

ASS. REC. BY:

REF:

ASM/21012474/K

Kenneth

CS/ASM21012474/Kty3 ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

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:

3-4 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

FINALISE AT 1600, 3DAYS
RED: 5009.22;75%

Veh No:

SMR 7523M Yr Regn: 01, 20

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

Truck / Trailer or

Make:

Toy Noah

C.C

Wagon 1797

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

214750

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

EWR 80 0419739

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

7/12/21

D.O.I.

13/12/2021

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

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: (\$

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Park 2 Singapore 569541
H/p 91082728

Fax : 64816131

Boo Yong Kwang
Blk 258 Serangoon Central Drive
#13-06 Singapore 550258

Not Authorised
1/1 Long @
Recovery After Paint

Vehicle No : SMR 7523 M
Make/Model : Toyota Noah
Year : 2019

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear tail-gate	R \$1,750.80	X
1 pc	Rear tail-gate inner trim board	Sn \$550.70	X
1 pc	Rear tail-gate glass moulding	Nu \$185.70	X
1 pc	Rear tail-gate emblem " Hybrid "	Nu \$65.10	✓
1 pc	Rear tail-gate inner lock	R \$285.60	X
1 pc	Rear tail-gate inner lock sensor	Sn \$325.70	X
1 pc	Rear antenna sensor	SKC \$225.10	X
1 pc	Rear boot rubber	\$265.30	?
1 pc	Rear end panel	\$650.10	?
1 pc	Rear end panel inner garnish	Sn \$205.20	X
1 pc	Rear bumper	Bu \$1,255.90	✓
2 pcs	Rear bumper side retainer	\$155.70 Sn \$311.40	X
1 pc	Rear bumper tow cover	Sn \$55.70	X
		\$6,132.30	
		Less 25 %	\$1,533.08
			\$4,599.22

S Nett

1 pc	Rear tail-gate glass sealant	Nu \$40.00	X
20 pcs	Rear bumper clip	\$2.00 Nu \$40.00	✓
1 pc	Rear reverse sensor	\$200.00	?

Labour charges

Remove/renew the above parts including knocking, welding & cutting. \$800.00

To putty and spray paint \$800.00

Check and reconnect wiring \$30.00

To respray anti-rust proofing treatment

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

\$100.00

\$6,609.22

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 07/12/2021 11:41 (SGT)
Date of Accident 07/12/2021 08:45 (SGT)
Exact Location of Accident 8A Marina Blvd, Marina Bay Financial Centre, Singapore 018984
Additional Location Information MBF Tower 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR7523M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BOO YONG KWANG
NRIC No SXXXX321C
Email Address s2709321c@gmail.com
Mobile Phone No (Phone) +65-86496049
Alternative Phone No +65-86496049

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5115694815-01
Cover Note Number 5115694815-01

DRIVER

Name of Driver BOO YONG KWANG
NRIC No SXXXX321C

 Accident report SS1Q21C70001

SKETCH PLAN

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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 7.12.2021 2.0845
Sketch Plan

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

Witnessed by Reporting Centre
Personnel

MSP
1 Tower 2

A

A

SMR 7523 M

A

B

SHL 3056 J