

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT122000730/4943

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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

1/3/22 2/5 2500 informed AM long CRD 13871.98, 85%

02/3/22 @ 10.02am revised to Jenny Law via Messenger.

Date/Time, File Pass to?

☐

Preli. Report

1) 02/3/22

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) S + RS, SI

) Photos

) Others

TOTAL

submit to us

Not Authorized
LCC

20/1/22

2/s 2500/
3 days

SMP7046J Toyota Camry

No	Qty	Parts Description	Estimated Parts Price
1	1	Rear bumper assy (upper) <i>no/de 1296.60</i>	\$ 1,485.60 ✓
2	1	Rear bumper lower cover (lower) <i>gross 450.10</i>	\$ 643.80 ✓
3	1	Rear bumper left reflector <i>one 68.10</i>	\$ 78.80 ✓
4	1	Rear bumper left retainer <i>11</i>	\$ 86.40 X
5	1	Rear bumper left bracket <i>11</i>	\$ 88.70 X
6	1	Rear bumper reinforcement <i>2</i>	\$ 661.30 X
7	1	Rear bumper sponge <i>2</i>	\$ 155.80 X
8	1	Rear bootlid assy <i>11</i>	\$ 1,652.90 X
9	1	Rear bootlid centre logo <i>11</i>	\$ 78.80 X
10	1	Rear bootlid 'Camry' emblem <i>11</i>	\$ 76.40 X
11	1	Rear bootlid 'Hybrid Synergy Drive' emblem <i>11</i>	\$ 75.80 X
12	1	Rear bootlid lock mechanism <i>11</i>	\$ 292.90 X
13	1	Rear bootlid lock catch <i>11</i>	\$ 97.60 X
14	1	Rear bootlid weatherstrip <i>11</i>	\$ 288.10 X
15	2	Rear bootlid hinges <i>11</i>	\$ 225.50 X
16	1	Rear bootlid inner trim board <i>11</i>	\$ 403.90 X
17	1	Rear bootlid outer garnish <i>11</i>	\$ 192.60 X
18	1	Rear bootlid right taillamp <i>11</i>	\$ 585.20 X
19	1	Rear bootlid left taillamp <i>11</i>	\$ 585.20 X
20	1	Rear left taillamp <i>scr 669.50</i>	\$ 992.30 ✓
21	1	Rear right taillamp <i>11</i>	\$ 992.30 X
22	1	Rear end lower panel <i>2</i>	\$ 1,248.30 X
23	1	Rear end lower panel top garnish <i>11</i>	\$ 324.60 X
24	1	Rear left fender assy <i>11</i>	\$ 1,645.90 X
25	1	Rear left fender inner cowling <i>11</i>	\$ 392.90 X
26	1	Rear left fender inner garnish <i>11</i>	\$ 425.10 X
27	1	Rear windscreen glass moulding <i>11</i>	\$ 188.80 X
28	1	Rear exhaust muffler assy <i>11</i>	\$ 849.70 X
29	2	Rear exhaust muffler rubber mounting <i>11</i>	\$ 88.80 X
30	1	Rear exhaust muffler pipe tip <i>scr</i>	\$ 285.30 X
			\$ 15,189.30
less 25%			\$ 3,797.33
			\$ 11,391.98

SMP7046J Toyota Camry

No		Qty	Parts Description	Estimated Parts Price
<u>Special Nett Items</u>				
1	10 18f		Rear bumper clips <i>nel</i>	\$ 60.00 <i>50</i>
2	4		Rear end lower panel top garnish clips <i>11</i>	\$ 30.00 <i>X</i>
3	1		Rear end lower panel sealant <i>11</i>	\$ 140.00 <i>X</i>
4	2		Rear bumper reverse sensor <i>SVC</i>	\$ 300.00 <i>X</i>
5	4		Rear bumper lower cover clips <i>11</i>	\$ 30.00 <i>X</i>
6	1		Rear no plate with garnish <i>11</i>	\$ 100.00 <i>X</i>
7	1		Rear left fender sealant <i>11</i>	\$ 100.00 <i>X</i>
8	8		Rear left fender inner garnish clips <i>11</i>	\$ 40.00 <i>X</i>
9	6		Rear left fender inner cowling clips <i>11</i>	\$ 40.00 <i>X</i>
10	1		Rear windscreen glass sealant <i>11</i>	\$ 100.00 <i>X</i>
11	4		Rear bootlid outer garnish clips <i>11</i>	\$ 30.00 <i>X</i>
12	10		Rear bootlid inner trim board clips <i>11</i>	\$ 50.00 <i>X</i>
13	1		Rear view camera <i>11</i>	\$ 450.00 <i>X</i>
				<hr/> \$ 1,470.00

Total parts

\$ 12,861.98

SMP7046J Toyota Camry

No	Description	Labour Charges	
1	Labour for panel beating, cut, weld, straighten rear affected area and replace rear damaged parts.	\$ 1,200.00	500
2	To putty and spray painting rear portion.	\$ 1,200.00	600
3	To check rear lighting and wiring.	\$ 50.00	20
4	To remove and install rear bootlid lock mechanism.	\$ 11 80.00	X
5	To remove and install rear exhaust muffler assy.	\$ 11 120.00	X
6	To remove and install rear fuel tank to facilitate the repair.	\$ 11 180.00	X
7	To remove and install rear inner garnish and trim to facilitate the repair.	\$ 140.00	80
8	To apply anti rust proofing to rear affected area.	\$ 11 140.00	X
9	To remove and install rear bumper reverse sensor.	\$ 80.00	50
10	To remove and install rear windscreen glass to facilitate the repair.	\$ 11 140.00	X
11	To remove and install rear view camera.	\$ 11 80.00	X
12	Towing service.	\$ 11 100.00	X
Total labour :		\$ 3,510.00	

Total parts : \$ 12,861.98

Total labour : \$ 3,510.00

Total repair cost : \$ 16,371.98

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:

P- 2484-30
 252
 P-1863-22
 S-N-50.00
 L- 1250
 3163-22
 2530

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	17/01/2022 18:01 (SGT)
Date of Accident	15/01/2022 03:30 (SGT)
Exact Location of Accident	Lor 12 Geylang, Singapore
Additional Location Information	LOR 12 GEYLANG (OUTSIDE SAN JIANG EATING HOUSE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7046J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DAWIN M&E DESIGN ENGINEERING
Company Reg No	5XXXX155B
Email Address	TAY.JUSTIN@YMAIL.COM
Mobile Phone No	(Phone) +65-84888051
Alternative Phone No	(Home) +65-84888051

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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 hire
Transmission	Auto
CC	2487

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113053825-02
Cover Note Number	-

DRIVER

Name of Driver	TAY BOO CHYE
NRIC No	SXXXX366A

Date Of Birth	16/01/1967
Occupation	Outdoor
Date Of Driving Pass	15/01/2004
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-84888051
Alt. Phone Number	-
Email Address	TAY.JUSTIN@YMAIL.COM
Address	880 TAMPINES AVENUE 8
Address complement	#06-278
Postcode	520880
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER OF THE COMPANY
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK3030T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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

Sketch Plan

[Signature]

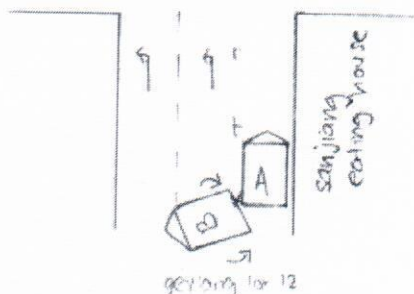
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Vehicle A : SMM7046J

Vehicle B : SLK3030T



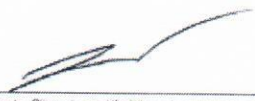
Describe Circumstances of the Accident


On the stated date and time, (my vehicle A) was park stationery at a parallel parking lot along geylang rd 12. ~~and~~ Vehicle B was doing a reverse move and it collided onto the left rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

