

ASS. REC. BY:

REF:

AGZ 210075761kg

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. C10010847/HA

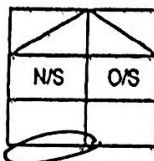
Sum Insured: _____ Excess: _____

(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: _____ Consistent?: Yes or No

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

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

CA / REV / REP. / 24 HRS

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

Veh No: SGP 8967R Yr Regn: 07 15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Jazz c.c. 1498Colour: M. Blue A/C: Insured / Std / NI / NASp. Reading: 98509 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: THMGK 5850F-X 203549Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD / A/Rlm orTyre Size: F: 185/55R16

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 9/7/21 D.O.I. 13/7/2021

Survey held at _____

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orNone N/S

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

Date / Time Action / Instruction

Kenneth confirmed LS \$3000 (Red \$3226.60, 52%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 02/08 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Report Format: TP

Lump Sum / LB: (\$ 3000)



方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: slt11@singnet.com.sg Regn. No. 05396600K

Joyce Mary-Ann Lim Beow Seng
Blk 32 Marine Crescent
#07-115
Singapore 440032

NOT WORKING
1/1/19
Repair After Paint
4-5 day

Dear sir
Estimate cost of repair to vehicle no. SGP 8967R
To supply

1. Tail gate	Ry	885.40	✓
2. Tail gate damper x2	Ln	240.00	X
3. Tail gate lock and motor	R	285.00	X ?
4. Tail gate rubber	Dis	189.00	—
5. Tail gate badge JAZZ	na	37.80	—
6. Tail gate w/s glass moulding	na	118.90	—
7. Rear panel		341.60	?
8. Rear panel top garish		106.80	?
9. Rear bumper	Bu	721.00	✓
10. Rear bumper retainer x2	Alson	96.00	✓
11. Rear bumper sensor x4	Gr	450.00	200.00
12. Tail lamp left	Gr	355.10	✓
13. Rear bumper clip x10	na	15.00	—
14. Rear reverse camera	Ln	200.00	X
15. Rear bumper left cover	Ln	45.00	X

208

Labour charges		
Rust proofing	100.00	301
Number plate and casing	Ln	80.00 X
To remove and refit rear w/s glass	180.00	1201
Panel beating	880.00	?
Spray painting	900.00	6001

Total 6,226.60

Your faithfully

ALBERT POON

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:



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	09/07/2021 18:54 (SGT)
Date of Accident	09/07/2021 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINE PARADE ROAD SLIP ROAD TO ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8967R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOYCE MARY-ANN LIM BEOW SENG
NRIC No	SXXXX855G
Email Address	JOYCEM59@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97491678
Alternative Phone No	(Home) +65-97491678

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MW006849-R05
Cover Note Number	-

DRIVER

Name of Driver	JOYCE MARY-ANN LIM BEOW SENG
NRIC No	SXXXX855G



Accident report SK0J2179000A

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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.


Witnessed by Reporting Centre
Personnel

Loke = 01/7/2021
Policyholder's Signature / Date &
Time

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

Sketch Plan



Describe Circumstances of the Accident

I drove out of Marine Crescent onto Marine Parade Road.
(Tao Nan School on my left) Made my way to the
Slip road leading to F.C.P.
Whilst waiting for clearance of traffic before I
turn left at the Slip road, the car behind
me hit my bumper.
My car was in stationary mode.

TP CLAIM: ALBERT POON (PLS EMAIL TO
HIM)

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Yoyce. 4/7/2021
Albert
12.15pm

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

Witnessed by Reporting Centre
Personnel

