Attn : Motor Claims Dept

ASS. REC. BY: Kenneth

REF: TV /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim k

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.

N/S	O/S

Bal. or Market Value: $ 57K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1-Bi / % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLU 9574Z Yr Regn: 12 / 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____ (A)

Make: Toy Altis c.c 1598

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

Sp.Reading 98875 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053RE4604576235

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: Toyo 205/55R16

R: Giti

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	9 mm
L/Bal.	8 mm	L/Bal.	9 mm
D.O.A.	29/7/24	D.O.I.	30/7/2024

Survey held at _____

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

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: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: $ - RS. SI

Parking

Others

TOTAL

Report Format :

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

Attn : Motor Claims Dept

来發（明記）摩哆有限公司
LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267
GST No: M2-0128609-3
UEN: 199407592C

ESTIMATE

EST. No .....: EST0035365
Chua Ching Poo Norman

Page .....: 1 of 1
Your ref. .....: TP-YG 5314D India
Job No. .....: 74612
Our ref .....: 24.07.34
Payment .....:
Date .....: 29/7/2024

Not Authorised
Repair Begin
4 days

Attn .....:

Vehicle No ...: SLU 9574Z
Vehicle Model : Toyota Altis
Accident on ..: 29/7/2024

Quantity	Unit	Description	Unit price	Disc. pct.	Amount
		Supply of Parts:			
1.00	Pc	Rear bumper	722.40	25.00	Rn 541.80
1.00	Pc	Rear boot lid	1,022.40	25.00	Rn 766.80
1.00	Pc	Rear boot lid Toyota logo emblem	76.90	25.00	Rn 57.68
1.00	Pc	Rear boot lid Corolla emblem	52.30	25.00	Rn 39.23
1.00	Pc	Rear boot lid Altis emblem	56.90	25.00	Rn 42.68
1.00	Pc	Rear boot lid lamp RH	CM 610.80	25.00	458.10
1.00	Pc	Rear taillamp RH	555.90	25.00	CM 416.93
1.00	Pc	Rear taillamp clip RH	4.50	25.00	Rn 3.38
		Labour & Misc:			
1.00		To knock dents on rear end panel, taillamp panel RH, rear fender RH and renew parts	550.00		550.00 Sod
1.00		To spray paint (including blending roof panel side RH) Take photo other panel if damaged	1,000.00		1,000.00 Bod

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:

Sub-Total	3,876.60
GST 9.00%	348.89
Total	S$ 4,225.49

本公司拥有最先进的 CAROLINER MARK IV 机械，可提供给多种款式的车身及给于快速与准确的测量方式和大铁修理。除外，还有先进的 SAICO Deluxe 喷漆烘炉。

"Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support dolly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO Deluxe oven heater for re-spraying all motor vehicles."

SL0M247T0005 / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: 29/07/2024 16:04 (SGT)
SUBMITTED BY: Jenny Lim
VERSION: 1 (29/07/2024 16:04 (SGT))

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	29/07/2024 16:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/07/2024 07:00 (SGT)
Exact Location of Accident	Portsdown Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9574Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chua Ching Poo Norman
NRIC No	SXXXX503C
Email Address	normanchua@hotmail.com
Mobile Phone No	(Phone) +65-97464348
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	Altis
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	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300500212 QMY

DRIVER

Name of Driver	Chua Ching Poo Norman
NRIC No	SXXXX503C
Date Of Birth	17/04/1971
Occupation	Indoor

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.

29/7/24 1030am

Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
		Jenny Lim

Sketch Plan