

ASS. REC. BY:

REF: C72/ CS/CTI24110591/Kvh3Kenneth

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. SNM24D206487

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$77K

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 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: SMI-93587Yr Regn: 11, 18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy CommC.C. 1998Colour M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading 40514

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR0530K5100113606Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 215/60R16

R: _____

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

Front

Rear

R/Bal. 3 mmR/Bal. 3 mmL/Bal. 3 mmL/Bal. 3 mmD.O.A. 16/11/24D.O.I. 3/12/2024

Survey held at _____

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

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

Date / Time

Action / Instruction

16/12/24 LS \$1900 confirmed by email (Red 2203.54, 53%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS, SI

Fines

Others

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

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	18/11/2024 11:39 (SGT)
Reported by	Actual Driver
Date of Accident	16/11/2024 20:10 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9358Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YU HONGHAI
NRIC No	SXXXX336E
Email Address	Honghai.yu1029@gmail.com
Mobile Phone No	(Phone) +65-92368330
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	2.0 AUTO
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	MR053DK5100113606
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00161912301

DRIVER

Name of Driver	HUANG WEN
NRIC No	SXXXX539C
Date Of Birth	28/11/1985
Occupation	Indoor
Driving Pass Date	09/11/2018
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	6 YEARS
Gender	Female
Mobile Number	(Phone) +65-92368330
Alt. Phone Number	-
Email Address	Honghai.yu1029@gmail.com
Address	21 SIN MING WALK
Address complement	-
Postcode	583915
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 THE 16/11/2024 AT ABOUT 20:10HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SMF9358Z) ALONG ORHARD BLVD EN-ROUTE FROM ION ORCHARD TO COMMONWEALTH TO PASSENGER HOME PERSONAL PURPOSE, WHILE I WAS MADE A LANE CHANGE FROM LANE 2 TO LANE 3 AFTER ENTERING LANE 3 HALFWAY SHORTLY AFTER, I FELT AN IMPACT ON MY LEFT SIDE PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER(FBT807K) FAILED TO STOP ON TIME AND COLLIDED ONTO VEHICLE A FRONT LEFT SIDE MIRROR. VEHICLE B RIDER FALL DOWN SLIGHTLY INJURIES

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	FBT807K
Vehicle Manufacturer	Yamaha
Vehicle Model	NMAX 155 ABS CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBT807K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

Sketch Plan

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

16/11/2024 - 23:30HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 16/11/2024 AT ABOUT 20:10HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SMF9358Z) ALONG ORHARD BLVD EN-ROUTE FROM ION ORCHARD TO COMMONWEALTH TO PASSENGER HOME PERSONAL PURPOSE, WHILE I WAS MADE A LANE CHANGE FROM LANE 2 TO LANE 3 AFTER ENTERING LANE 3 HALFWAY SHORTLY AFTER, I FELT AN IMPACT ON MY LEFT SIDE PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER(FBT807K) FAILED TO STOP ON TIME AND COLLIDED ONTO VEHICLE A FRONT LEFT SIDE MIRROR. VEHICLE B RIDER FALL DOWN SLIGHTLY INJURIES

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

16/11/2024 -- 23:30HRS

Witnessed by Reporting Centre Personnel

Ding Auto Pte Ltd
Sin Ming Industrial Est. Sec C, Blk 10,#01-20
575645



Insurer Reference:
Repairer Reference: 074286
Date calculated: 26/11/2024 4:32 PM

Full Report
Registration: SMF9358Z
Printed: 26/11/2024 4:34 PM

Summary Information

Claim

Location:	Singapore (SG)	Work Provider:	China Taiping Insurance (Singapore) Pte Ltd
Printed by:	Ding Auto	Currency:	SGD
Claim Reference:		Date of Incident:	16/11/24
Estimated Repair Time:		Hire Car Start:	
Actual Repair Days:		Hire Car End:	

Vehicle Details

Vehicle

Manufacturer:	TOYOTA
Model:	CAMRY
Sub Model:	BASE MODEL
Model Sheet Number:	70 CR 01
Registration:	SMF9358Z
VIN number:	MR053DK5100113606
Odometer:	40112

Not Authorised
L1 By @
Running After Paint
4 days
4x @ 250/

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:

Insurer Reference:
Repairer Reference: 074286
Date calculated: 26/11/2024 4:32 PM

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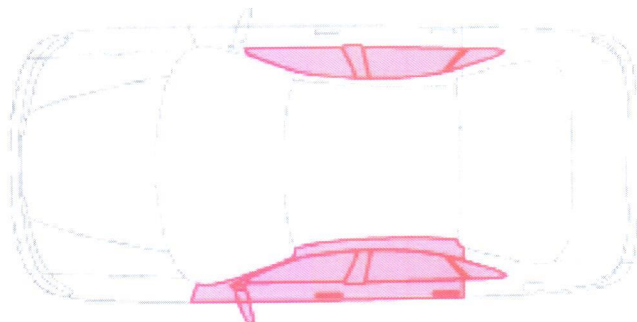
Vehicle Condition

Vehicle Status

Pre-Accident Damage:
Date of Inspection:

Damage Areas

All ☐
Underbody ☐



Tyres Condition

Tyre Brand	Tread (Left Middle), Tread (Left Outer), Tread (Left Inner), Tread (Right Inner), Tread (Right Outer), Tread (Right Middle), mm					Condition
Spare Tyre Brand	Tread (Spare), mm					

Labour

Code	Description	Time Base 10 WU/h	Price = 42.00 SGD/h	
			WU	Price SGD
NO NUMBER	ADJUST HEADLAMPS		2.0	8.40
B110	RENEW L/FRT WING (BUMPER AND HEADLAMP REMOVED) INCLUDES: L/F WHEELHOUSE COVER AND REQUIRED ATTACHED PARTS R + R.		6.0	25.20
B100	R + R LEFT SILL RAIL		3.0	12.60
B010	R + R FRONT BUMPER		6.0	25.20
B040)	R + R LEFT HEADLAMP (BUMPER REMOVED) DOES NOT INCLUDE: ADJUST HEADLAMP		3.0	12.60
B200	R + R L/F DOOR		5.0	21.00
NO NUMBER	DIS + ASS L/F DOOR (REMOVED)		17.0	71.40
NO NUMBER	RENEW L/F DOOR PANELLING (DOOR REMOVED)		20.0	84.00
B200	R + R LEFT REAR DOOR INCLUDES: FIT DOOR		5.0	21.00
NO NUMBER	DIS + ASS L/R DOOR (REMOVED)		17.0	71.40
NO NUMBER	RENEW LEFT REAR DOOR SKIN (DOOR REMOVED)		20.0	84.00

Insurer Reference:
Repairer Reference: 074286
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Code	Description	WU	Price SGD
NO NUMBER	R + R LEFT MIRROR	1.0	4.20
Labour Cost		Hrs	WU
Panel / Mechanical Labour		10.50	105.0
Total of Labour			441.00

Paint

Paint Work

SYSTEM AZT

Time Basis 10 WU/h

Code	Description	WU	Price SGD
	L/F WING NEW PART PAINTING	9.0	
	L/F DOORSKIN NEW PART PAINTING	16.0	
	L/R DOORSKIN NEW PART PAINTING	14.0	
	L/SILL MOULDING NEW PART PAINT K1R	7.0	

Paint Material Per Part

Code	Description	Price SGD
0741	L/F WING NEW PART PAINTING	13.70
1485	L/F DOORSKIN NEW PART PAINTING	37.48
1785	L/R DOORSKIN NEW PART PAINTING	31.03
2185	L/SILL MOULDING NEW PART PAINT K1R	23.03

Labour Cost - Paint

	Hrs	WU	Price SGD
Factor	42.00 SGD/h		
Time Paint		46.0	
Preparation Main Work Metal	0.70	7.0	29.40
Preparation Comp. Work Plastic	0.30	3.0	12.60
Total	10 WU/h	56.0	235.20

Material Cost - Paint

	Price SGD
New Part Painting	82.21
New Part Painting - Plastic K1R	23.03
Material-constant Metal	18.10
Material-constant Plastic	9.00
Total	132.34

Spare Parts

Code	Description	Part Number	Part Source	prices as at 2015-06-01/01	Price SGD
1737	L/DOOR MIRROR	87940 33D20	Original	CM	480.00 ✓
1745	L/DOOR MIRROR HSG	87945 33030A0	Original	SL	65.00 X
1485	L/F DOORSKIN	67112 33100	Original	B	780.00 ✓
1519	L/F DOOR WINDOW	68102 33330	Original	Gr	260.00 ✓
1659	L/F LWR WINDOW MLDG	75720 33170	Original	na	95.00 ✓
0741	L/F WING	53802 33200	Original	R	295.00 X
1785	L/R DOORSKIN	67114 33110	Original	R	680.00 X
2185	L/SILL MOULDING	75860 33905	Original	R	350.00 X

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Code	Description	Part Number	Part Source	Price SGD
1547	L/WINDOW REGULATOR	69802 52130	Original	290.00
f: OEM Parts	Savings			0.00
n: Non-OEM Parts	Subtotal			3,295.00
u: Used parts	Total			3,295.00

Final Calculation

	SGD	SGD
Parts	3,295.00	
Total Parts		3,295.00
Labour Time Base 10 WU/h		
Total 105.0 WU X 42.00 SGD/h	441.00	306.60
Total of Labour		441.00
Paint Work Time Base 10 WU/h		
Labour Cost 56.0 WU X 42.00 SGD/h	235.20	352.80
Material Cost	132.34	117.63
Total Paint Including Material		367.54
Repair Cost Excludes GST		4,103.54
GST (+9.00%)		369.32
Repair Cost Included GST		4,472.86

Comments

* - USER SUPPLIED DATA
NN - NO MANUFACTURERS CODE EXISTS
) - WU PARTIAL INCL IN OTHER POSITIONS

Assessment Note

Author	Date	Text
dingauto	26/11/2024 4:34 PM	1.ESTIMATE