

ASS. REC. BY:

REF: C721

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

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

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 WITHIN
11/11/24
Repair after painting
4 days
Ex 82501

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
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Vehicle Condition

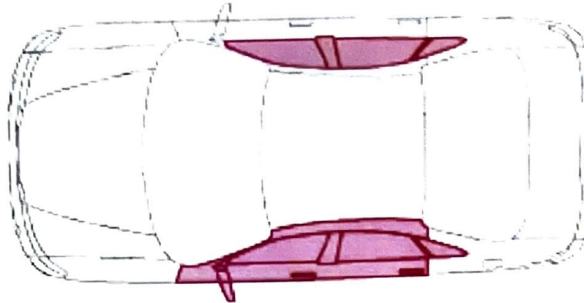
Vehicle Status

Pre-Accident Damage:

Date of Inspection:

Damage Areas

All ☐
Underbody ☐



Tyres Condition

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

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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

Code	Description	WU	Price SGD
	Paint Work		
	SYSTEM AZT		
		Time Basis 10 WU/h	
	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			
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	Price SGD
				prices as at 2015-06-01/01
1737	L/DOOR MIRROR	87940 33D20	Original	CM 480.00 ✓
1745	L/DOOR MIRROR HSG	87945 33030A0	Original	h 65.00 X
1485	L/F DOORSKIN	67112 33100	Original	B 780.00 ✓
1519	L/F DOOR WINDOW	68102 33330	Original	h 260.00 ✓
1659	L/F LWR WINDOW MLDG	75720 33170	Original	na 95.00 ✓
0741	L/F WING	53802 33200	Original	n 295.00 X
1785	L/R DOORSKIN	67114 33110	Original	n 680.00 X
2185	L/SILL MOULDING	75860 33905	Original	h 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				0.00
n: Non-OEM Parts	Savings			3,295.00
u: Used parts	Subtotal			3,295.00
	Total			

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	
Total of Labour		441.00
Paint Work Time Base 10 WU/h		
Labour Cost 56.0 WU X 42.00 SGD/h	235.20	
Material Cost	132.34	
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

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

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

