ASS. REC. BY: Kenneth

REF: CS/AG/2100938I/Kuf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMU 1695Z

at Workshop m/s Trust Auto

of 1807

Insured: SMU 8013X

Policy No. 2070126274

Claims No. 4214323824SG

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: 3 ~~7~~ days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMU 1695Z Yr Regn: 07, 20

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

Make: Toy CHR c.c 1797

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

Sp.Reading 51927 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZYX10 · 2117033

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R17

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	2/9/21	D.O.I.	8/9/2021

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	Action / Instruction
/	Confirmed final fig L/S $2250, 3 repair days. (RED $6845.38; 75%)

Date/Time, File Pass to?

1) 14/9 TYPIST

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS___SI

Parking

Others

TOTAL

Report Format : TP

Lump Sum ~~/ I.B.I.~~ ($ 2250)

Trust Autoworks

Mailing address : Blk 225 #07-579 Ang Mo Kio Ave 1 Singapore 560225
H/p 91082728

Not Authorised
c/Sup &
Resurvey After Paint
2-4days

Seng Kok Cheng
61 Tampines Central 7
#10-21 Singapore 528595

Vehicle No : SMU 1695 Z
Make : Toyota C-HR
Year : 2019

Qty	Description	Unit Price	Amount
Estimate Cost Of Repair			
1 pc	Rear tail-gate assy	R	$1,150.70 X
1 pc		Na	
1 pc		Sa	X
2 pcs		$612.40 Sa	
1 pc		Sa	X
1 pc		R	
1 pc	Rear tail-gate emblem - Hybrid	Na	$48.90 X
1 pc	Rear tail-gate emblem - C-HR	Na	$45.80 X
1 pc	Rear tail-gate emblem	Na	$62.30 X
1 pc	Rear boot rubber	Sa	$205.60 X
1 pc	Rear bumper	Ben	$885.70 ✓
1 pc	Rear bumper reinforcement		$483.20 ?
2 pcs	Rear bumper reflector garnish	$125.60 Sa	$251.20 X
1 pc	Rear lower bumper	CM	$485.70 ✓
2 pcs	Rear bumper side retainer	$75.10 Sa	$150.20 X
1 pc	Rear buzzer		$175.20 ?
2 pcs	Rear fender arch garnish	$165.20 Sa	$330.40 X
1 pc	Rear end panel		$725.70 ?
1 pc	Rear end panel inner garnish		$402.10 ?
			~~$8,547.18~~
		Less 25 %	~~$2,136.80~~
			$6,410.38
S Nett			
15 pcs	Rear bumper clip	$2.00 Na	$30.00 ✓
1 pc	Rear reverse sensor	Short / Rel	$200.00 ✓
1 pc	Rear windscreen sealant	Na	$40.00 X
1 pc	Rear no plate	Sa	$35.00 X
		balance c/f	$6,715.38

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:

MU 1695 Z

	balance b/f	$6,715.38

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.		$1,000.00 ?
To putty & spray paint on accident affected portion		$1,000.00 660/
Check and recoonect wiring		$40.00 15/
To anit- rust proofing		$100.00 ?
Remove/refit rear windscreen	~~	$120.00 X
Remove/refit rear boot upholstery		$120.00 ?
	Total	$9,095.38

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	03/09/2021 17:55 (SGT)
Date of Accident	02/09/2021 19:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES STREET 32
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU1695Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SENG KOK CHENG (CHENG GUOQING)
NRIC No	S7103190Z
Email Address	WILSONPAYNOW@GMAIL.COM
Mobile Phone No	(Phone) +65-94550402
Alternative Phone No	+65-94550402

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1797

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118337040-01
Cover Note Number	-

DRIVER

Name of Driver	JIN NANNAN
NRIC No	S8780955B

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately 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 not 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;

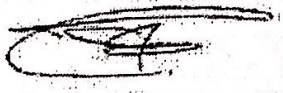
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices (or the like, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages)); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims,

(collectively the "Purposes")

(c) 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

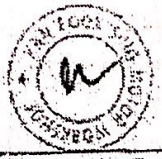
(d) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

2021/09/03 1550

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



Witnessed by Reporting Centre Personnel

Sketch Plan