

ASS. REC. BY:

REF:

C72/ 220021551KV

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.

Sum Insured:

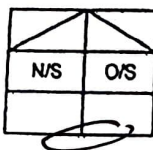
Excess:

(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:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date:

08/30

Person Contacted:

Vehicle: IN / OUT

Veh No:

STY 6020C Yr Regn: 09, 10

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

Truck / Trailer or

Make:

Toy Vios

c.c

1497

Colour

M. Green

A/C: Insured / Std / NI / NA

Sp. Reading

173279

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR0531HY930-5189795

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / R/Rim / STD A/Rim or

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

R/Bal.

mm

mm

L/Bal.

L/Bal.

mm

mm

D.O.A.

2/3/12

D.O.I.

2/3/2022

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?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/18/19 Sin Ming AutoCity Singapore 575729

Tel: 6457 5788 Fax: 6252 8459 Mobile: 9887 4031

Email: yeeautopte@outlook.com

Registration No: 201719251W GST No: 201719251W

M/S: China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 0700080

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 02/03/2022

TP Veh Reg No: GBD6734G

Estimate No: ES2100142

Date: 07 Mar 2022

Policy No:

Veh Reg No: SJY6020C

Make/Model: TOYOTA VIOS E AUTO

Chassis No: MR053HY9305169795

Engine No: INZY106637

Reg. Date: 17/09/2010

Estimate Repair Cost to Vehicle No: SJY6020C

Description	U/Price	Quantity	List Price S\$	Amount S\$
Net Price				
1 REAR NUMBER PLATE	50.00	1 PC	50.00	50.00
2 REVERSE SENSORS	300.00	1 PC	300.00	300.00
			350.00	350.00
Spare Parts				
3 BOOT EMBLEM 'LOGO'	83.50	1 PC	83.50	✓
4 BOOT EMBLEM 'VIOS'	73.50	1 PC	73.50	✓
5 BOOT EMBLEM 'E'	73.50	1 PC	73.50	✓
6 BOOT HINGE - LH	100.00	1 PC	100.00	X
7 BOOT HINGE - RH	100.00	1 PC	100.00	X
8 BOOT LOCK	185.10	1 PC	185.10	✓
9 BOOT OUTER GARNISH	251.40	1 PC	251.40	✓
10 BOOT TOP LOCK	90.95	1 PC	90.95	X
11 BOOT LID	656.95	1 PC	656.95	✓
12 BOOT LID WEATHERSTRIP	165.62	1 PC	165.62	50.00
13 EXHAUST MUFFLER	538.10	1 PC	538.10	X
14 REAR BODY PANEL	503.30	1 PC	503.30	7
15 REAR BODY PANEL TOP GARNISH	200.76	1 PC	200.76	✓
16 REAR BUMPER	529.50	1 PC	529.50	✓
17 REAR BUMPER CLIPS	6.00	1 SET	6.00	✓
18 REAR BUMPER REFLECTOR - LH	162.50	1 PC	162.50	X
19 REAR BUMPER REFLECTOR - RH	162.50	1 PC	162.50	7
20 REAR BUMPER SIDE RETAINER - LH	78.05	1 PC	78.05	X
21 REAR BUMPER SIDE RETAINER - RH	78.05	1 PC	78.05	✓
22 REAR FENDER INNER TRIM - LH	369.50	1 PC	369.50	X
23 REAR FENDER INNER TRIM - RH	369.50	1 PC	369.50	X
24 REAR NUMBER PLATE LAMP - LH	103.90	1 PC	103.90	X
25 REAR NUMBER PLATE LAMP - RH	103.90	1 PC	103.90	X
26 REAR TOOL BOX	138.00	1 PC	138.00	7
27 REAR WHEEL PANEL COVER	299.50	1 PC	299.50	✓
28 SPARE WHEEL PANEL	497.62	1 PC	497.62	X
29 TAIL LAMP LH	297.60	1 PC	297.60	7
30 TAIL LAMP RH	297.60	1 PC	297.60	✓
31 TAIL LAMP PANEL - LH	138.00	1 PC	138.00	X
32 TAIL LAMP PANEL - RH	138.00	1 PC	138.00	X
33 REAR BODY GARNISH CLIP	10.00	1 SET	10.00	X
34 REAR SPARE TYRE PANEL SPONGE - LH	155.90	1 PC	155.90	X
35 REAR SPARE TYRE PANEL SPONGE - RH	155.90	1 PC	155.90	X



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
Email: yeeautopteltd@gmail.com
Registration No.: 201719251W GST No: 201719251W

M/S : China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

ATTN: Motor Claim Department
Your Ref No: -
Claim Type: Third Party
Accident Date: 02/03/2022
TP Veh Reg No: GBD6734G

Estimate No: ES2100142
Date: 07 Mar 2022
Policy No:
Veh Reg No: SJY6020C
Make/Model: TOYOTA VIOS E AUTO
Chassis No: MR053HY9305169795
Engine No: 1NZY106637
Reg. Date: 17/09/2010

Estimate Repair Cost to Vehicle No :SJY6020C

Description	U/Price	Quantity	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
36 REAR SPARE TYRE PANEL SPONGE - CENTRE	288.00	1 PC	<i>Pz</i> 288.00 <i>X</i>	
			7,402.20	7,402.20
Labour				
37 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,500.00	1 JOB	1,500.00	<i>600</i>
38 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,500.00	1 JOB	1,500.00	<i>700</i>
39 TO APPLY RUST-PROOFING ON REPAIRED, REPLACED PANEL.	150.00	1 JOB	150.00	<i>60</i>
40 TO REMOVE/RENEW EXHAUST MUFFLER.	100.00	1 JOB	<i>nz</i> 100.00 <i>X</i>	
41 TO CHECK WIRING FUNCTIONS.	40.00	1 JOB	40.00	<i>20</i>
			3,290.00	3,290.00
Total				S\$ 11,042.20
Add GST @ 7%				772.95
Total Amount Payable				S\$ 11,815.15

TOTAL: SINGAPORE DOLLAR ELEVEN THOUSAND EIGHT HUNDRED FIFTEEN AND CENTS FIFTEEN ONLY

For Yee Auto 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:


AUTHORISED SIGNATURE

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	03/03/2022 16:32 (SGT)
Date of Accident	02/03/2022 11:20 (SGT)
Exact Location of Accident	Jurong West Central 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY6020C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Yee Leasing Pte Ltd
Company Reg No	201604915H
Email Address	yeeautopteltd@gmail.com
Mobile Phone No	(Phone) +65-96874031
Alternative Phone No	(Home) +65-96874031

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121335667-000016
Cover Note Number	-

DRIVER

Name of Driver	Shanthakumar Sinniah
NRIC No	S8787336F

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 3/2/22 3:40 PM

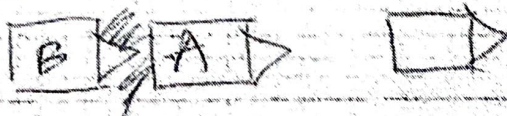
Driver's Signature (if driver is not the policyholder) / Date
Time 3/2/22 3:40 PM

Witnessed by Reporting Centre
Personnel

Sketch Plan

(A) SJY6020C (B) GBD 67346

Juny West Central 1



Beon Lay
At/le