

REF: C121

ASS. REC. BY:

## ASSIGNMENT

Kennerth

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Optima

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: 11am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 8113K

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1-B.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMT 28106 Yr Regn: 04, 20Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Lexus UX200 c.c. 1987Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 68107 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTHY35BH 702021411Gen. Cohd: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: \_\_\_\_\_

R: 225/50 R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front 4 mmR/Bal. 4 mmL/Bal. 4 mmD.O.A. 29/11/24

Survey held at \_\_\_\_\_

Des. of Damages: Nil / Rear / O/S / N/S / UIC / Rooftop orN/S body

The UIC / 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: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

S + RS. \$ \_\_\_\_\_

Fees

Others

Report Format :

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

TOTAL



Date: 12/12/2024  
Vehicle No: SMT2810G  
Model: LEXUS UX200 5DR SUV  
Chassis: JTHY35BH702021411-2019  
Reg.Year: 2020

*NOT Authorised*  
*McHenry B4paim*  
*4 days*

Third Party Insurer: CHINA TAIPING  
Third Party Veh No: GBC3465H  
Date of Accident: 29/11/2024  
Estimator: TING AN  
Surveyor:

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR LH	1		<i>RC</i> \$3,225.00
2	FRONT SIDE MIRROR ASSEMBLY LH	1		\$1,882.00
3	FRONT FENDER WHEEL ARCH LH	1		<i>W</i> \$506.00
4	FRONT RIM H	1		<i>Ref</i> \$4,002.00
5	FRONT ABSORBER LH	1		<i>W</i> \$1,040.00
6	FRONT KNUCKLE ARM LH	1		\$974.00
7	FRONT WHEEL BEARING LH	1		\$846.00
8	FRONT LOWER ARM LH	1		<i>W</i> \$1,458.00
9	FRONT FENDER LH	1		<i>/</i> REPAIR
SUB TOTAL				\$13,933.00
LESS 10%				-\$1,393.30
PARTS TOTAL				\$12,539.70

*X*  
*?*  
*—*  
*—*  
*X*  
*?*  
*?*  
*X*

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR INNER TRIM BOARD LH CLIPS	1		<i>nn</i> \$50.00
2	FRONT FENDER WHEEL ARCH CLIPS LH	1		<i>W</i> \$40.00
S/N TOTAL				\$90.00

*X*  
*✓*

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT ACCIDENT AREAS & ETC.

\$1,000.00 *3000*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT FENDER LH, FRONT DOOR LH & ETC.

\$500.00 *400*

LABOUR CHARGES TO REMOVE & REINSTALL FRONT DOOR INNER MECHANISM & ETC.

*nn* \$120.00 *X*

LABOUR CHARGES TO REMOVE & REPLACE FRONT RIM LH, FRONT ABSORBER LH, FRONT KNUCKLE ARM LH, FRONT WHEEL BEARING LH, FRONT LOWER ARM LH & ETC.

\$400.00 *?*

TO WHEEL ALIGNMENT & BALANCING.

\$120.00 *200*

#### Head office

6 Kung Chong Road Singapore 159143  
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

#### Branch

9A Serangoon North Ave 5 Singapore 554500  
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

#### Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047  
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Date: 12/12/2024  
Vehicle No: SMT2810G  
Model: LEXUS UX200 5DR SUV  
Chassis: JTHY35BH702021411-2019  
Reg.Year: 2020

Third Party Insurer: CHINA TAIPING  
Third Party Veh No: GBC3465H  
Date of Accident: 29/11/2024  
Estimator: TING AN  
Surveyor:

TO DAIGNOSIS FAULT CODE & ETC.

\$150.00 7

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$120.00 20/

LABOUR TOTAL \$2,410.00

TING AN

TOTAL

\$15,039.70

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	02/12/2024 15:57 (SGT)
Reported by	Actual Driver
Date of Accident	29/11/2024 18:15 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	BALESTIER ROAD TOWARDS CTE SINGAPORE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT2810G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM MUI YEONG
NRIC No	S0711939I
Email Address	JOHNSONPEH@GMAIL.COM
Mobile Phone No	(Phone) +65-87508052
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	TOYOTA / LEXUS UX200 5DR SUV (AT) (2WD) EXECUTIVE
Variant	TOYOTA / LEXUS UX200 5DR SUV (AT) (2WD) EXECUTIVE
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	1987
Vehicle Fuel	-
First Registration Date	-
Chassis no	JTHY35BH702021411
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MQ001452-R03

#### DRIVER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3465H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YOU ENGUI
NRIC No	S7762045A
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

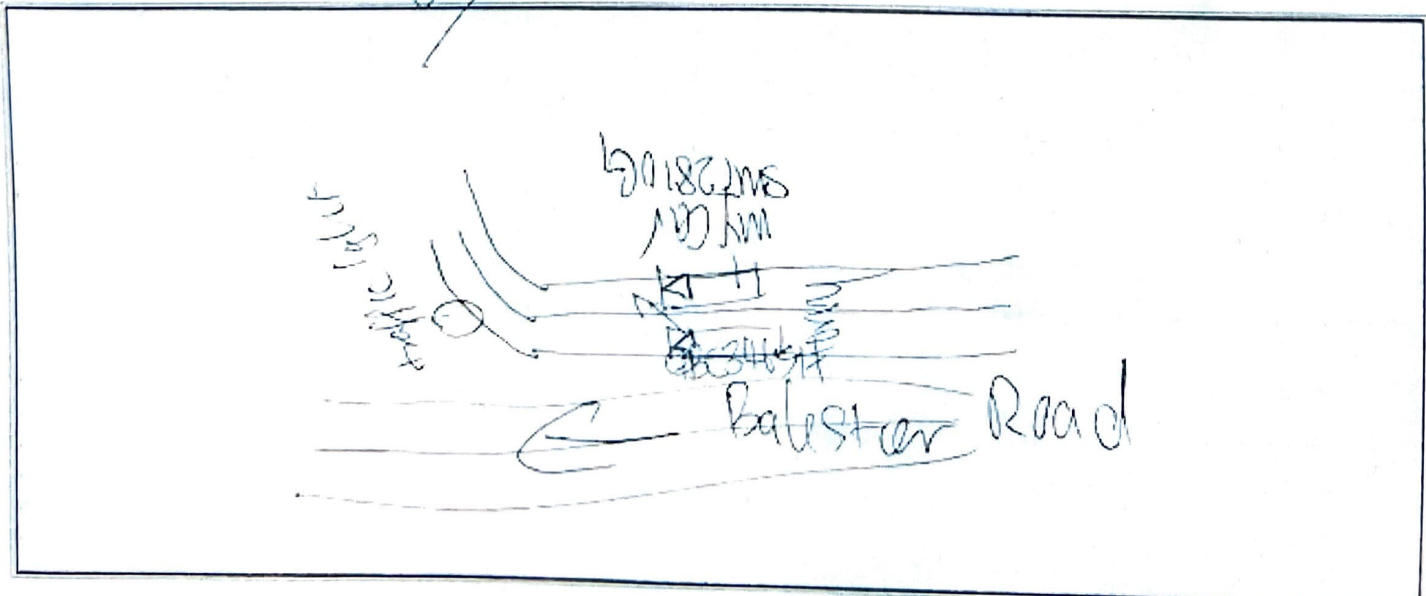
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

- I was driving on right lane along balastier road
- This is a two lane leading into CTE /  
Kanyoon road
- There is a traffic light -
- my car was about 10 metre from the traffic light
- At about 6.15 - 6.20pm on 29/11/2024., the lorry GBE3465H drove into my lane
- It damaged my left mirror (side), front left rim & ~~right~~ left side door (front) panel.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

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