ASS. REC. BY: Kenneth

REF: TV / 2100808014B

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s City Auto

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: 02 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMJ 3841M Yr Regn: 03, 19

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

Make: Toy Altis c.c 1598

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 23443 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053RE1A0459015

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: 205/55R16

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	29/7/21	D.O.I.	30/7/2021

Survey held at _____

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

O/S Frt

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____

Parking _____

Others _____

TOTAL _____

City Auto Pte Ltd (Co.Reg.No:199503435C)
369 Sin Ming Drive #05-01,, Sin Ming AutoCity,
Singapore 575722
Tel: 6453 1235 Fax: 6453 7944 Email: jason@cityauto.com.sg

TP INSURER: India International Insurance Pte Ltd (HQ)

-

Singapore

PARTICULARS OF CLAIM

Claim Type:	Third Party	Ref. No:	
Policy No:		Date of Loss:	29/07/2021
Vehicle Reg. No.:	**SMJ3841M**	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	Wong Swee Keong, Eugune		
Make/Model:	TOYOTA COROLLA ALTIS, 1.6 Standard (A)	Vehicle Reg. Date:	01/03/2019
Vehicle Colour:	Blue/Grey		
Engine No:	1ZR0D08147	Chassis No:	MR053REH604596015
Odometer:	0 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	3 / 2 day		
Present Location:	CITY AUTO PTE LTD (HQ)		

Not Authorised
Resurvey Required

COST OF CLAIMS	Amount
Parts	1,776.13
Miscellaneous Items	11.00
Labour	280.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**2,067.13**
+ GST 7.00% (S$)	144.70
Nett Amount (S$)	**2,211.83**

This claim is handled by: VRONICA

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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:

REPAIR DETAILS

Reference

Part Source: [illegible]-SG		Version: 1.0 (Last Synchronised: 29 Jul 2021)
Parts:	143	TOYOTA COROLLA ALTIS 1.6 Standard (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	City Auto Pte Ltd/SMJ3841M/29/07/2021 13:36	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr		Amount
1	1		*RH wing mirror	0.00	0.00	CM	*1,257.00 F
2	1		*RH wing mirror cover	0.00	0.00	M1	*109.20 F
3	1		*Indicator lamp RH	0.00	0.00	M1	*54.70 F

F=Franchise part.

Sub Total (S$)	**1,420.90**
+ Margin on L,N Items 25.00% (S$)	355.23
Total Parts (S$)	**1,776.13**

City Auto Pte Ltd/SMJ3841M/29/07/2021 13:36. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

LKK Auto Consultants hence notify
the Repairer of the following:
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Acknowledged by Repairer
Signature:
Date:

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	11.00
		Sub Total (S$)	**11.00**

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	- To remove and install side mirror	New	80.00
2	- To spray painting	New	200.00
		Gross Labour Cost (S$)	**280.00**

60L
180L

City Auto Pte Ltd/SMJ3841M/29/07/2021 13:36. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

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 Submission	29/07/2021 11:37 (SGT)
Date of Accident	29/07/2021 07:40 (SGT)
Exact Location of Accident	Lor 8 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3841M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIN LEE LEE @GOH KUM HAR
NRIC No	SXXXX388Z
Email Address	eugenewsk@yahoo.com.sg
Mobile Phone No	(Phone) +65-97330168
Alternative Phone No	+65-97330168

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120712811
Cover Note Number	-

DRIVER

Name of Driver	WONG SWEE KEONG, EUGENE (WANG SUIQIANG, EUGENE)
NRIC No	SXXXX230H

SKETCH PLAN

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. 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 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.

CITY AUTO PTE LTD
Blk 9 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575640
Tel: 6453 [illegible] Fax: 6453 7944
(Chong Teck Hin)

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan