

ASS. REC. BY:

REF: 072/ CS/CTI22001962/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 \_\_\_\_\_ Key motor

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. SNM22D201421/C02

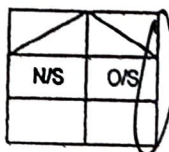
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 07 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: SM2 6357 Yr Regn: 05, 19

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

Truck / Trailer or

Make: Toyota Altis C.C. 1598

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

Sp. Reading: 2523 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MR053REH.804596601

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/45R17

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 24/2/22 D.O.I. 2/3/2022

Survey held at

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

O/S body

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

Date / Time Action / Instruction

/ GIA &amp; EH not in whsp yet

04/03/22@10.23am revised to So Chow by email.

Kenneth finalised LS \$7800, 7 days. (Red \$3901.95, 33%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format: MER-TP

Lump Sum H.B. (\$ 7800

**KAY MOTOR**  
**BLOCK 9 SIN MING INDUSTRIAL ESTATE**  
**#01-46**  
**SINGAPORE 575644**  
**Tel: 6458 2283 Fax: 6459 8863**  
**Email:kayautosg@yahoo.com**

*Not Authorised*  
*1/1 Rep &*  
*Survey After Paint*  
*7 days*

Loh Kham Hwa

28 February, 2022

**Estimate To Repair Toyota Altis – SML 655T**

|     |                                |
|-----|--------------------------------|
| 1pc | front bumper                   |
| 1pc | front bumper o/s garnish       |
| 1pc | front bumper fog lamp          |
| 1pc | front bumper o/s side retainer |
| 1pc | o/s head lamp                  |
| 1pc | o/s front fender               |
| 1pc | o/s front fender inner shield  |
| 1pc | o/s front fender 'VVTI' emblem |
| 1pc | o/s front door                 |
| 1pc | o/s rear door                  |
| 1pc | o/s rear fender inner shield   |
| 1pc | o/s front knuckle arm          |
| 1pc | o/s front lower arm            |
| 1pc | o/s front shock absorber       |
| 1pc | o/s front stay link            |

|     |    |         |   |
|-----|----|---------|---|
| R1  | \$ | 531.60  | ✓ |
| CM  |    | 229.40  | ✓ |
|     |    | 310.40  | ? |
| DIT |    | 68.20   | ✓ |
| WT  |    | 3970.80 | ✓ |
| R1  |    | 908.90  | ✓ |
| DIT |    | 227.80  | ✓ |
| M   |    | 46.50   | ✓ |
| R1  |    | 1260.00 | ✓ |
| R1  |    | 1248.00 | ✓ |
| SM  |    | 68.20   | X |
|     |    | 628.20  | ? |
|     |    | 732.50  | ? |
|     |    | 468.10  | ? |
|     |    | 237.10  | ? |

less 25%

10935.70

2733.93

8201.77

1 o/s front tyre rim  
 Computerise check wheel alignment  
 To remove & fit o/s front suspension.  
 To remove & refit o/s front & rear doors glass & auto mechanism  
 To repair & panelbeat o/s front inner panel, o/s rocker panel,  
 o/s rear fender, rear bumper, dismantle & fit the above parts.  
 To putty & spray painting

|    |          |       |
|----|----------|-------|
| R1 | 480.00sn | ✓     |
|    | 80.00    | 801   |
|    | 280.00   | ?     |
|    | 120.00   | ✓     |
|    | 950.00   | 8501  |
|    | 1,480.00 | 12001 |

Total: \$ 11591.77

**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 ..... 28/02/2022 13:26 (SGT)  
Date of Accident ..... 27/02/2022 18:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Middle Road / Victoria St  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML655T  
INSURED/POLICYHOLDER .....  
Is company? ..... No  
Name Of Registered Owner ..... LOH KHAM HWA  
NRIC No ..... S0090667J  
Email Address ..... LOHKHAMHWA@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97350579  
Alternative Phone No ..... +65-97350579

## 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 ..... United Overseas Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DHOM110177892100  
Cover Note Number ..... -

## DRIVER

## 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 willful 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.**
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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

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

