ASS. REC. BY: Kenneth

REF: CTL/2100 9992 1kvc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim Yew Boo

of _____

Insured: GBK 8240P

Policy No. DMCVSNW00123412000

Claims No. SNM21D205434/C2/IRENE

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: 04 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: SMV 4089Z Yr Regn: 09, 20

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

Make: Toy Noah (A) c.c 1797

Colour ~~Grey~~ Purple A/C: Insured / Std / NI / NA

Sp.Reading 54651 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 · 0428408

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: 225/45R17

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 23/9/21 D.O.I. 28/9/2021

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S 1st

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

Date / Time	Action / Instruction
24/1/22	Kenneth informed $1950 (Red 2972.52,60%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 25/1/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : Merimen

Lump Sum / ~~I.B.I~~: ($ 1950)

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C,#01-10 S'575645
NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
Tel No. : 64534177 Fax No. : 64593724
E-Mail : limyewboo@singnet.com.sg
Website : www.limyewboo.com.sg
Buss. Reg. No. : 200514/00L

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD #16-00
SPRINGLEAF TOWER SINGAPORE 079909

Attention : Motor Claim Department
Contact : 63896111 Fax No. : 62221033

Not Authorised
L/Lys &
Resurvey After Paint
4 days

Estimate : TP21/039

Date : 24/09/2021
Vehicle Num. : SMV 4089Z
Make/Model : TOYOTA NOAH HYBRID 1.8X CVT-2019
Chassis/Eng# : ZWR800428408/2ZR2G41527
Accident Date : 23/09/2021
Claim No. :
Reference : LYB/SMV4089Z/China/tp/sl
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1	FRONT FENDER/RH		1,052.20
2.	8	FRONT FENDER INNER SHIELD CLIP/RH	5.50	44.00
3.	1	FRONT DOOR/RH		1,672.30
4.	1	FRONT DOOR OUTER CHANNEL/RH		105.70
5.	3	FRONT DOOR FRAME STICKER	69.50	208.50
		List TotalS$:		3,082.70
		25.00% Discount S$:		770.68
				2,312.02
		SPECIAL NETT ITEMS :		
1.	1	FRONT FENDER EMBLEM		102.50
2.	1	FRONT SIDE MIRROR COVER/RH		128.00
		Special Nett Total S$:		230.50
		LABOUR :		
		TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS		120.00
		TO TRANSFER FRONT DOOR MECHANISM TO NEW DOOR		80.00
		TO CHECK WATER SEEPAGE		60.00

CONTINUE / ...

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:

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C,#01-10 S'575645
NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
Tel No. : 64534177 Fax No. : 64593724
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Reference : LYB/SMV4089Z/China/tp/sl
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$	
		TO COMPUTERISE WHEEL ALIGNMENT		120.00	
		LABOUR TO REPLACE & SUPPLY THE WRAPPING ON FRT DOOR, FRT FENDER & LOWER SIDE SKIRT		600.00	
		TO REPAIR, PANEL BEAT, RE-ALIGN & LABOUR TO REPLACE ABOVE PARTS		600.00	
		TO SPRAY PAINT ON RH-FRT FENDER,DOOR & LOWER SIDE SKIRT		800.00	
		Labour Total S$:		2,380.00	

E. & O.E.

Total S$: 4,922.52

for LIM YEW BOO SPRAY PAINT CO.

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	23/09/2021 16:55 (SGT)
Date of Accident	23/09/2021 14:45 (SGT)
Exact Location of Accident	Peck Hay Rd, Singapore
Additional Location Information	PECK KAY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4089Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA SIO HYM
NRIC No	SXXXX720G
Email Address	ahbee1841@gamil.com
Mobile Phone No	(Phone) +65-93829583
Alternative Phone No	+65-93829583

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119099763
Cover Note Number	-

DRIVER

Name of Driver	CHIA SIO HYM
NRIC No	SXXXX720G

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 time-dated by the insurers of the GIA Reports 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.

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

Sketch Plan