ASS. REC. BY: Kenneth

REF: 1621

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s IHC

of 9493

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.

N/S	O/S

Bal. or Market Value: $55K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3-4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SCU 7251J Yr Regn: 12/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Toy Pienta c.c 1496

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 360991 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP170-7104233

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: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	18/7/24	D.O.I.	29/7/2024

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____) Parking

☐ Tech Invs ($ _____) Others

☐ Weekend ($ _____)

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

H C AUTO PTE LTD

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722
Tel : 6457 0678 Fax : 6457 8287
Co. and GST Reg. No. : 200820153N

Date : 24 / 07 / 2024

ESTIMATE COSTS OF REPAIR

M/s C H Automotive Services
C/o 160 Sin Ming Drive
05-09 Sin Ming Auto City
Singapore 575722

Not Authorise
LL Lg 8
Putty After Paint
3 - 4days

Dear Sir / Madam ,

Vehicle no. : SLU 7251 T - Toyota Sienta Hybrid 1.5
Accident date : 18 / 07 / 2024

	Quantity	Descriptions	Amount (S$)	
1	1 pc	o/s tail gate reflector	$ 272.00	X
2	1 pc	o/s tail lamp	$ 627.00	7
3	1 pc	rear bumper fascia	$ 898.76	✓
4	1 pc	o/s rear bumper side retainer	$ 44.31	✓
5	1 pc	o/s rear bumper side garnish	$ 176.00	✓
6	1 pc	rear bumper side extansion	$ 148.50	X
7	1 pc	o/s rear bumper reflector	$ 80.00	X
8	1 pc	o/s rear fender	$ 752.80	X
9	6 pcs	o/s rear fender inner garnish clip 1 @ 3.50	$ 21.00	X
10	1 pc	o/s rear shock absorber	$ 257.20	X
11	1 pc	o/s rear axle beam	$ 2,545.20	X
12	1 pc	o/s rear hup bearing	$ 894.10	7
13	1 pc	o/s rear wheel cap	$ 98.00	✓
			$ 6,814.87	
		Less 25 %	$ 1,703.72	
			$ 5,111.15	
14	1 pc	o/s rear quarter glass inner seal	$ 60.00	sn X
15	1 pc	o/s rear quarter glass inner gum	$ 60.00	sn X
16	1 pc	o/s rear wheel tyre	$ 385.00	sn X
17	1 pc	o/s rear wheel rim	$ 600.00	sn 7
		Balance C/FD	$ 6,216.15	
		Labour charges	$ 1,800.00	7
		To putty and spray painting	$ 1,600.00	400
		Re-seal anti rust	$ 200.00	X
		To check, replace,repair wiring	$ 160.00	20
		To check wheel alignment	$ 120.00	60
		To remove and refix o/s rear quarter glass	$ 200.00	X
		Remove and refix o/s rear undercarrige	$ 350.00	7
		Remove and refix rear garnish, carpet, cushion etc.	$ 350.00	7
			$ 10,996.15	
		Plus 9% GST	$ 989.65	
		Grand Total	$ 11,985.81	

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:

Your NCD will be affected due to late reporting

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 witholding 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	24/07/2024 16:57 (SGT)
Reported by	Actual Driver
Date of Accident	18/07/2024 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HAVELOCK ROAD TOWARDS NEW BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7251T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	C H AUTOMOTIVE SERVICES
Company Reg No	5XXXX943J
Email Address	CH_AUTOMOTIVE@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-80125595
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MFL00007676

DRIVER

Name of Driver	LEE KUN HO
NRIC No	SXXXX069G
Date Of Birth	03/03/1952
Occupation	Outdoor

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 package(s)); 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