO.COM.SG
Address	BLK 406 CHOA CHU KANG AVE 3 #09-279
Address complement	-
Postcode	680406
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Change/cross lane
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)	1
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

ON 21/06/2024 5PM, I WAS AT CHOA CHU KANG LOOP. I WAS STATION AT THE TRAFFIC JUNCTION WAITING FOR GREEN LIGHT. WHEN TRAFFIC LIGHT TURN GREEN, THE BUS AT RIGHT SIDE CUT INTO MY LANE AND HIT ON THE FRONT OF MY CAR.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMB1591P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver ..... -  
Contact Number ..... -  
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 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

Describe Circumstance of the Accident

VEHICLE NO: Sms8436U ACCIDENT DATE & TIME:

CONTACT NUMBER: E-MAIL:

LOCATION: On 21/06/04 5 pm I was at  
Choa Chu Kang loop. I was station at the traffic  
Junction waiting for green light, when traffic light turn  
green, the bus at right side cut into my lane and  
hit on the front of my car.

☐ Claim own policy  
☐ Claim third party  
☒ Claim OD (To all other workshop) Kok Wang  
☐ For record purpose only  
Policy No SP2030218173  
Insurer Allianz Ver No SP152136U

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ CLAIM OD (To all other workshop) ☐ REPORTING ONLY

## Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRICAD card)