

ASS. REC. BY:

REF: 072/ CS/CTI22001962/Kqy3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Key motor

of _____

Insured: _____

Policy No. _____

Claims No. SNM22D201421/C02

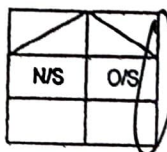
Sum Insured: _____ Excess: _____

(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: 704 A175 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 & EH not in whsp yet

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

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

Others: _____

TOTAL

Report Format :

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

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.
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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

