

ASS. REC. BY:

REF:

61P/1

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6-8 days

Res.: Yes or No

Lump Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMJ 2099X Yr Regn: 02, 19

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

Truck / Trailer or

Make:

Honda Crane C.G. 1496

Colour:

M. Grey

AC: Insured / Std / NI / NA

Sp. Reading

15054P

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Cm4 1208627

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRIm / STD A/RIm or

Tyre Size:

F:

185 160R

R:

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

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

P

mm

D.O.A.

26/7/24

D.O.I.

30/7/2024

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

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
1/1m &
Running After Paint

DATE : 29/7/2024
VEHICLE NO : SMJ 2099 X
MAKE/MODEL : TOYOTA GRACE
ACC DATE : 26/7/2024

ESTIMATE

6-8 days

S/N	PC	Nett ITEMS:	Page 1	AMOUNT S\$
1	1	Rear boot lid		<i>RM</i> 1,327.40 ✓
2	1	Rear boot outer chrome		<i>SM</i> 270.30 X
3	1	Rear boot spoiler		1,406.90 ?
4	2	Rear boot lamp @\$356.90		<i>CM/1m</i> 713.80 ✓
5	1	Rear boot logo		<i>RM</i> 58.20 ✓
6	1	Rear boot emblem "GRACE"		<i>RM</i> 75.60 ✓
7	1	Rear boot emblem "Hybrid"		<i>RM</i> 88.30 ✓
8	1	Rear boot Weatherstrip		<i>MSD/1m</i> 109.60 ✓
9	2	Rear tailamp @\$460.50		<i>CM/1m</i> 921.00 ✓
10	1	Rear bumper		<i>RM</i> 1,200.70 ✓
11	1	Rear bumper inner sponge		119.90 ?
12	1	Rear bumper lower grille		<i>CM</i> 65.90 ✓
13	2	Rear bumper reflector cover @\$41.80		<i>SM</i> 83.60 X
14	2	Rear bumper reflector @\$80.30		<i>SM</i> 160.60 X
15	2	Rear bumper side retainers @\$33.60		<i>MSD/1m</i> 67.20 LP
16	1	Rear floor panel		1,055.30 ?
17	1	Rear end panel		<i>RM</i> 913.70 ✓
18	1	Rear end panel top garnish		118.70 ?
19	1	Spare tyre top board		489.00 ?
20	2	Rear fender inner trim @\$306.00	<i>disen x</i>	<i>MS?</i> 612.00
21	1	Rear RH fender		<i>RM</i> 935.60 X
				10,793.30
				less 25%
				(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

<i>RM</i>	100.00	<i>40sm</i>
<i>RM</i>	100.00	<i>30sm</i>
<i>CM</i>	300.00	<i>200sm</i>
	100.00	?
	100.00	?
<i>SM</i>	65.00	X
<i>SM</i>	400.00	X
<i>RM</i>	100.00	<i>20sm</i>
		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 20/-
2		To transfer boot lid machansim		100.00 50/-
3		To replace reverse sensor		100.00 50/-
4		To remove rear exhaust to faciliate repair	nn	150.00 7
5		To remove rear upholstery to faciliate repair		150.00 80/-
6		To apply anti rust		100.00 60/-
7		To replace reverse camera		100.00 40/-
8		To putty and respray painting affected area		1,400.00 1000/-
9		To cut and weld end panel, spare tyre panel and repair rear fender		1,600.00 ?
				3,760.00
Total Repair Cost				13,119.97

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



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

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

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

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

Sketch Plan

John Boon Lay

① SMT 2099X

② S5T 2872W

IBS AD LB