ASS. REC. BY: Kenneth | REF: CTZ / 21010526/KV y3

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: SMX 1533S

Policy No. DMPCSNW00081442100

Claims 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.

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKU 5620L Yr Regn: 07/15

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

Make: Toy Altis c.c 1598

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

Sp.Reading 164378 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053RE1H10 4535735

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: 205/55R16

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.	11/10/21	D.O.I.	13/10/2021

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

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 25/10/21-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format : Merimen

Lump Sum / ~~I.B.I.~~ ($ 2200)

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

Not Authorised
C/Slip &
Resurvey after Paint
4days

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

Estimate : TP21/045

Date : 12/10/2021
Vehicle Num. : SKU 5620L
Make/Model : TOYOTA ALTIS-2015
Chassis/Eng# : MR053REH104535735/1ZRX521035
Accident Date : 11/10/2021
Claim No. :
Reference : LYB/SKU5620L/CHINA/tp/sl
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1	REAR BOOT LID		710.10
2.	2	REAR BOOT LID HINGES	181.30	362.60
3.	1	REAR BOOT LID WEATHERSTRIP		107.20
4.	1	REAR BOOT LID UPPER LOCK		89.30
5.	1	REAR BOOT LID LOWER LOCK		89.30
6.	1	REAR EMBLEM LOGO 'TOYOTA'		57.90
7.	1	REAR EMBLEM 'TOYOTA' IN WORDING		35.30
8.	1	REAR EMBLEM 'ALTIS'		40.20
9.	1	REAR TAILEND PANEL		301.70
10.	1	REAR TAILEND TOP GARNISH		121.20
11.	1	REAR BUMPER		354.70
12.	1	REAR BUMPER BEAM		401.90
13.	2	REAR BUMPER BRACKET	113.40	226.80
14.	2	REAR BUMPER RETAINER	56.70	113.40
15.	5	REAR BUMPER FASTENER	8.00	40.00
16.	5	REAR BUMPER EXTENSION GROMMET SCREW	8.00	40.00
17.	5	REAR BUMPER EXTENSION GROMMET SCREW	8.00	40.00
18.	1	REAR SILENCER		1,124.90
		List TotalS$:		4,256.50
		25.00% Discount S$:		1,064.13
				3,192.37
		SPECIAL NETT ITEMS :		
1.	1	REAR TAILEND PANEL TEROSTAT SEALANT		54.20

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 : TP21/045

Date : 12/10/2021
Vehicle Num. : SKU 5620L
Make/Model : TOYOTA ALTIS-2015
Chassis/Eng# : MR053REH104535735/1ZRX521035
Accident Date : 11/10/2021
Claim No. :
Reference : LYB/SKU5620L/CHINA/tp/sl
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
2.	1	REAR NO PLATE (SMOOTH)	Pa	25.00 X
3.	1	REAR NO PLATE HOLDER	Pa	20.00 X
4.	1 SET	REAR REVERSE SENSOR	Short	250.00 2 acsa
		Special Nett Total S$:		349.20
		LABOUR : TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS		120.00 3 ol
		TO TRANSFER BOOT LID PARTS & FITTING TO NEW BOOT LID	Na	80.00 X
		TO CHECK WATER SEEPAGE		60.00 2 ol
		TO REPLACE REVERSE SENSOR SET & CHECK WIRING FUNCTIONS		60.00 3 ol
		TO REPAIR, REPLACE ON REAR AFFECTED SILENCER	Na	150.00 X
		TO CUT & WELD ON REPLACED PANEL, TO STRAIGHTEN,RE-ALIGN ON REAR AFFECTED & LABOUR TO REPLACE ABOVE PARTS		1,000.00 6 col
		TO PUTTY,PRIMER & SPRAY PAINT ON REAR AFFECTED BOOT LID REAR END PANEL, BEAM, BUMPER & SENSOR USING 2K PAINT		1,200.00 6 ol
		Labour Total S$:		2,670.00

E. & O.E. Total S$: 6,211.57

LIM YEW BOO SPRAY PAINT CO.

or LIM YEW BOO SPRAY PAINT CO.

For surveyor

SS1721AC0004 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 12/10/2021 15:39 (SGT)
SUBMITTED BY: SMBFG
VERSION: 1 (12/10/2021 15:39 (SGT))

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	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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan