

ASS. REC. BY:

REF:

C12 / CS/CTI22000895/Kqy3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

SNM22D200619/C02

Sum Insured:

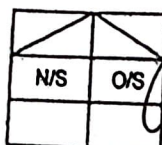
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 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:

S2N 5407L

Yr Regn:

05, 17

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

Truck / Trailer or

Make:

Toyota Aqua

c.c

1496

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

286734

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

N/A P10 6587753

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S / R / Im / STD A / R / Im or

Tyre Size:

P. Inter-tac 175/55R16

R:

4

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

24/1/22

D.O.I.

23/1/2022

Survey held at

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

O/S body

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

Date / Time

Action / Instruction

04/03/22 @ 12.11pm revised to Adeline Chng via Merimen.

Kenneth finalised LS \$3300, 4 days. (Red \$915.50, 22%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 04/03 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trlp:

1

Survey Fee:

Transportation:

S + RS. SI

Fixes

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: MER-TP

Lump Sum H.B. (\$) 3300

TOTAL

Date: 24/01/2022

Vehicle No: SLN5407L

Model: TOYOTA AQUA HYBRID 1.5S CVT

Chassis: NHP106587753-2017

Reg.Year: 2017

Third Party Insurer: CHINA TAIPING

Third Party Veh No: YP8173B

Date of Accident: 24/01/2022

Estimator: TING AN

Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR RH	1		R \$1,241.00
2	FRONT DOOR INNER TRIM BOARD RH	1		Tr \$914.00
3	FRONT DOOR FRAME PROTECTIVE STICKER RH	1		na \$50.00
4	FRONT DOOR OUTER HANDLE RH	1		Deliver \$375.00
5	FRONT DOOR INNER LOCK RH	1		R \$560.00
6	FRONT DOOR GLASS LOWER OUTER MOULDING RH	1		Dis R \$65.00
7	REAR DOOR RH	1		R \$1,045.00
8	REAR DOOR INNER TRIM BOARD RH	1		Bu \$763.00
9	REAR DOOR OUTER HANDLE RH	1		R \$375.00
10	REAR DOOR LOCK RH	1		R \$560.00
11	REAR DOOR FRAME PROTECTIVE STICKER RH	1		na \$50.00
12	REAR DOOR GLASS RH	1		Shatter \$863.00
13	REAR DOOR GLASS LOWER OUTER MOULDING RH	1		R \$65.00
14	REAR DOOR REGULATOR RH	1		R \$201.00
15	REAR DOOR WINDOW MOTOR RH	1		Tr \$847.00
16	REAR DOOR UPPER HINGE RH	1		R \$90.00
17	REAR DOOR LOWER HINGE RH	1		R \$90.00
18	REAR DOOR CHECKER RH	1		R \$195.00
19	REAR DOOR SPEAKER RH	1		R \$454.00
SUB TOTAL				\$8,803.00
LESS 25%				-\$2,200.75
PARTS TOTAL				\$6,602.25

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR INNER TRIM BOARD CLIPS RH	1		na \$60.00
2	REAR DOOR INNER TRIM BOARD CLIPS RH	1		na \$60.00
S/N TOTAL				\$120.00

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1622 | Fax: (+65) 6481 1011



Date: 24/01/2022
Vehicle No: SLN5407L
Model: TOYOTA AQUA HYBRID 1.5S CVT
Chassis: NHP106587753-2017
Reg.Year: 2017

Third Party Insurer: CHINA TAIPING
Third Party Veh No: YP8173B
Date of Accident: 24/01/2022
Estimator: TING AN
Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST REAR ACCIDENT AREAS & ETC.

300
\$600.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT DOOR RH, REAR DOOR RH & ETC.

450
\$600.00

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT DOOR INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

20
\$120.00

LABOUR CHARGES TO REMOVE & REINSTALLED REAR DOOR INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

60
\$120.00

TO TUFF KOTE & UNDERSEAL MATERIALS & ETC.

30
\$120.00

TO CHECK WRING & CENTRAL LOCKING SYSTEM.

20
\$150.00

LABOUR TOTAL \$1,710.00

TING AN

TOTAL

\$8,432.25

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 24/01/2022 12:36 (SGT)
Date of Accident 24/01/2022 00:58 (SGT)
Exact Location of Accident 318A Anchorvale Link, Singapore 541318
Additional Location Information Near garbage chute
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN5407L
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner Optima Werkz Pte Ltd
Company Reg No 2XXXXX455W
Email Address eve.tan@ow.sg
Mobile Phone No (Phone) +65-91177568
Alternative Phone No +65-91177568

VEHICLE PARTICULARS

Manufacturer Toyota
Model Aqua
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 1496

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number SPMF1000000483
Cover Note Number -

DRIVER

Name of Driver Kenneth Loh Chon Ho
NRIC No SXXXX213A

Date Of Birth	06/04/1971
Occupation	Outdoor
Date Of Driving Pass	10/03/2001
Driving experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90277987
Alt. Phone Number	-
Email Address	kennethloh.sg@gmail.com
Address	Blk 116 Lorong 2 Toa Payoh
Address complement	#04-154
Postcode	310116
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Parked Vehicle
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Gerald
Gender	Male

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

Refer to sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP8173B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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.
- (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.

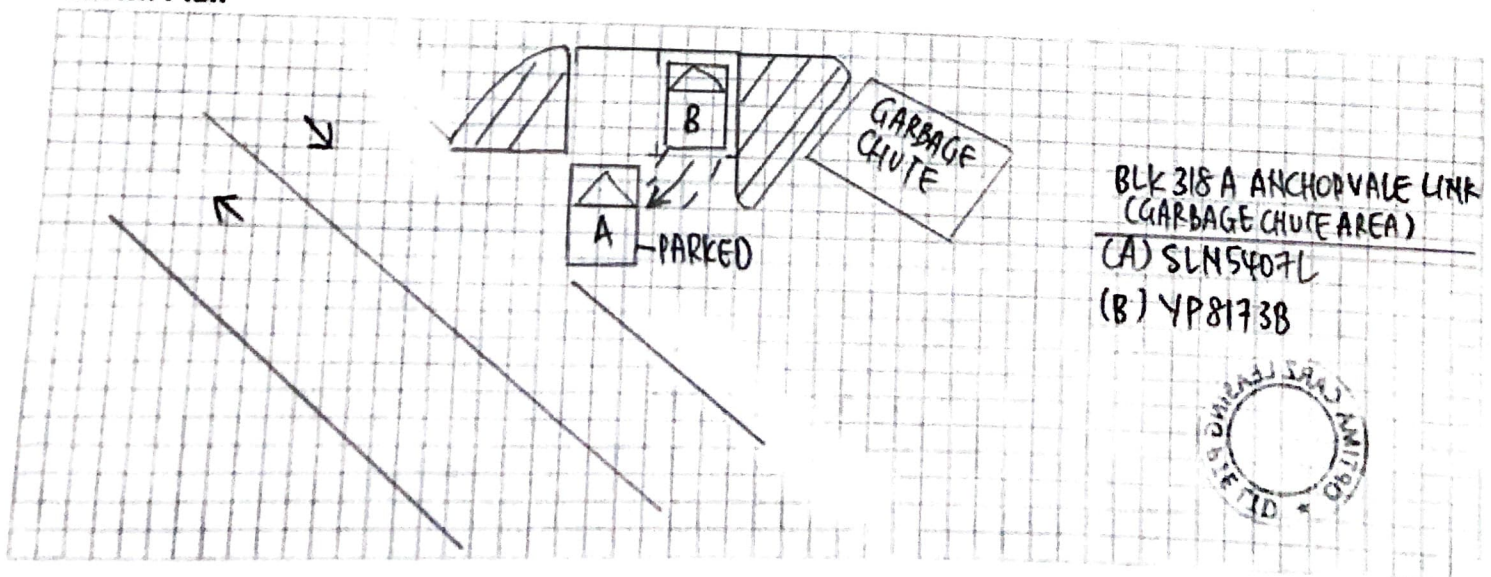


Policyholder's Signature / Date & Time
24/1/2022

Driver's Signature (If driver is not the policyholder) / Date & Time
24/1/22

Witnessed by Reporting Centre Personnel
liq

Sketch Plan



Describe Circumstances of the Accident

On 24/01/2022 at about 0058 hours, I was stationary along blk 318 Anchorvale Link near the Garbage chute, about to alight my passenger. Suddenly, vehicle B: YP8137B reversed diagonally into my vehicle A: SLN5407L right portion, causing a huge impact. I alighted and observed damages on my vehicle A: SLN5407L. We exchanged particulars and he apologised to me.

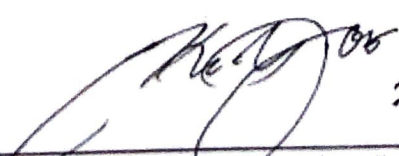



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
24/01/2022


24/1/22
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel