ASS. REC. BY: Steve | REF: CS/AIG 2090917/ESd3

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJN 8545A Yr Regn: 2/3/09

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

Make: Toyota Altis c.c 1598

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

Sp.Reading 106789 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NMR 0532EE10016977

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: 175/65R15

R: "

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

	Front			Rear	
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm

D.O.A. 7/10/20 D.O.I. 9/10/20

Survey held at Yi Heng

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
	MV-41K
	STEVE CONFIRMED L/S $ 2,900.00/4 DAYS WITH WAN PING
	($ 7,594.87/RED - 72%)

Date/Time, File Pass to? 30/10/2020 TYPIST

[ ] : Prell. Report

[✓] : Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) __S • RS.__SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

TOTAL

Op[redacted]Formal :

Lump Sum / I.B.I. / : L/S $ 2,900.00)

YI HENG MOTOR WORKSHOP

BLK 1, KAKI BUKIT AVENUE 6
#02-19 SINGAPORE 417883
TEL: 6 5090052 FAX: 6 7479402

09-10-20

Steve (LKK) wh Phill
8322 8813 9/10/20, 3.30pm
L/S, 4 days
Ry AL SH

OUR REF NO. SJN 8545A

LEONG KWAN CHIANG
BLK 159 LORONG 1 TOA PAYOH,
#02-1528
SINGAPORE 310159

ESTIMATE BILL FOR VEHICLE NO. SJN 8545A
MODEL : TOYOTA ALTIS 1.6A

LIST ITEM			
1) FRONT BUMPER X R			$ 544.21
2) FRONT BUMPER CLIPS X	10PCS @$8.90		$ 89.00
3) FRONT BUMPER SIDE ATTACHEMENT (RH) X			$ 48.65
4) FRONT FENDER (RH) / OO			$ 484.00
5) FRONT FENDER EMBLEM (RH) "VVT-i" / NC			$ 67.75
6) FRONT FENDER INNER SHIELD (RH) X			$ 231.00
7) FRONT FENDER INNER SHIELD CLIPS (RH) X	10PCS @$8.90		$ 89.00
8) FRONT SPORT RIM (RH) / CUT			$ 478.00
9) FRONT SHOCK ABSORBER (RH) X			$ 453.20
10) FRONT KNUCKLE ARM (RH) X			$ 438.00
11) FRONT KNUCKLE ARM BEARING (RH) X			$ 231.00
12) FRONT LOWER ARM (RH) X			$ 328.00
13) FRONT LOWER ARM BALL JOINT (RH) X			$ 128.19
14) FRONT WHEEL BEARING HUB (RH) X			$ 283.00
15) WING MIRROR (RH) ~~X~~ X R			$ 538.00
16) WING MIRROR COVER (RH) X			$ 138.90
17) FRONT DOOR (RH) / OO			$ 863.00
18) FRONT DOOR STICKER (RH) / NC			$ 93.70
19) FRONT DOOR PROTECTOR (RH) / CUT			$ 183.00
20) FRONT DOOR GLASS OUTER CHROME MOULDING (RH) X			$ 163.00

21) FRONT DOOR HINGE (RH) ✓ OT	2PCS @$81.26	$ 162.52	
22) FRONT DOOR CHECKER (RH) X		$ 187.40	
23) FRONT DOOR WEATHERSTRIPE (RH) X		$ 144.20	
24) FRONT DOOR INNER TRIM BOARD (RH) X		$ 780.10	
25) FRONT DOOR GLASS CHANNEL (RH) X		$ 84.70	
26) FRONT DOOR GLASS REGULATOR (RH) ?		$ 171.20	
27) FRONT DOOR GLASS REGULATOR MOTOR (RH) X		$ 236.20	
28) FRONT DOOR LOCK (RH) ?		$ 259.20	
29) FRONT DOOR STRIKER (RH) X		$ 48.40	
30) REAR DOOR (RH) X R		$ 793.37	
31) REAR DOOR PROTECTOR (RH) X		$ 144.80	
32) REAR DOOR STICKER (RH) X		$ 141.60	
33) ROCKER GARNISH (RH) X R		$ 573.00	
34) ROCKER GARNISH CLIPS (RH) X	8PCS @$8.90	$ 71.20	
		$ 9,670.49	
	LESS DISCOUNT - 25%	$ 2,417.62	
			$ 7,252.87

SPECIAL NETT ITEM

1) FRONT TYRE (RH) X		$ 250.00	
			$ 250.00

LABOUR CHARGE

1) TO CHECK WIRING SYSTEM	$ 80.00	30
2) TO APPLY UNDER SEALING ON AFFECTED AREAS	$ 120.00	30
3) TO REMOVE AND REFIX FRONT UNDERCARRIAGE ASSY (RH)	$ 32.00	X
4) TO CONDUCT 4 WHEEL ALIGNMENT	$ 120.00	60
5) TO REMOVE AND REFIX FRONT & REAR FOOR (RH) FIXING AND REALIGNMENT	$ 440.00	X
6) TO REPLACE NEW PARTS, CUT, WELD, KNOCK ETC	$ 1,100.00	500
7) TO RESPRAY ON AFFECTED AREAS	$ 1,100.00	1100
		$ 2,992.00
	GRAND TOTAL :	**$ 10,494.87**

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

MSME20087838 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 08/10/2020 11:41
SUBMITTED BY: Chia Pei Ying

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 Authorised 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 Report	08/10/2020 11:41
Date Of Accident	07/10/2020 17:30
Exact Location Of Accident	CONSTRUCTION SITE (LOT 9112P MK5 AT WEST COAST VAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8545A

Insured/Policyholder

Name Of Registered Owner	LEONG KWAN CHIANG
NRIC No	SXXXX162G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96159531
Alternative Phone No	OFFICE-96159531

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115055747
Cover Note Number	

Driver

Name of Driver	LEONG KWAN CHIANG
NRIC No	SXXXX162G
Date Of Birth	30/10/1963
Occupation	INDOOR
Date Of Driving Pass	21/10/1985
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96159531
Fax Number	
Contact Number	OFFICE-96159531
EMail Address	NOEMAIL

Address	BLK 159 LORONG 1 TOA PAYOH #02-1528
Postcode	310159
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

ON 07/10/2020 AT ABOUT 5.30PM. I WAS OFF WORK AND PROCEED TO COLLECT MY VEHICLE (SJN8545A). I WAS IN THE CAR AND PREPARING TO LEAVE. SUDDENLY, VEHICLE (SML5983M) THAT COMING FROM OUTER LANE HIT DIRECTLY ONTO MY VEHICLE AT THE RIGHT PORTION. AS THE SAID DRIVER WAS PANIC AND ACCIDENTALLY REVERSE AND HIT MY VEHICLE AGAIN. I CONFRONTED THE DRIVER AND HE ADMITTED HIS FAULT. I HAVE WITNESS AT SCENE DURING THE ACCIDENT. WE EXCHANGED PARTICULARS. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	KEN
Phone Number	88143264
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML5983M
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	GUI KAH HOCK
NRIC/Passport Number	SXXXX358Z
Contact Number	97860274
Address	

postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

1. Please read carefully the details of the accident to speed up the claims process.
2. This form must be completed by the PH/ wholly, and/or the Authorised 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 company(s).
5. Any false report may be referred to the Police for investigation.
6. This report will be kept safely by the members of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archival purposes. Copies of this report will for a fee be made available upon application by the owner of the title.
7. By the lodgment of this report at the said centre, you hereby consent to the archiving of this report at the centre and to copies of the report being made available thereafter.
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 the operational 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 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.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(e) the information so collected under (d) above may be shared / disclosed:

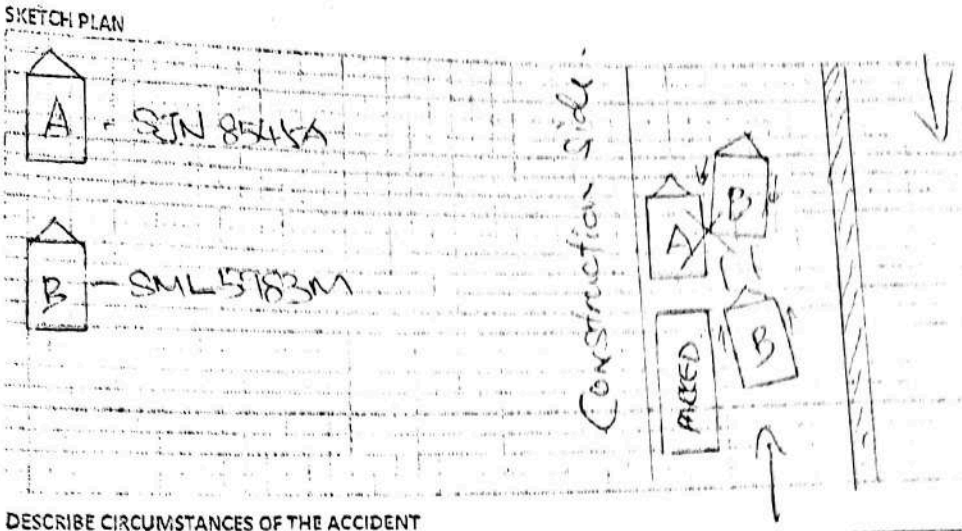
(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 8/10/2020 10.00am	Driver's Signature (if driver is not the policyholder) Date & Time: 8/10/2020 10.00am	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Yi Peach

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/10/2020 @ about 5.30pm. I was off work and proceed to collect my vehicle SJN8545A.

I was in the car and preparing to leave. Suddenly vehicle SML5983M that coming from outer lane hit directly to my vehicle at right partian, as the said driver was panic and accidentally reverse and hit again my vehicle.

I confronted the driver and he admitted his faults. I have witness at scene during the accidents.

We exchanged particulars. That's all.

DECLARATION

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

Policyholder's Signature
Date & Time: 8/10/2020 10.00 am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/10/2020 10.00 am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: