

## 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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No:

Yr Regn:

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: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: 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

Rear

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, File Pass to?

: Preli. Report

1) 28/4 4785

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

) \$ + RS, \$ SI

) Photos

) Others

TOTAL

Report Format :

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

MER-TP

3800

26/4/21 L/S \$ 3800 conf. with AH say (red \$3656.80, 49%).

28/4/21 @ 12.53pm revised to Kah ceang via Merimen.

# RELIABLE CARZ PTE LTD

8 Kaki Bukit Avenue 4 #05-50 Premier @ Kaki Bukit Singapore 415875

Contact No.: +65 8166 9797

Fax No.: +65 6385 1751

Vehicle No.: SGY8507M

Model: TOYOTA AXIO

REF: RC3302

Not Authorised  
23/4/21  
2/s 3800  
Fahy/Heather  
5 days

## QTY DESCRIPTION

## AMOUNT(\$\$)

### List Items:

1	Bootlid	Sent/Buc	894.40	✓
1	Bootlid lock	twi	185.20	✓
2	Bootlid hinge @ S\$75.15	11	150.30	X
1	Bootlid innertrim	11	167.40	X
1	Bootlid logo	11	48.50	X
1	Bootlid "AXIO" emblem	nei	68.50	✓
1	Bootlid "X" emblem	nei	58.00	✓
1	Rear taillamp LH	Cne	367.50	✓
1	Rear taillamp RH	Cne	367.50	✓
1	Rear taillamp panel LH	R	160.90	X
1	Rear taillamp panel RH	R	160.90	X
1	Rear taillamp LH bracket	11	48.95	X
1	Rear taillamp RH bracket	11	48.95	X
1	Rear end panel	soal/00	595.80	✓
1	Rear end panel top garnish	twi	177.70	✓
1	Rear bumper	725	1485.90	✓
2	Rear bumper brackets @ S\$86.50	0/500	173.00	APC
2	Rear bumper top brackets @ S\$89.25	11	178.50	X
2	Rear bumper side retainer @ S\$85.80	Sent	171.60	✓
1	Bootlid rubber	twi	211.50	✓
			5721.00	
			Less 20 %	(1144.20)
			Subtotal	4576.80

### Special Nett Items:

1	Rear bumper clip (set)	nei	50.00	✓
1	Rear number plate with holder	11	50.00	X
1	Rear reverse sensor (set)	short	350.00	200
			Subtotal	450.00



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Model: TOYOTA AXIO

REF: RC3302

## QTY DESCRIPTION

## AMOUNT(SS)

### Labour Charges:

To remove and replace damage lamp & check wiring	80.00	30
To remove and refit rear reverse sensor	120.00	50
To transfer bootlid mechanism	80.00	60
To apply undercoating	150.00	60
To panel beating	1000.00	600
To spray painting	1000.00	900
Subtotal	2430.00	

**ESTIMATE PARTS AND LABOUR GRAND TOTAL SS 7456.80**

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:

P. 3739.90  
252  
P. 2804.92  
S.N. - 250.00  
L - 1700.00  
4754.92  
202  
3803.



## 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	22/04/2021 13:45 (SGT)
Date of Accident	21/04/2021 09:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 5 NEAR ITE TOWARDS TPE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY8507M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Company Reg No	2XXXXX527N
Email Address	DRIVERRELIABLERIDES@GMAIL.COM
Mobile Phone No	(Phone) +65-65919999
Alternative Phone No	(Office) +65-65919999

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	M0015950
Cover Note Number	-

#### DRIVER

Name of Driver	MUI WENG KHANG
NRIC No	SXXXX486Z



Date Of Birth .....	11/10/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	29/12/2004
Driving experience .....	16 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97568413
Alt. Phone Number .....	-
Email Address .....	DRIVERELIABLERIDES@GMAIL.COM
Address .....	BLK 611 HOUGANG AVE 8 #11-498
Address complement .....	-
Postcode .....	S530611
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	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 REPORT ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	PROVIDE BY INSURED.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMN1143L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-



SKETCH PLAN

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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.
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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

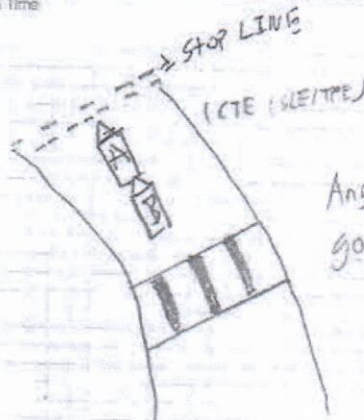
Sketch Plan

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



Witnessed by Reporting Centre Personnel

A → SGY 8507 m  
B → SMN 1143 L



Ang mo Kio Ave S  
going Towards CTE

Vehicle Category .....	Private car
Name of Driver .....	LOW JIA WEE
NRIC No .....	SXXXX970J
Contact Number .....	(Phone) +65-90883192
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## Describe Circumstances of the Accident

On 21/04/2021 I was travelling along Ang Mo Kio Avenue 5 towards CTE. As I filter left, I stopped at the Stop line looking out for traffic from the right. Suddenly, vehicle B came along and hit the rear of my vehicle.

### Declaration

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



Policyholder's Signature / Date & Time

Dec. 22/4/2021 (1251 pm)

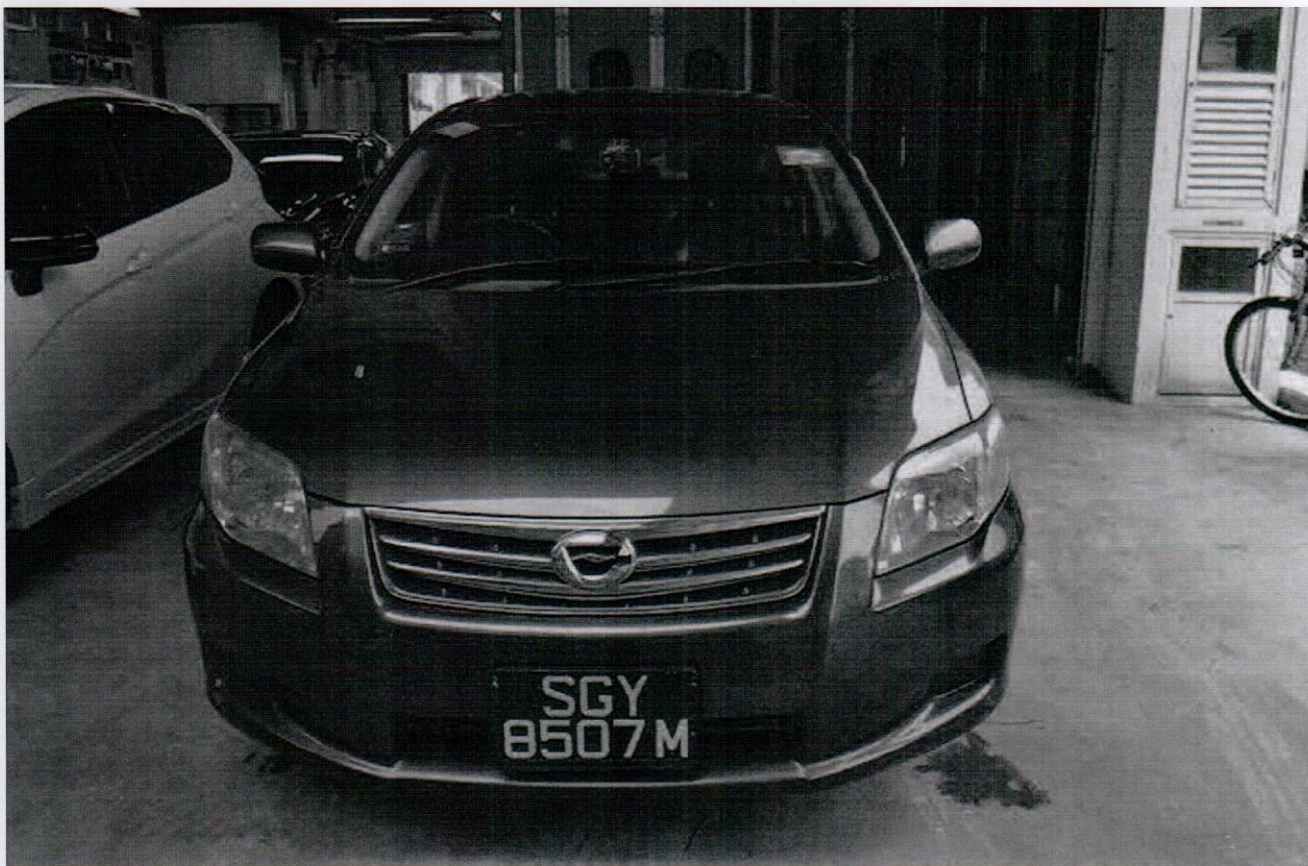
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre  
Personnel



IMAGES









IMAGES #3



