

ASS. REC. BY:

REF: CTZ / 21010526/KV y3Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim Yew Boon

of _____

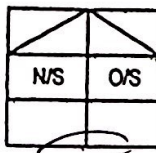
Insured: SMX 1533SPolicy No. DMPCSNW00081442100Claims No. SNM21D205809/C02/TOHHS

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKU 5620L Yr Regn: 07.15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Altis c.c. 1598Colour M. Pink A/C: Insured / Std / Nil / NASp. Reading 164378 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: MR053RE11104535735Gen. 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: 205/55R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 11/10/21

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 13/10/2021Des. of Damages: Frt / Rear / P/O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

25/10/21 Kenneth confirmed LS \$2200 (Red 4011.57, 64%)

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2) 25/10/21-typist

Add Fee: ☐ : Site Insp (\$ _____)

Transportation:

☐ : Interview (\$ _____)

S + RS. \$ _____

☐ : Tech Invs (\$ _____)

Fix. \$ _____

☐ : Weekend (\$ _____)

Others

Report Format: Merimen

Lump Sum / T.B. (\$ 2200)

TOTAL

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

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

Estimate : TP21/045

Date : 12/10/2021
 Vehicle Num. : SKU 5820L
 Make/Model : TOYOTA ALTIS-2015
 Chassis/Eng# : MR053REH104535735/1ZRX521035
 Accident Date : 11/10/2021
 Claim No. :
 Reference : LYB/SKU5820L/CHINA/tp/sl
 Policy No. :

*Not Authorized
 L/Ry @
 Resurvey After Paint
 9 days*

S/N	Quantity	Particular	Unit Price	Amount S\$
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LIST ITEMS :		
1.	1	REAR BOOT LID
2.	2	REAR BOOT LID HINGES
3.	1	REAR BOOT LID WEATHERSTRIP
4.	1	REAR BOOT LID UPPER LOCK
5.	1	REAR BOOT LID LOWER LOCK
6.	1	REAR EMBLEM LOGO 'TOYOTA'
7.	1	REAR EMBLEM 'TOYOTA' IN WORDING
8.	1	REAR EMBLEM 'ALTIS'
9.	1	REAR TAILEND PANEL
10.	1	REAR TAILEND TOP GARNISH
11.	1	REAR BUMPER
12.	1	REAR BUMPER BEAM
13.	2	REAR BUMPER BRACKET
14.	2	REAR BUMPER RETAINER
15.	5	REAR BUMPER FASTENER
16.	5	REAR BUMPER EXTENSION GROMMET SCREW
17.	5	REAR BUMPER EXTENSION GROMMET SCREW
18.	1	REAR SILENCER

181.30	710.10	X
	362.60	X
	107.20	50% in
	89.30	—
	89.30	—
	57.90	—
	35.30	—
	40.20	—
	301.70	—
	121.20	—
	354.70	—
	401.90	—
113.40	226.80	?
56.70	113.40	X
8.00	40.00	X
8.00	40.00	X
8.00	40.00	X
	1,124.90	X

		4,256.50
		1,064.13

		3,192.37

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

1.	1	SPECIAL NETT ITEMS :
		REAR TAILEND PANEL TEROSTAT SEALANT

12 54.20 30% in

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
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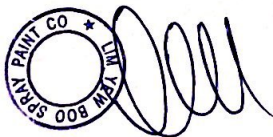
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 Reference : LYB/SKU5620L/CHINA/tp/sl
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
2.	1	REAR NO PLATE (SMOOTH)		25.00 X
3.	1	REAR NO PLATE HOLDER		20.00 X
4.	1 SET	REAR REVERSE SENSOR		250.00 200.00
Special Nett Total S\$:				349.20
LABOUR :				
TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS			120.00	300
TO TRANSFER BOOT LID PARTS & FITTING TO NEW BOOT LID			80.00	X
TO CHECK WATER SEEPAGE			60.00	200
TO REPLACE REVERSE SENSOR SET & CHECK WIRING FUNCTIONS			60.00	300
TO REPAIR, REPLACE ON REAR AFFECTED SILENCER			150.00	X
TO CUT & WELD ON REPLACED PANEL, TO STRAIGHTEN, RE-ALIGN ON REAR AFFECTED & LABOUR TO REPLACE ABOVE PARTS			1,000.00	600
TO PUTTY, PRIMER & SPRAY PAINT ON REAR AFFECTED BOOT LID REAR END PANEL, BEAM, BUMPER & SENSOR USING 2K PAINT			1,200.00	600
Labour Total S\$:				2,670.00

E. & O.E.

Total S\$: 6,211.57



or 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 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 12/10/2021 15:39 (SGT)
Date of Accident 11/10/2021 14:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS JURONG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU5620L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ENG YAN TIAN
NRIC No SXXXX047B
Email Address zhongyik19994@icloud.com
Mobile Phone No (Phone) +65-94785206
Alternative Phone No +65-94785206

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS
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 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5098932761-03
Cover Note Number -

DRIVER

Name of Driver ENG YAN TIAN
NRIC No SXXXX047B

IMPORTANT NOTICE

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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' law yards/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;

(4) Investigating the accident and/or my claims:

(ii) 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

(M) 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

PIE → DURCHGEHT

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→

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Verh. A: SKL 56201 T6T6T6T6 A4T6

Verh. B: S11X 15335 A120

Verh. C: SKJ 63611 1116