

ASS. REC. BY:

REF:

22/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ City Ave

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: 22N 9402 Regn: 05, 17

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

Truck / Trailer or

Make: Toy Ats Carry c.c. 2494Colour: M. Blue A/C: Insured / Std / Nil / NASp. Reading: 62311 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: NR053AK5004011888

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / A/Rlm or

Tyre Size: F: 215/55R17

R: _____

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 6/3/21D.O.I. 11/5/2021

Survey held at _____

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

015 Rear

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: _____

Add Fee: ☐ : Site Insp (\$ _____)

) S - F.S. SI

☐ : Interview (\$ _____)

) Photos

☐ : Tech Invs (\$ _____)

) Others

☐ : Weekend (\$ _____)

)

TOTAL

Report Format :

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



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

EQ INSURANCE COMPANY LIMITED

NO. 5
MAXWELL RD #17-00 SINGAPORE 069110
MND COMPLEX
SINGAPORE 069110

Contact : -

Fax No. : 62243903

*Not withain
6/1 Pym &
Penny After Pain
6 days*

Estimate : QUOT202105-000327(00)

Date : 11/05/2021

Vehicle No. : SLN9402Z

Make/Model : TOYOTA CAMRY 2.5 AUTO

Mileage (km) : 0

Chassis No. : MR053AK5004011888

Accident Date : 06/05/2021 00:00:00

Claim No. : SL13A

Reference : JO202105-0408

Policy No. : G300311726MCY

| S/No | Particular | Quantity | Unit Price | Amount S\$ |
|------------------------|--|----------|------------|---------------------|
| LIST ITEMS : | | | | |
| 1 | Rear RH fender | 1.0 | 1,072.50 | <i>R</i> 1,072.50 ✓ |
| 2 | Rear windscreen glass moulding | 1.0 | 93.40 | <i>M</i> 93.40 ✓ |
| 3 | Rear bumper | 1.0 | 657.60 | <i>Bu</i> 657.60 ✓ |
| 4 | Rear Bumper Rh retainer | 1.0 | 110.50 | <i>D17</i> 110.50 ✓ |
| 5 | Rear RH fender air duct | 1.0 | 135.70 | 135.70 ? |
| 6 | Rear RH rim | 1.0 | 2,190.40 | <i>M</i> 2,190.40 ✓ |
| 7 | Rear RH wheel bearing | 1.0 | 1,001.90 | 1,001.90 ? |
| 8 | RH taillamp | 1.0 | 487.80 | <i>W</i> 487.80 ✓ |
| List Total : | | | | 5,749.80 |
| 25% Discount S\$ | | | | 1,437.43 |
| | | | | 4,312.37 |
| SPECIAL NET : | | | | |
| 1 | Rear windscreen glass sealant | 1.0 | 40.00 | <i>M</i> 40.00 ✓ |
| SPECIAL NET Total S\$: | | | | 40.00 |
| LABOUR : | | | | |
| - | To remove and refit rear trims, seat and upholstery | 1.0 | 150.00 | 150.00 <i>1001</i> |
| * | To remove and refit rear windscreen glass | 1.0 | 150.00 | 150.00 <i>1201</i> |
| - | To remove and refit rear RH wheel bearing | 1.0 | 80.00 | 80.00 ? |
| - | To supply panel sealant and to seal off all weld spot seams and gaps | 1.0 | 90.00 | 90.00 <i>301</i> |
| - | To spring rubberized under-coating | 1.0 | 120.00 | 120.00 <i>301</i> |
| - | To conduct wheel alignment | 1.0 | 65.00 | 65.00 <i>601</i> |
| - | To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts | 1.0 | 900.00 | 900.00 <i>800</i> |
| - | Spray painting on affected & replace parts | 1.0 | 600.00 | 600.00 <i>450</i> |
| | | | | 2,155.00 |

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

CONTINUE NEXT PAGE

Signature:

Date:

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 | 07/05/2021 16:42 (SGT) |
| Date of Accident | 06/05/2021 17:45 (SGT) |
| Exact Location of Accident | Orchard Blvd, Singapore |
| Additional Location Information | Along Tomlinson road |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN9402Z

INSURED/POLICYHOLDER

| | |
|--------------------------|---|
| Is company? | Yes |
| Name Of Registered Owner | TOKYO CENTURY LEASING (SINGAPORE PTE LTD) |
| Company Reg No | 1XXXXX535G |
| Email Address | ben@tcls.com.sg |
| Mobile Phone No | (Phone) +65-62208751 |
| Alternative Phone No | +65-62208751 |

VEHICLE PARTICULARS

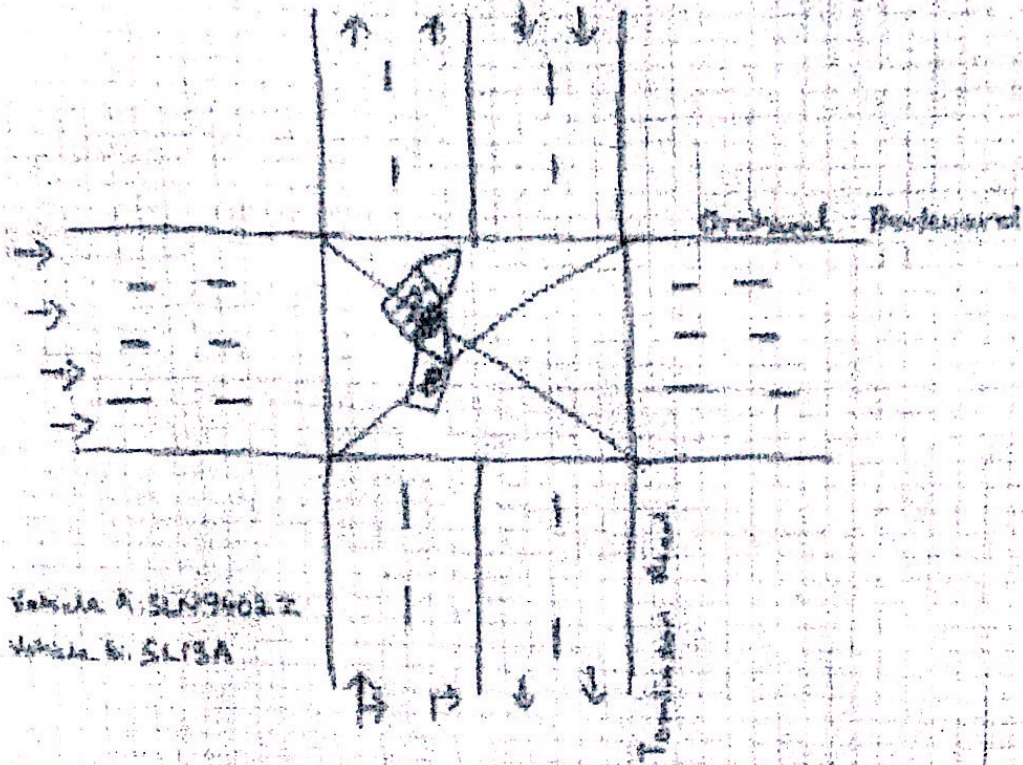
| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Camry |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 2487 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | G300311726MCY |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------|
| Name of Driver | SATOSHI SEKIGUCHI |
| Work Permit No | FXXXX868T |



Reported by: [Signature]
Date & Time:

Date & Signature
(if driver is not the police officer)
Date & Time:

VERIFIED BY ALAN MARS LARCI
REPORTING OFFICER
MOHAMMED LAHRECH MD DED NASRUD
Reporting Officer: [Signature]
Name:
NOC: [Signature]

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Tomlinson road making a right turn onto orchard boulevard as I started turning third party vehicle which was on my right collided onto my vehicle right rear area. No injuries involved.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

7 May 2021

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: