ASS. REC. BY: Kenneth

REF: AIS / 22000475 / KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Cheang

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJS 9559C Yr Regn: 02 !P

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Altis (A) c.c 1598

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 60948 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REH604595760

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	8/11/22	D.O.I.	13/1/2022

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: $ - RS. SI

Parking

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ _____)

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535
TEL : 6481 4152 FAX : 6481 4157
e-mail : c2msvc@singnet.com.sg

Our Ref : 0569/01/2022

Page : 1
Date : 12/01/2022

M/S ALLIANZ INSURANCE SINGAPORE PL
MARINA VIEW #14-01
ASIA SQUARE TOWER 2
SINGAPORE 018961

ACCIDENT REPAIR ON : SJS 9559 C - TOYOTA ALTIS 1.6
POLICY NO :
DATE OF ACCIDENT : 08/01/2022

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

REPLACEMENT OF PARTS

			S$	S$
1	FRONT BONNET		1,140.40	
2	FRONT BUMPER		564.60	
3	FRONT GRILLE		559.50	
4	FRONT NUMBER PLATE	S/NETT		20.00
5	FRONT NUMBER PLAT FRAME	S/NETT		20.00
			2,264.50	
		LESS : 25%	566.12	
				1,698.38
				1,738.38

LABOUR CHARGES :

6	KNOCKING PUSH OUT FRONT ACCIDENT PARTS STRIP / REFIT ABOVE ACCESSORIES	400.00
7	SPRAY PAINT & SPRAY ANTI-TUFF-KOTE ON FRONT ACCIDENT AFFECTED AREAS	480.00
		2,618.38

Not authorised
U/Bmp &
Recovery After Pairs

3days

CHEONG CHEONG MOTOR SERVICE PTE LTD

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:

SS1Q221A0004 / SU Brothers Motor Workshop
ENTRY DATE & TIME: 10/01/2022 17:08 (SGT)
SUBMITTED BY: Su Kia Wee
VERSION: 1 (10/01/2022 17:08 (SGT))

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 witholding 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 17:08 (SGT)
Date of Accident	08/01/2022 20:40 (SGT)
Exact Location of Accident	Clementi, Singapore
Additional Location Information	CLEMENTI AVE 5 OPEN CARPARK LOT 49
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9559C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA POH HUAT
NRIC No	S1342767D
Email Address	jordancph@yahoo.com.sg
Mobile Phone No	(Phone) +65-94896666
Alternative Phone No	+65-94896666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116044944-01
Cover Note Number	5116044944-01

DRIVER

Name of Driver	CHUA POH HUAT
NRIC No	S1342767D

SKETCH PLAN

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. 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.

(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

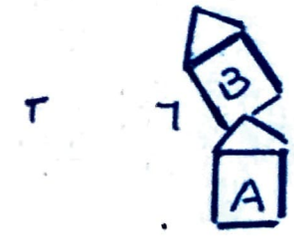
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

A: SJS 9559C

B: SJX 1165G



Lot 49

Blk 343 Clementi Ave 5

Open Carpark Lot 49

Parking Lots