

ASS. REC. BY:

REF:

LPC1

Kenneth

## 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:

06 days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Snm 80107

Yr Regn: 06, 23

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

Truck / Trailer or

Make:

Toy Corolla Cross

c.c

1797

Colour

M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading

25881

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZVG11

1004538

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/50R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

28/11/24

D.O.I.

13/12/2024

Survey held at

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

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

Date / Time

Action / Instruction

1

Got BZ

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) S + RS. \$

) Fuel \$

) Others

TOTAL

Report Format :

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



**TTS EUROCARS PTE LTD**

2 DEFU SOUTH STREET 1, #04-04 DEFU INDUSTRIAL CITY

Date : 4/12/2024

**RE: VEHICLE REPAIR QUOTATION**

Vehicle Reg No  
Name of Insured  
Policy Number  
Date of Accident  
Tyre of Claim  
Model  
Chassis No

**SNM8010J**  
TAN FEI LIN  
MP322535  
28/11/2024  
THIRD PARTY CLAIM  
TOYOTA COROLLA CROSS  
ZVG111004538

We are please to submit our estimate of repairs to the above mention vehicle.

**PARTS COST**

		PG 1		
	QTY	UNIT/PC	Parts	
1 REAR TAILGATE	1	\$2,838.60	\$2,838.60	✓
2 REAR TAILGATE HINGES RH	1	\$152.70	\$152.70	X
3 REAR TAILGATE HINGES LH	1	\$152.70	\$152.70	X
4 REAR TAILGATE EMBLEM LOGO	1	\$159.40	\$159.40	✓
5 REAR TAILGATE INNER PULL GARNISH	1	\$165.90	\$165.90	X
6 REAR TAILGATE INNER TRIM BOARD	1	\$802.70	\$802.70	X
7 RR TAILGATE INNER TRIM BOARD CLIPS	6	\$4.90	\$29.40	X
8 REAR TAILGATE MECHANISAM LOCK	1	\$1,500.00	\$1,500.00	?
9 RR TAILGATE MECHANISAM LOCK STRIK	1	\$106.70	\$106.70	X
10 RR TAILGATE OPEN BUTTON SENSOR	1	\$649.30	\$649.30	?
11 REAR TAILGATE OUTER GARNISH	1	\$677.40	\$677.40	X
12 REAR TAILGATR WEATHERSTRIP	1	\$653.70	\$653.70	?
13 TAILGATE RUBBER GUIDE STOPPER RH	1	\$81.70	\$81.70	X
14 TAILGATE RUBBER GUIDE STOPPER LH	1	\$81.70	\$81.70	X
15 TAILGATE WIPER MOTOR	1	\$1,766.90	\$1,766.90	X
16 TAILGATE WIPER ARM	1	\$311.40	\$311.40	X
17 TAILLAMP INNER RH	1	\$1,137.20	\$1,137.20	X
18 TAILLAMP OUTER RH	1	\$1,329.30	\$1,329.30	X
19 REAR BUMPER	1	\$1,405.40	\$1,405.40	✓
20 REAR BUMPER CLIPS	12	\$5.80	\$69.60	✓
21 REAR BUMPER SIDE RETAINER RH	1	\$176.10	\$176.10	X
22 REAR BUMPER SIDE RETAINER LH	1	\$176.10	\$176.10	X
23 RR BUMPER LOWER SIDE GARNISH RH	1	\$574.20	\$574.20	✓
24 RR BUMPER LOWER SIDE GARNISH LH	1	\$574.20	\$574.20	✓
25 REAR BUMPER LOWER COVER	1	\$688.50	\$688.50	✓
26 REAR BUMPER SENSOR	1	\$603.90	\$2,415.60	444
27 REAR BUMPER TOW COVER	1	\$95.70	\$95.70	✓
28 REAR BUMPER REFLECTOR RH	1	\$103.70	\$103.70	✓
29 REAR BUMPER REFLECTOR LH	1	\$103.70	\$103.70	X
30 REAR INNER SHIELD RH	1	\$678.90	\$678.90	?
31 REAR INNER SHIELD CLIPS	6	\$4.20	\$25.20	?
32 REAR END PANEL	1	\$1,500.00	\$1,500.00	✓
33 RR END PANEL INNER TOP GARNISH	1	\$816.30	\$816.30	?
			\$21,999.90	
LESS 25%			-\$5,499.98	
			\$16,499.92	



**S EUROCARS PTE LTD**

DEFU SOUTH STREET 1, #04-04 DEFU INDUSTRIAL CITY

Date : 4/12/2024

**RE: VEHICLE REPAIR QUOTATION**

Vehicle Reg No	:	<b>SNM8010J</b>
Name of Insured	:	<b>TAN FEI LIN</b>
Policy Number	:	<b>MP322535</b>
Date of Accident	:	<b>28/11/2024</b>
Tyre of Claim	:	<b>THIRD PARTY CLAIM</b>
Model	:	<b>TOYOTA COROLLA CROSS</b>
Chassis No	:	<b>ZVG111004538</b>

We are please to submit our estimate of repairs to the above mention vehicle.

		B/F	16,499.92
		PG 2	
<b><u>PARTS COST</u></b>			
	<b>QTY</b>	<b>UNIT/PC</b>	<b>Parts</b>
34	RR EXHAUST ALUMINIUM HEAT SHIEL	1	\$737.20 \$737.20 ?
35	RR EXHAUST RUBBER MOUNTING	1	\$158.20 <i>TA</i> \$158.20 ✓
36	RR EXHAUST SILENCER BOX	1	\$3,018.40 <i>B</i> \$3,018.40 ✓
37	RR EXHAUST SILENCER BOX GASKET	1	\$154.80 <i>na</i> \$154.80 ✓
38	REAR FLOOR PANEL	1	\$1,816.30 <i>R</i> \$1,816.30 X
39	RR FLOOR PANEL INNER TOP BOARD	1	\$1,427.10 <i>sn</i> \$1,427.10 X
40	RR FLOOR PANEL SPONGE TRAY	1	\$840.20 \$840.20 ?
41	RR SHOCK ABSORBER	2	\$451.50 <i>s</i> \$903.00 ?
42	RR SHOCK ABSORBER MOUNTING	2	\$294.80 \$589.60 ?
43	RR SHOCK ABSORBER DAMPER	2	\$220.50 \$441.00 ?
44	RR SHOCK ABSORBER STOPPER	2	\$185.10 \$370.20 ?
45	RR SHOCK ABSORBER DUCT COVER	2	\$155.10 \$310.20 ?
			<hr/>
			\$10,766.20
LESS 25%			<hr/>
			-\$2,691.55
			<hr/>
			\$8,074.65

**SPECIAL NETT**

- |   |                           |                                |
|---|---------------------------|--------------------------------|
| 1 | SEALANT                   | <i>na</i> \$120.00 <i>40sn</i> |
| 2 | REAR NO PLATE WITH CASING | <i>dd</i> \$60.00 <i>p5sn</i>  |

	<hr/>	\$180.00
--	-------	----------

**LABOUR**

- |   |   |                     |
|---|---|---------------------|
| 1 | TO DISMANTLE & REFIX REAR SENSOR  | \$350.00 <i>601</i> |
| 2 | TO CHECK TAILLAMP WIRING SYSTEM & FUNCTION ETC.                           | \$400.00 <i>201</i> |
| 3 | TO APPY TUFF COATING FOR AFFECT   | \$500.00 <i>601</i> |
| 4 | TO DISMANTLE & REFIX REAR WINDSCREEN GLASS                                | \$100.00 ✓          |
| 5 | TO DISMANTLE & CHANGE REAR EXHAUST, REAR SHOCK ABSORBER AND ALL NECESSARY | \$600.00 ?          |

	<hr/>	\$1,950.00
--	-------	------------

Date : 4/12/2024

**RE: VEHICLE REPAIR QUOTATION**

Vehicle Reg No	:	<b>SNM8010J</b>
Name of Insured	:	TAN FEI LIN
Policy Number	:	MP322535
Date of Accident	:	28/11/2024
Tyre of Claim	:	THIRD PARTY CLAIM
Model	:	TOYOTA COROLLA CROSS
Chassis No	:	ZVG111004538

We are please to submit our estimate of repairs to the above mention vehicle.

		B/F	10,204.65
		PG 3	
		Parts	
<b><u>PARTS COST</u></b>			
	QTY	UNIT/PC	
<b><u>LABOUR</u></b>			
6	TO PANEL BEATING, DISMANTLE & REFIX TAILGATE, INNER TRIM BOARD REAR BUMPER, END PANEL AND ALL NECESSARY ETC.		\$2,800.00 <i>Foot</i>
7	TO SPRAY PAINTING ON REAR TAILGATE REAR BUMPER AND END PANEL AND ALL NECESSARY ETC		\$2,200.00 <i>800</i>
8	TO DIAGNOSIS AND RESET FAULT CODE.		\$500.00 <i>?</i>
			<u><u>\$15,704.65</u></u>

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.

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 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	29/11/2024 18:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/11/2024 08:00 (SGT)
Exact Location of Accident	2 Airport Rd, Singapore 539939
Additional Location Information	KPE TOWARDS ECP AFTER TAMPINES ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNM8010J

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN FEI LIN
NRIC No	SXXXX678F
Email Address	angelinetan@flagshipfoods.com.sg
Mobile Phone No	(Phone) +65-93219819
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	CROSS HYBRID
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1999
Vehicle Fuel	Petrol-CNG
First Registration Date	30/06/2023
Chassis no	ZVG111004538
Effective Date/Time of Ownership	30/06/2023 00:00 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP322535

#### DRIVER





- Use report correctly the details of the accident to speed up the claims process.
- This form must be completed by the Policyholder and/or the Authorised Driver.
- 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. 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.

*[Signature]*

Policyholder's Signature / Date & Time

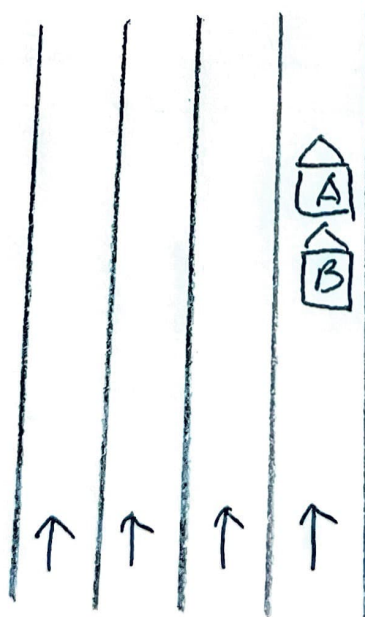
*[Signature]*

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



KPE towards  
ECP

A = SNM 8010J

B = SGN 3228J





T/20241202/7046

2 of 3

Report No. T/20241202/7046

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	RYAN ONG BOON LIANG	ID No.	S9671820I
Related Vehicle	SGN3228J (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	TAN FEI LIN	ID No.	S1705678F
Related Vehicle	SNM8010J (Motor car)	Contact No.	93219819
Hospital/Clinic	TOWN HALL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
<b>Passenger</b>			
Name	ERICA TAY	ID No.	S9728111D
Related Vehicle	SNM8010J (Motor car)	Contact No.	86921792
Hospital/Clinic	SHENTON MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

i was driving on the way to work with my daughter as passenger, driving along KPE nearing the 9km mark towards KPE tunnel the traffic was heavy and I was driving about 70km/hr. the car in front of me brake and so i brake when the car behind me hit into my rear. the front car was not hit by me as I brake in time and the driver drove away after checking to make sure that I did not hit his car. My car rear was badly damaged by the impact. My daughter and I were shaken and both of us had backache and whiplash the next day. We went to consulted GP and were given 3 and 4 days MC.