

ASS. REC. BY:

REF:

EQ/220003661kv

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.

Sum Insured:

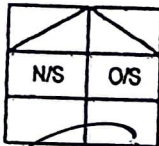
Excess:

(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:

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:

PLU 60796 Regn: 08, 09

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

Truck / Trailer or

Make:

Toy Wish A. MPV C.C. 1787

Colour

M. Black A/C: Insured / Std / NI / NA

Sp. Reading

17768 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

EGE 20 0018631

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F: 195/65R15

R:

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

Front

Rear

R/Bal.

7 mm

R/Bal.

3 mm

L/Bal.

7 mm

L/Bal.

3 mm

D.O.A.

8/1/22

D.O.I.

11/1/2022

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)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - R.S. SI

Fax * 25

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06518

Vehicle Insured : SLN6700H

Accident Date : 08-Jan-2022

Date : 10-Jan-2022

Our Ref : 022010 (EQ) / CHAN

PAGE : 1

SOH CHUAN SENG TIMOTHY
BLK 319 SERANGOON AVE 2
#02-354
Singapore 550319

Not Authorized
1/18/22
Recovery After Paint

6 days

ESTIMATED COST OF REPAIR FOR TOYOTA WISH SLU6079G

1 pc	Tail gate		1,477.30	✓
1 pc	Tail gate glass moulding-top		43.50	✓
1 pc	Tail gate glass moulding-low		31.30	✓
2 pcs	Tail gate glass side seal	@ S\$ 35.30	70.60	✓
1 pc	Tail gate outer chrome		173.90	X
1 pc	Tail gate logo		66.20	✓
1 pc	Tail gate inner trim cover		328.20	✓
1 pc	Tail gate inner lock		361.60	✓
1 pc	Tail gate rubber		302.60	50% sn
2 pcs	Tail gate lamp	@ S\$153.10	306.20	X
1 pc	Rear end panel		453.90	✓
1 pc	End panel top garnish		253.20	✓
1 pc	Rear floor panel		543.20	7
1 pc	Rear bumper fascia		491.90	✓
2 pcs	Rear bumper bracket	@ S\$ 48.40	96.80	7
2 pcs	Rear bumper side retainer-L	@ S\$ 89.90	179.80	X
2 pcs	Rear bumper side retainer-S	@ S\$ 40.10	80.20	7
1 pc	Rear floor panel top cover		562.90	7
			5,823.30	
Less 25% :			1,455.82	

- 1 pc Rear bumper reverse sensor(set)
1 pc Rear w/s glass sealant
1 pc Rear no.plate with box
1 pc Rear bumper clip (set)

4,367.48 20% sn
300.00 sn
90% 60.00 sn
45% 60.00 sn
40.00 sn

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:

Con't Page 2 ...

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Vehicle Insured : SLN6700H

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To remove & refix rear windscreen
glass and conduct water leak test.

120.00

To remove roof lining, front and
rear seats, trim board and carpet

120.00

To apply undersealing

80.00

To remove and renew exhaust
silencer box

60.00

To putty and spray replaced parts

1,200.00

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

1,000.00

Total :

S\$ 7,437.48

Singapore Dollars Seven Thousand Four Hundred
and Thirty Seven and Cents Forty Eight Only

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 10/01/2022 13:03 (SGT)
Date of Accident 08/01/2022 11:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information BISHAN STREET 21
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU6079G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH CHUAN SENG TIMOTHY (SU QUANCHENG)
NRIC No SXXXX694G
Email Address AH_TIM@YAHOO.COM
Mobile Phone No (Phone) +65-82826490
Alternative Phone No +65-82826490

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1797

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21P00158300
Cover Note Number -

DRIVER

Name of Driver SOH CHUAN SENG TIMOTHY (SU QUANCHENG)
NRIC No SXXXX694G

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
 - (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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SLU6079G

B - SLN6700H

