

ASS. REC. BY:

REF: 1621

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: 812K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 4-6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 06/26 Person Contacted: _____

Vehicle: IN / OUT

Veh No: SCP 75616 Yr Regn: 06, 06

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

Truck / Trailer or _____

Make: Toy Altis C.C. 1598

Colour: N. Gold A/C: Insured / Std / NI / NA

Sp. Reading: 408178 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR0538EC107122695

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: Micity 195/65R15

R: Kapsun

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 8 mm

L/Bal. 9 mm L/Bal. 8 mm

D.O.A. 14/12/24 D.O.I. 19/12/202

Survey held at _____

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

Rear O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation:

S - RS - SI

F. P. A. S.

Others

Add Fee: Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Weekend (\$)

TOTAL

Report Format:

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

CHOON HOCK MOTOR TRADING CO

18 December 2024

Not Asbestos
61 Rmp &
Recovery After Pains
4-6 days

ESTIMATE REPAIR BILL ON SCP7561G TOYOTA COROLLA ALTIS 1.6E VVTi AUTO

1 pce boot lid emblem	<i>nu</i> \$ 26.00	<i>—</i>
1 pce boot lid "COROLLA" plate	<i>nu</i> \$ 28.00	<i>—</i>
1 pce boot lid "ALTIS" plate	<i>nu</i> \$ 35.00	<i>—</i>
1 pce boot lid "1.6E" plate	<i>nu</i> \$ 44.00	<i>—</i>
1 pce boot lid "VVDTi" plate	<i>nu</i> \$ 41.00	<i>—</i>
1 pce boot rubber	<i>sl</i> \$ 188.60	<i>X</i>
1 pce rear lamps assy RH	<i>B</i> \$ 328.00	<i>—</i>
1 pce rear lamp lower panels RH	<i>B</i> \$ 89.00	<i>—</i>
1 pce rear panel	\$ 722.40	<i>7</i>
1 pce rear panel inner garnish	<i>sl</i> \$ 168.00	<i>X</i>
1 pce rear bumper fascia	<i>CM</i> \$ 685.00	<i>—</i>
1 pce rear bumper brackets RH	\$ 48.00	<i>7</i>
1 pce rear bumper side retainers RH	<i>DI</i> \$ 29.00	<i>—</i>
1 set rear windscreen moulding	<i>nn</i> \$ 180.00	<i>X</i>
1 pce rear fender RH	<i>n</i> \$ 950.00	<i>X</i>
	\$3,562.00	
less 25%	\$ 890.50	
	\$2,671.50	

SNETT/LABOUR

1 pce rear panel sealant	\$ 60.00	<i>7</i>
1 set rear panel inner garnish clips	<i>nn</i> \$ 14.00	<i>X</i>
1 set rear bumper clips	<i>nn</i> \$ 35.00	<i>—</i>
1 set reverse sensors	\$ 220.00	<i>7</i>
1 set rear windscreen sealant	<i>nn</i> \$ 60.00	<i>X</i>
Remove and refit rear windscreen	<i>nn</i> \$ 200.00	<i>X</i>
Remove reverse sensors, refit	\$ 120.00	<i>501</i>
Wirings	\$ 60.00	<i>201</i>
Panel beating	\$ 1,200.00	<i>?</i>
Spray painting	\$ 1,200.00	<i>8001</i>
Rustproof	\$ 120.00	<i>?</i>
Total amount :	\$5,960.50	NETT

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

Mailing address : 28 Surrey Road #18-03 Singapore 307762 Reg No: 30568200L

Tel: (65) 64530778 Email: choonhockmotor@gmail.com

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	16/12/2024 16:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/12/2024 02:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TEMASEK BOULEVARD, FOUNTAIN OF WEALTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCP7561G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZHENG HUIZHAN
NRIC No	S8233759H
Email Address	ISABEL.Z@GMAIL.COM
Mobile Phone No	(Phone) +65-96676659
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS 1.6 AUTO
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598
Vehicle Fuel	Petrol
First Registration Date	30/06/2006
Chassis no	MR053ZEC107122695
Effective Date/Time of Ownership	09/12/2019 04:12 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114604988-04

DRIVER

IMPORTANT NOTICE

SKETCH PLAN

- 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.

[Signature]

Policyholder's Signature / Date & Time

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



Flornice

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

