

ASS. REC. BY: TGLIM

REF:

CS/CT121000128/Btd3

ASSIGNMENT

From: _____ Date: 6/1/21

Estimated Cost: _____

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

To Inspect Vehicle No: SJC 6223D

at Workshop m/s Dean Autopro

of 160 Sunning Dr # 01-14

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

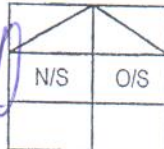
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 16,000/2

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJC 6223D

Yr Regn: 1

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

Truck / Trailer or

Make: Toyota Vios

c.c. 1497

Colour: Beige

A/C: Insured / Std / NI / NA

Sp. Reading: 158384

T/Radio: Insured / Std / NI / NA

Eng/No: 1N2FE

C/No: MR053HY930507226

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/45/16

R: 205/45/16

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

TOYO / YOKO or

TOCIRADOR

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 1/1/2021

D.O.I. 6/1/21

Survey held at Dean Autopro

Des. of Damages: Frt / Rear / O/S / MS / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Range <u>3,000/2 - 4,000/2</u>
	Recommended COR is <u>LS \$3450/2</u>
	<u>15/01/2021 COR removed.</u>
	<u>Pls proceed.</u>
	<u>MV 16,000/2</u>
	<u>PV 9,301/2</u>
	<u>NV 6,699/2</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 7

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Form:

Lump Sum / L.B. / C

SJE :
Date of Survey :
Date of ReSurvey: After-Paint:
Contacts :

Vehicle Nos : **SJG 6223 D**
Model : Toyota Vios
Year :
Chassis No :

*** AGREED Cost Of Repair and Repair Day/s with SJE ***

Amount: Working Day: 2008

Nos.	PARTS	Qty	Unit S\$	TOTAL S\$
1	Front door LH	1	\$ 589.40	\$ 589.40 ✓
2	Front door black tape	1	\$ 48.00	\$ 48.00 ✓
3	Front door protector	1	\$ 85.20	\$ 85.20 ✓
4	Front door outer handle	1	\$ 68.90	\$ 68.90 ✓
5	Front door weatherstrip	1	\$ 142.20	\$ 142.20 ✓
6	Front door inner lock	1	\$ 415.00	\$ 259.20 415.00
7	Front door inner lock striker	1	\$ 42.30	\$ 42.30
8	Front door trimboard	1	\$ 162.40	\$ 162.40 ✓
9	Front door glass regulator	1	\$ 158.00	\$ 158.00 ✓
10	Front door glass regulator motor	1	\$ 212.00	\$ 212.00 ✓
11	Front door glass channel bracket	1	\$ 87.10	\$ 87.10
12	Front door glass channel rubber	1	\$ 56.40	\$ 56.40
13	Front door hinge	2	\$ 67.50	\$ 135.00
14	Side mirror assy LH	1	\$ 541.30	\$ 541.30 ✓
15	Rear door LH	1	\$ 589.40	\$ 589.40
16	Rear door black tape	1	\$ 48.00	\$ 48.00
17	Rear door protector	1	\$ 85.20	\$ 85.20
18	Rear door outer handle	1	\$ 61.90	\$ 61.90
19	Rear door weatherstrip	1	\$ 142.20	\$ 142.20
20	Rear door inner lock	1	\$ 415.00	\$ 415.00
21	Rear door inner lock striker	1	\$ 42.30	\$ 42.30
22	Rear door trimboard	1	\$ 162.10	\$ 162.10
23	Rear door glass regulator	1	\$ 118.50	\$ 118.50
24	Rear door glass regulator motor	1	\$ 212.00	\$ 212.00
25	Rear door glass channel bracket	1	\$ 87.10	\$ 87.10
26	Rear door hinge	2	\$ 67.50	\$ 135.00
27	Front windscreen moulding	1	\$ 84.40	\$ 84.40
28	Front door pillar LH	1	\$ 445.20	\$ 445.20
29	Door centre pillar LH	1	\$ 468.90	\$ 364.30 468.90
30	Roker panel LH	1	\$ 384.20	\$ 384.20 ✓
Parts Sub Total :				\$ 6,224.60
Discount 25% :				\$ 1,556.15
PARTS TOTAL :				\$ 4,668.45

3015.10
@25% 753.78
2261.33

Nos.	SPECIAL NETT ITEMS	Qty	Unit S\$	TOTAL S\$	
1	Sundries	1	\$ 80.00	\$ 80.00	NNX
2	Front door sealant	1	\$ 100.00	\$ 30.00 100.00	NE
3	Front door speaker	1	\$ 210.00	\$ 210.00	ND X
4	Front door protector clips	1	\$ 50.00	\$ 50.00	NNX
5	Front door trimboard clips	1	\$ 50.00	\$ 30.00 50.00	NEC
6	Rear door sealant	1	\$ 100.00	\$ 100.00	
7	Rear door speaker	1	\$ 210.00	\$ 210.00	
8	Rear door protector clips	1	\$ 50.00	\$ 50.00	
9	Rear door trimboard clips	1	\$ 50.00	\$ 50.00	NN
10	Front windscreen sealant	1	\$ 100.00	\$ 100.00	
11	Front windscreen inner seal	1	\$ 60.00	\$ 60.00	
12	Front windscreen primer & cleaner	1	\$ 80.00	\$ 80.00	
13	Front door pillar sealant	1	\$ 100.00	\$ 100.00	
14	Door centre pillar sealant	1	\$ 100.00	\$ 30.00 100.00	NEC
15	Roker panel sealant	1	\$ 100.00	\$ 30.00 100.00	
SPECIAL NETT TOTAL :				\$ 120.00 1,440.00	

Nos.	LABOUR	S\$	
1	R&R front door component	\$ 80.00 150.00	
2	R&R front seat	\$ 150.00	NNX
3	R&R rear door component	\$ 150.00	NNX
4	R&R rear seat	\$ 150.00	NNX
5	R&R dashboard	\$ 450.00	NNX
6	R&R front windscreen	\$ 250.00	NNX
7	Check wiring	\$ 30.00 100.00	NEC
8	Upholstery	\$ 200.00	NNX
9	Spray paint	\$ 800.00 1,400.00	
10	Rust proofing	\$ 50.00 300.00	
11	Panel beat	\$ 1000.00 1,400.00	
LABOUR TOTAL :		\$ 4,700.00	

Survey 6/1/2021
Resurvey 7/1/2021
1300 hrs
1300hrs
TGLim
TGLim

Lump sum repair
Repair days 7

1960.00
PARTS TOTAL : \$ 4,668.45
SPECIAL NETT TOTAL : \$ 1,440.00
LABOUR TOTAL : \$ 4,700.00
GRAND TOTAL : \$ 10,808.45

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:

PARTS 2,261.33
S/N 120.00
LABOUR 1960.00
4,341.33
@ 20% 868.27
3473.06

L/S 3,450/2

TGLim
14/1/2021

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 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 Submission	02/01/2021 11:46 (SGT)
Date of Accident	01/01/2021 15:15 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	ANG MO KIO AVE 8 & AVE 6 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6223D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PANG YONG MING
NRIC No	SXXXX656F
Email Address	pang.yongming2@gmail.com
Mobile Phone No	(Phone) +65-91917064
Alternative Phone No	+65-91917064

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

INSURANCE COMPANY

Name of Insurance Company	Direct Asia
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00676363/01
Cover Note Number	-

DRIVER

Name of Driver	PANG YONG MING
NRIC No	SXXXX656F
Date Of Birth	13/02/1993
Occupation	Outdoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

20/03/2017
 3 YEARS AND 10 MONTHS
 Male
 (Phone) +65-91917064
 +65-91917064
 pang.yongming2@gmail.com
 BLK 131 ANG MO KIO AVE 3
 #04-1593
 560131
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Major/Minor Rd
 Raining
 Wet

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? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 4
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name
 Gender

OOI TIAN CI
 Male

PASSENGER 2

Name
 Gender

YU SHU QI
 Male

PASSENGER 3

Name
 Gender

ANG KAH YONG
 Male

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
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2278B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

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 willful 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. The 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 lodgment 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.
- (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.

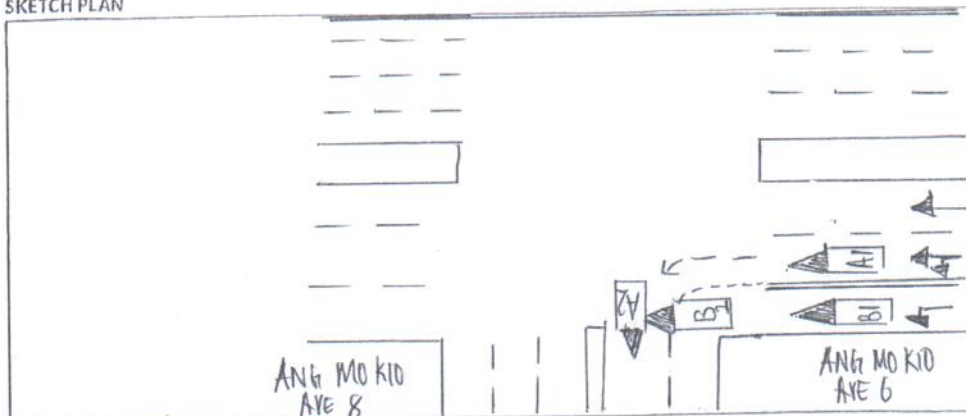
Policyholder's Signature
Date & Time:

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

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



Date of accident: 01/01/2021 Time: 15 : 15 Location: ANG MO KIO AVE 8 & AVE 6
 My Vehicle A: SJG 6223 D Vehicle B: GBJ 2278 B Vehicle C: /
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I VEHICLE 'A' WAS
 TRAVELLING ON THE STATED VENUE. I WAS TRAVELLING WITHIN
 MY LANE TURNING TOWARDS ANG MO KIO AVE 8 FROM
 ANG MO KIO AVE 6. AS I WAS MAKING MY LEFT TURN, VEHICLE
 ON MY LEFT DID NOT TURN, INSTEAD HE WENT STRAIGHT
 AHEAD, CROSSED INTO MY LANE AND COLLIDED AGAINST MY
 VEHICLE FRONT LEFT PORTION.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Team AutoPro Pte. Ltd.

Email address : teamautopl@gmail.com

& myself : PANG YONG MING

Email address : pang.yongming2@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARAC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Vehicle
 SJG 6223D

Reporting Centre Person's Signature

Name:

NRIC/FIN No.: 21/2021

