

ASS. REC. BY:

REF: C72/ 2100 9992 1KVC

Kenneth

ASSIGNMENT

LI
BLK
NO.
Tel
E-M
Wel
BusCHI
3 At
SPFAtte
Cor

S/N

1.
2.
3.
4.
5.1.
2.

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s _____

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 Rpt: _____ 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 40898 Yr Regn: 09, 20

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

Truck / Trailer or

Make: Toy Noah c.c. 1797

Colour: Matt Purple A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: ZWR 80 0428408

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 225/45R17

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 23/9/21

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 28/9/2021

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

24/1/22 Kenneth informed \$1950 (Red 2972.52,60%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 25/1/22-typist

Days Of Repair: 4

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S - RS. SI

Fees

Others

TOTAL

Report Format: Merimen

Lump Sum / L.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

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. :

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

Not Notified
61 Rps @
Resurvey After Paint
4 days

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- | | | | | |
|----|---|-----------------------------------|--|--|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 8 | FRONT FENDER/RH | | |
| 3. | 1 | FRONT FENDER INNER SHIELD CLIP/RH | | |
| 4. | 1 | FRONT DOOR/RH | | |
| 5. | 3 | FRONT DOOR OUTER CHANNEL/RH | | |
| | | FRONT DOOR FRAME STICKER | | |

1,052.20	✓
5.50 44.00	X
1,672.30	X
105.70	X
69.50 208.50	X
3,082.70	
770.68	
2,312.02	

List Total S\$:
 25.00% Discount S\$:

- | | | | | |
|----|---|----------------------------|--|--|
| 1. | 1 | SPECIAL NETT ITEMS : | | |
| 2. | 1 | FRONT FENDER EMBLEM | | |
| | | FRONT SIDE MIRROR COVER/RH | | |

102.50	✓
128.00	✓
230.50	

Special Nett Total S\$:

LABOUR :
 TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS
 TO TRANSFER FRONT DOOR MECHANISM TO NEW DOOR
 TO CHECK WATER SEEPAGE

120.00	301
80.00	X
60.00	X

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
 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

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\$
		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



for LIM YEW BOO SPRAY PAINT CO.

E. & O.E.

Total S\$: 4,922.52

=====

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 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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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.

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' law firms/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' law firms/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/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

Sketch Plan diagram showing a road layout with a vehicle involved in an accident. The diagram is drawn on a grid. A road is labeled "Park Lane Road" on the right. A vehicle is shown in the middle of the road, with a box around it. The vehicle is labeled "V1-A" and "SMV 402912". Below the vehicle, there is a box labeled "V1-B" and "GBK 8140P". The diagram is titled "Sketch Plan" and "V1-A (CONDO)".