

ASS. REQ. BY:

REF:

AGZ/21011883/Kg^{f3}

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. C10012363/JM

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 Rpt:

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:

09/22

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKA 5127A

Yr Regn:

09, 07

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

Truck / Trailer or

Make:

Toy Camry

c.c

1998

Colour

M. Green

A/C:

Insured / Std / NI / NA

Sp. Reading

243126

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053BK4107016818

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / STD / Rlm / STD A/Rlm or

Tyre Size:

F:

215/60R16

R:

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

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

5/11/21

D.O.I.

23/11/2021

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Frt LH RM

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Kenneth confirmed LS \$1000, 2 days (Red \$2634.78, 72%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 09/12 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: TP

Lump Sum H.B.T. (\$ 1000

BH AUTO SERVICES PTE LTD

Blk 1, Sector C, Sin Ming Industrial Estate #01-111 / 113 / 115 / 117 Singapore 575636
Tel: 6559 8944 / Fax: 6269 2404

Auto & General Southeast Asia (SEA)

190 Clemenceau Ave, #03-01

Singapore Shopping Centre

Singapore 239924

Attn: Motor Claim Department

Not Authorised
11 Ppy 8
Resurvey After Paint
2 days

DEAR SIR / MADAM :

ACCIDENT REPAIR ON: SKA5127A

MODEL : TOYOTA Camry 2.0

POLICY NO :

CHASSIS NO : MR053BK4107016818

YEAR OF MANUFACTURE : 2008

DATE / TIME OF ACCIDENT: 05/11/2021 Time: 1851Hrs at Lentor toward Yishun

THIRD PARTY VEHICLE NO: SKLP7580U

Date: 22/11/2021

Page : 1 of 2

Appended below are the estimated cost of repair and parts to be replaced for the above vehicle: -

Replacement Of Parts

S/N	Quantity	Unit Price S\$	Amount S\$
1 FRONT MIRROR COMPLETE SET LH	1	1,159.70	<i>CM</i> 1,159.70 ✓
2 FRONT DOOR LH	1	1,620.00	<i>R</i> 1,620.00 X

Sub-Total: 2,779.70
Less: 25% discount - 694.93
Total Parts after 25% discount: 2,084.78

Special Nett Items

1 ANTI-RUST COATING	1	80.00	<i>nn</i> 80.00 X
			80.00

Total Parts: 2,164.78

Labour Charges For Front

1 Provide skill labour to remove all damaged parts, panel beat, cut & weld if necessary and align all panel and reinstall all damaged parts.	600.00	<i>12d</i>
2 Provide skill labour & material to putty all damaged parts & panel & to respray with 2K paint with oven spray booth facilities	600.00	<i>28d</i>
3 Provide skill labour to disconnect and check electrical wiring	150.00	<i>2d</i>
4 Dismantle and transfer door and mechanism to facilitate repair	<i>nn</i> 120.00	X

Total Labour:

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:

Total Parts & Labour: 3,634.78
GST 7% 254.43
Grand Total: 3,889.21

Estimate Repair Duration

5 days

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 08/11/2021 16:44 (SGT)
Date of Accident 05/11/2021 18:51 (SGT)
Exact Location of Accident Singapore
Additional Location Information LENTOR TOWARDS YISHUN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA5127A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Tan Chin Por Philip
NRIC No SXXXX543E
Email Address tancpphillip@gmail.com
Mobile Phone No (Phone) +65-92715129
Alternative Phone No +65-92715129

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 1998

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VA1/GA058543
Cover Note Number -


DRIVER

Name of Driver Tan Chin Por Philip
NRIC No SXXXX543E

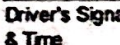
SKETCH PLAN

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' 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

Sketch Plan


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


Witnessed by Reporting Centre Personnel



A=) SKA5127A
B=) SLP 7580U

