

ASS. REC. BY:

REF:

LIP / CS/LIP24070465/Kvh3

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: SGT 2872M

Policy No.

Claims No. IVS24/1455

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

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:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

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

Days Of Repair: 6

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

: Fuel

: Others

TOTAL



(red 9213.60, 66%)

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	27/07/2024 14:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/07/2024 18:54 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BOON LAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2099X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM KOK ANN
NRIC No	SXXXX980I
Email Address	DAVIDLIM2351@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90623205
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Grace
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 car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	510761259105

DRIVER

Name of Driver	LIM KOK ANN
NRIC No	SXXXX980I
Date Of Birth	28/06/1971
Occupation	Outdoor

Driving Pass Date	01/07/1994
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-90623205
Alt. Phone Number	-
Email Address	DAVIDLIM2351@YAHOO.COM.SG
Address	BLK 196 WESTWOOD AVENUE
Address complement	-
Postcode	648153
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LIM YU TONG DAWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT2872M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM KOK ANN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ2099X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	LIM YU TONG DAWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ2099X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)

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)

Sketch Plan


vJun2022

Describe Circumstance of the Accident

I was travelling on the extreme right lane along Jalan Boon Lay with one passenger, waiting to turn right, suddenly vehicle (B) hit me onto my vehicle (A).

Declaration

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

 27/07/24

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)

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

KIEN CHEONG AUTOMOTIVE

BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-26 SINGAPORE 575644

H/P : 8125 9406 FAX : 64550902

The Motor Claims Dept.

Liberty Insurance
(LKK)

Not Notified
11 Day @ 4650h
Heavy After Paint

DATE : 29/7/2024

VEHICLE NO : SMJ 2099 X

MAKE/MODEL : TOYOTA GRACE

ACC DATE : 26/7/2024

ESTIMATE

6-1 day

S/N	PC	Nett ITEMS:	Page 1	AMOUNT SS
1	1	Rear boot lid	951.60	1,327.40 ✓
2	1	Rear boot outer chrome		270.30 X
3	1	Rear boot spoiler		1,406.90 X
4	2	Rear boot lamp @\$356.90 C310		713.80 ✓
5	1	Rear boot logo		58.20 ✓
6	1	Rear boot emblem "GRACE" 48		75.60 ✓
7	1	Rear boot emblem "Hybrid" 60		88.30 ✓
8	1	Rear boot Weatherstrip		109.60 ✓
9	2	Rear tailamp @\$460.50 C381.00		921.00 ✓
10	1	Rear bumper 585.60		1,200.70 ✓
11	1	Rear bumper inner sponge		119.90 X
12	1	Rear bumper lower grille		65.90 ✓
13	2	Rear bumper reflector cover @\$41.80		83.60 X
14	2	Rear bumper reflector @\$80.30		160.60 X
15	2	Rear bumper side retainers @\$33.60		67.20 LP
16	1	Rear floor panel		1,055.30 X
17	1	Rear end panel 415		913.70 ✓
18	1	Rear end panel top garnish		118.70 X
19	1	Spare tyre top board		489.00 X
20	2	Rear fender inner trim @\$306.00	all in x	612.00 X
21	1	Rear RH fender		935.60 X
				10,793.30
				less 20%
				(2,698.33)
				8,094.97

Special Items :

- | | | |
|---|---|------------------------------|
| 1 | 1 | Rear bumper clip (1 set) |
| 2 | 1 | End panel sealant |
| 3 | 1 | Reverse sensor |
| 4 | 1 | Rear fender inner trim clips |
| 5 | 1 | Spare tyre panel sealant |
| 6 | 1 | Rear number plate |
| 7 | 1 | Rear reverse camera |
| 8 | 1 | Rear boot lid sticker |

100.00	405h
100.00	305h
300.00	2005h
100.00	X
100.00	X
65.00	X
400.00	X
100.00	205h
1,265.00	

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:

KIEN CHEONG AUTOMOTIVE

BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-26 SINGAPORE 575644

H/P : 8125 9406 FAX : 64550902

The Motor Claims Dept.

Liberty Insurance

(LKK)

DATE : 29/7/2024

VEHICLE NO : SMJ 2099 X

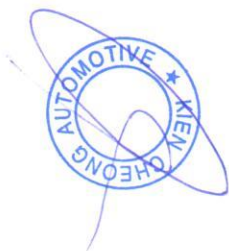
MAKE/MODEL : TOYOTA GRACE

ACC DATE : 26/7/2024

ESTIMATE

S/N	PC	Labour Charge	Page 2	AMOUNT S\$
1		To check up rear electrical wiring		60.00 20h
2		To transfer boot lid machansim		100.00 50h
3		To replace reverse sensor		100.00 50h
4		To remove rear exhaust to faciliate repair	nn	150.00 x
5		To remove rear upholstery to faciliate repair		150.00 80h
6		To apply anti rust		100.00 60h
7		To replace reverse camera		100.00 40h
8		To putty and respray painting affected area		1,400.00 1200h
9		To cut and weld end panel, spare tyre panel and repair rear fender		1,600.00 900h
				3,760.00
Total Repair Cost				13,119.97

(S/D : Thirteen Thousand One Hundred Nineteen and cents Ninety-seven only.)



KIEN CHEONG AUTOMOTIVE

BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-26 SINGAPORE 575644

H/P : 8125 9406 FAX : 64550902

The Motor Claims Dept.

Liberty Insurance

(LKK)

DATE : 29/7/2024

VEHICLE NO : SMJ 2099 X

MAKE/MODEL : TOYOTA GRACE

ACC DATE : 26/7/2024

SUPPLEMENTARY ESTIMATE

S/N	PC	Netts Items	AMOUNT SS
1	1	Rear boot lock	254.95 ✓

208

(S/DLS : Two Hundred Fifty-four and cents Ninety-five only.)

