

ASS. REC. BY:

REF:

Pmo/ 21012115/kgf3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

CMTD2103485/THE

Sum Insured:

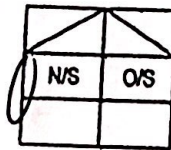
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 884k

IDAC Accident Report: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

GBL 7557C Yr Regn: 03, 21

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

Truck / Trailer or

Make:

Toy Trace c.c. 2754

Colour:

White

AC: Insured / Std / NI / NA

Sp. Reading:

10795

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GDH 201. 2018054

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: M / S/Rim / STD A/Rim or

Tyre Size:

F:

195/80R15

R:

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

6

mm

L/Bal.

9

mm

L/Bal.

6

mm

D.O.A.

20/11/21

23/11/21 D.O.I.

16/12/2021

Survey held at

10.25am

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

N/S Acc body

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

Date / Time

Action / Instruction

28/12/21 @ 5.37pm revised to Thelma Choo by email.

Kenneth confirmed final fig \$2917.53 (Red \$2426.79; 45%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 26/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

\$ + RS. \$

Fees

Others

Report Format :

TP

Lump Sum / I.B.I. (\$ 2917.53

TOTAL

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6478 3333
Fax: (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel: (65) 6272 3892
Fax: (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

29/11/2021

SOMPO INSURANCE SINGAPORE PTE LTD
50 RAFFLES PLACE
#05-01/06 SINGAPORE LAND TOWER
SINGAPORE 048623.

Attention :- XA018

Page # :- 1
Veh # :- GBL7557C
Veh Model :- TOYOTA HIACE 2.8L
Estimate# :- CK422575
Claim # :-
ACC. Date :- 23/11/21
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
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LIST ITEMS :

1.	REAR DOOR LH	1 PC	1,916.70	1,916.70
2.	REAR FENDER LH	1 PC	1,846.70	1,846.70
3.	REAR WHEEL COVER	1 PC	295.70	295.70
LIST TOTAL S\$				4,059.10
25% DISCOUNT S\$				-1,014.78
				3,044.32

SPECIAL NET ITEMS :

1.	REAR DOOR STICKER LH	1 PC	50.00	50.00
2.	REAR DOOR GLASS SEALANT LH	1 PC	80.00	80.00
3.	REAR FENDER SEALANT LH	1 PC	80.00	80.00

SPECIAL NET TOTAL S\$

210.00

LABOUR :

TO CUT & WELD REAR FENDER LH, TO REPAIR REAR
INNER PANEL LH, ROCKER PANEL LH, TO REMOVE &
REFIX DAMAGED PARTS, STRAIGHTEN & REALIGN
AFFECTED AREAS

840.00

TO SPRAY AFFECTED AREAS

850.00

TO REMOVE & REFIX DOOR MECHANISM, CHECK &
TEST WERE NECESSARY

60.00

TO REMOVE & REFIX DOOR GLASS

100.00

TO REMOVE & REFIX FENDER GLASS

100.00

TO CHECK WHEEL ALIGNMENT

80.00

TO RUST PROOF AFFECTED AREAS

60.00

LABOUR TOTAL S\$

2,090.00

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
- Supplementary items to be surveyed and
is subject to final approval from Insurance Company

Accepted by Repairer

Signature

Date

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 24/11/2021 19:28 (SGT)
Date of Accident 23/11/2021 12:17 (SGT)
Exact Location of Accident Singapore
Additional Location Information SELETAR WEST LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL7557C
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner A PEBBLE STORY
Company Reg No 5XXXX844J
Email Address W.PEARLYN@GMAIL.COM
Mobile Phone No (Phone) +65-82281614
Alternative Phone No +65-82281614

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Commercial vehicle
Transmission Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210070950
Cover Note Number -

DRIVER

Name of Driver ABRAHAM ROCK
NRIC No SXXXX408E

IMPORTANT NOTICE

SKETCH PLAN

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 making 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.

A PEBBLE STORY
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

