

ASS. REQ. BY:

REF:

SMD/210107814

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OO/TP/WS/TP RES/OO RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(C&amp;S'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:

02 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:

SMD 6064B

Yr Regn:

08, 18

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

Truck / Trailer or

Make:

Toy MTR

cc

159P

Colour

m. Blue

AC:

Insured / Std / NI / NA

Sp. Reading

193384

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR053REH 80458777P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

205/55R16

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

TOYO / YOKO or

Front

Rear

R/Ssl.

R/Ssl.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

# 趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5  
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047  
Tel: 6484 1626 (24Hrs) Fax: 6484 0465  
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: Sompo Insurance Singapore Pte Ltd

Accident Date : 18.10.2021

Not Notified  
City &  
Paying After Repair  
2 days  
Third Party

Policy No: \_\_\_\_\_

Date: 19.10.2021

Specialised in Car Painting, Welding,  
Panel-Beating and Insurance Claim.

## ESTIMATE

承接汽车烧焊喷漆及  
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	<b>Estimate Cost of Repair to "Toyota Altis" Reg. No. SMD6064B Claiming Against Your Insured Veh. No. SGZ7720P</b>		
1pc	Front Bumper	3.80	Bur 565.00 ✓
12pcs	Front Bumper Clips		na 45.60 ✓
1pc	Front Bumper Bracket RH		n 82.60 x
1pc	Front Bumper Sponge		h 115.90 x
1pc	Front Bumper Reinforcement		n 435.00 x
1pc	Front Bumper Fog Lamp RH		h 110.00 x
1pc	Front Bumper Fog Lamp Cover RH		cut 203.00 x
1pc	Front Bumper Center Air Grille		na 169.95 ✓
1pc	Front Bumper Corner Retainer RH		Dis 286.40 ✓
1pc	Grille		na 715.90 ✓
1pc	Grille Emblem		na 95.00 ✓
1pc	Headlamp RH		cut 2,488.95 ✓
	Less 25%		5,313.30
			1,328.33
			3,984.98
	Front Number Plate		na 45.00 SN ✓
	To Conduct Electrical Check, Focus Headlamp		30.00 2ok
	Labour Charge - Panel Beating, Repairing Of Front Headlamp Panel, Support & Part Replacement		400.00 22ok
	To Spray Painting Affected Areas		380.00 22ok
	<b>Total :</b>		<b>4,839.98 .</b>

**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:



## 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 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;

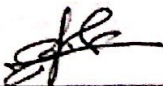
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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.

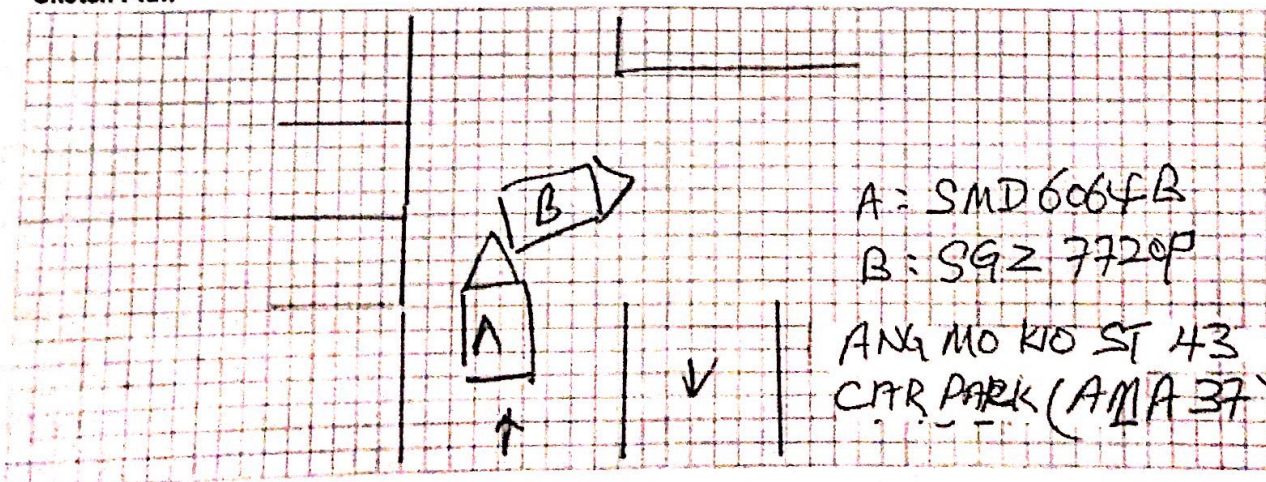
18/10/2021 

Policyholder's Signature / Date & Time

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

Rec 18/10/21  
Witnessed by Reporting Centre Personnel

### Sketch Plan





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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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 ..... 18/10/2021 15:49 (SGT)  
Date of Accident ..... 18/10/2021 12:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO ST43 CARPARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD6064B

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUA THIAM POH  
NRIC No ..... SXXXX359Z  
Email Address ..... ERICCHUA5184@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-85220838  
Alternative Phone No ..... +65-85220838

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... TOYOTA / COROLLA ALTIS 1.6 STANDARD (AUTO)  
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 hire  
Transmission ..... Auto  
CC ..... 1598

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5108741596-02  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHUA THIAM POH  
NRIC No ..... SXXXX359Z