

ASS. REC. BY:

REF:

C721

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. _____

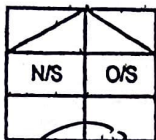
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 855K

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLX 8830A Yr Regn: 04, 18

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

Truck / Trailer or

Make: Toy Vios E c.c. 1498Colour: M. Red A/C: Insured / Std / NI / NASp. Reading: 87362 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR 2323F 3301718861Gen. Cohd: 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: Dun 185/60R15R: Falken

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 29/7/24

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?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

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

E M Solution Pte Ltd

160 Sin Ming Drive #03-19, Sin Ming Autocity
Singapore 575722
Tel: 64560226
GST/Reg. No: 201016308K

*Not Nochain
1/1 by Q
Purvey After Rain
4-5 days*

ESTIMATE

Date : 20th August 2024

Mr **Goh Shon Hai**
47 Burgundy Drive
Singapore 658841

Veh No : **SLX 8830A**
Make/Model : **Toyota Vios**
Chassis No : MR2B23F3301118861
Date of Acc : 29.07.24
TP Veh No : SJU 4961X

S/No	Qty	Description	Unit Price	Amount
Materials				
1	1 pc	Rear Boot Lid		\$ <i>Ma</i> 947.10 ✓
2	1 pc	Rear Boot Lid Vios Emblem		\$ <i>Ma</i> 68.60 —
3	1 pc	Rear Boot Lid E Emblem		\$ <i>Ma</i> 41.55 —
4	1 pc	Rear Boot Lid Toyota Logo		\$ <i>Ma</i> 68.60 —
5	1 pc	Rear Boot Lid Mechanism Lock		\$ <i>R</i> 231.60 X
6	1 pc	Rear Bumper		\$ <i>Bu</i> 631.50 ✓
7	2 pcs	Rear Bumper Reflector L/R	\$ 121.60	\$ <i>Sn</i> 243.20 X
8	2 pcs	Rear Bumper Side Retainer L/R	\$ 89.95	\$ <i>1/1 by</i> 179.90 ✓
9	2 pcs	Rear Bumper Bracket L/R	\$ 86.55	\$ 173.10 ?
10	1 pc	Rear End Panel		\$ 780.10 ?
11	1 pc	Rear End Panel Top Garnish		\$ 161.90 ?
12	1 pc	Rear Boot Weatherstrip		\$ <i>1/1 by</i> 161.42 <i>50/1m</i>
13	1 pc	Rear Spare Tire Tray		\$ <i>in</i> 391.20 X
				\$ 4,079.77
Less 25%				\$ 1,019.94
Parts Total :				\$ 3,059.83

Special Nett

1	1 set	Reverse Sensor	\$ <i>Del</i> 250.00 <i>200/1m</i>
2	1 set	Rear Bumper Clips	\$ <i>Ma</i> 45.00 ✓
3	1 set	End Panel Top Garnish Clips	\$ <i>Ma</i> 40.00 ✓
Special Nett :			\$ 335.00

Labour

1	To remove & rearrange electrical wirings, check lightings	\$ 80.00 <i>15/</i>
2	To remove & replace upholstery, trim garnishes to facilitate repairs.	\$ 100.00 <i>7</i>
3	To remove, transfer boot lid components	\$ 100.00 <i>50/</i>
4	To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.	\$ 1,000.00 <i>7</i>
5	Putty and respray painting on affected portions.	\$ 1,000.00 <i>600/</i>
6	To remove & renew reverse sensor	\$ 100.00 <i>50/</i>
7	Rust proofing on affected portions.	\$ 100.00 <i>7</i>
Labour Total :		\$ 2,480.00

Total Parts & Labour : \$ 5,874.83


for E M Solution Pte Ltd

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:

Note: Parts quoted were based on visual inspection. Should additional parts be found damaged upon dismantling, we will seek your approval before proceeding.

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	29/07/2024 16:33 (SGT)
Reported by	Actual Driver
Date of Accident	29/07/2024 09:10 (SGT)
Exact Location of Accident	Chin Swee Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8830A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Goh Shon Hai
NRIC No	S2538864Z
Email Address	francisgoh@conren.com.sg
Mobile Phone No	(Phone) +65-83394385
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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	1500

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPV01004841

DRIVER

Name of Driver	Goh Gek Lin
NRIC No	S1344512E
Date Of Birth	28/04/1959
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.

Policyholder's Signature / Date & Time

Sketch Plan

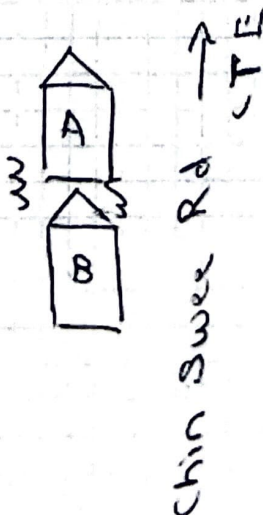
29 JUL 2024

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

29 JUL 2024

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

Jenny Lim



A) SLX 8830 A

B) SJU 4961 X