

ASS. REC. BY:

REF:

AG/ 210126541kgf3

Kenneth

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. 3538101436SG

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:

03 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:

STN 62054 Regn: 02.09

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

Truck / Trailer or

Make:

Toy / Nissan c.c. 1496

Colour

M. Silver AC: Insured / Std / NI / NA

Sp. Reading

317879 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

N7T260 3034139

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 185/70R14

R:

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

9 mm

R/Bal.

7 mm

L/Bal.

9 mm

L/Bal.

7 mm

D.O.A.

11/12/21

D.O.I.

15/12/2021

Survey held at

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

A/S 151

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

Date / Time

Action / Instruction

15/12 11h 8240d: (Red \$1989.02, 45%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 22/12 Typist

☐

: 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:

MER-TP

Lump Sum H.B.I. (\$

2400

Massive Trading & Auto

Mailing address : Blk 225 #07-579 Ang Mo Kio Ave 1 Singapore 560225
H/p 91082728

Fax : 64816131

Chung Chau Fatt
Blk 323 Tampines st 33
#10-166
Singapore 520323

Not Authorized
11 Pm @ 2400h
Survey After Rain
3 days

Vehicle No : SJN 6205 U
Make : Toyota Allion
Year : 2009

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Front n/s headlamp assy <i>105040</i>
1 pc	Front radiator grille
1 pc	Front bumper - colour code <i>102010</i>
1 pc	Front n/s bumper side retainer
1 pc	Front n/s fog lamp garnish
1 pc	Front bumper lower grille
1 pc	Front n/s fender
1 pc	Front n/s fender innershield

<i>CM</i>	\$1,055.60	✓
<i>Sn</i>	\$235.60	X
<i>Bu</i>	\$1,050.80	✓
<i>pri</i>	\$65.70	✓
<i>Sn</i>	\$75.10	X
<i>Sn</i>	\$145.60	X
<i>Pr</i>	\$685.10	✓
<i>Sn</i>	\$105.20	X
	<u>\$3,418.70</u>	
Less 25 %	\$854.68	
	<u>\$2,564.02</u>	

S Nett

15 pcs Front bumper clip

\$2.00 *15* \$30.00 ✓

Labour Charges

Remove/renew the above parts including knocking, welding etc.

\$800.00 *400h*

To putty & spray paint on accident affected portion.

\$800.00 *400h*

Check/reconnect wiring.

\$45.00 *20h*

To spray anti rust on accident affected portion.

\$150.00 *30h*

\$4,389.02

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:

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	13/12/2021 14:15 (SGT)
Date of Accident	11/12/2021 18:30 (SGT)
Exact Location of Accident	Keppel Rd, Singapore
Additional Location Information	KEPPEL RD TOWARDS ANSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6205U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUNG CHAU FATT
NRIC No	SXXXX715D
Email Address	cheonganthony@yahoo.com.sg
Mobile Phone No	(Phone) +65-97520084
Alternative Phone No	+65-97520084

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Allion
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107618918-02
Cover Note Number	5107618918-02

DRIVER

Name of Driver	CHUNG CHAU FATT
NRIC No	SXXXX715D

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 at/thereas.

6. 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 1145h 13/12/2021
Sketch Plan

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

Witnessed by Reporting Centre
Personnel

