

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT/22002685/U943

**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.

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:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

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:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

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

100 until 30-09-2029 LTA &amp; 22171

have accident scene photo.

28/3/22 1/5 @ 2100 informed AH/ory (Red &amp; 6029.23, 74%)

28/3/22 @ 3.27pm revised to Billy Tan via Maximen.

Date/Time, File Pass to?

☐

Preli. Report

1) 28/3 turner

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Report Format:

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

submit to us

not allocated  
here

23/3/22

1/s \$ 2100  
3 days

SKU4651D Toyota Vios

No	Qty	Parts Description	Estimated Parts Price
1	1	Rear bumper assy <i>De/wernd 488.10</i>	\$ 589.20
2	2	Rear bumper bracket <i>11</i>	\$ 176.80 X
3	2	Rear bumper side retainer <i>11 48x2296</i>	\$ 177.20
4	1	Rear bootlid assy <i>R</i>	\$ 693.80 X
5	1	Rear bootlid weatherstrip <i>11</i>	\$ 168.70 X
6	1	Rear bootlid lock mechanism <i>11</i>	\$ 106.20 X
7	1	Rear bootlid lock catch <i>11</i>	\$ 62.40 X
8	1	Rear bootlid lock cylinder <i>11</i>	\$ 195.10 X
9	1	Rear bootlid outer garnish <i>11</i>	\$ 128.60 X
10	1	Rear bootlid centre logo <i>11</i>	\$ 68.30 X
11	1	Rear bootlid 'E' emblem <i>11</i>	\$ 62.20 X
12	1	Rear bootlid 'Sport' emblem <i>11</i>	\$ 69.80 X
13	1	Rear bootlid 'Vios' emblem <i>11</i>	\$ 65.90 X
14	1	Rear left taillamp <i>11</i>	\$ 468.30 X
15	1	Rear right taillamp <i>11</i>	\$ 468.30 X
16	1	Rear end lower panel <i>R</i>	\$ 483.20 X
17	1	Rear end lower panel top garnish <i>11</i>	\$ 88.30 X
			\$ 4,072.30
less 25%			\$ 1,018.08
			\$ 3,054.23

Special Nett Items

1	10	Rear bumper clips <i>11</i>	\$ 60.00 45
2	4	Rear end lower panel top garnish clips <i>11</i>	\$ 35.00 X
3	1	Rear end lower panel sealant <i>11</i>	\$ 140.00 X
4	1	Rear bumper reverse sensor <i>shorted</i>	\$ 300.00 200
5	1	Rear no plate with garnish <i>11</i>	\$ 100.00 X
6	1	Rear bumper lower diffuser <i>ene</i>	\$ 880.00 680
7	1	Rear bumper lower diffuser sealant <i>11</i>	\$ 100.00 X
8	10	Rear bumper lower diffuser clips <i>11</i>	\$ 50.00 X
9	1	Rear left side lower spoiler <i>11</i>	\$ 350.00 X
10	1	Rear right side lower spoiler <i>11</i>	\$ 350.00 X
11	1	Rear left side lower spoiler sealant <i>11</i>	\$ 40.00 X
12	1	Rear right side lower spoiler sealant <i>11</i>	\$ 40.00 X
13	4	Rear bootlid outer garnish clips <i>11</i>	\$ 30.00 X
			\$ 2,475.00

Total parts

\$ 5,529.23



**SKU4651D Toyota Vios**

No	Description	Labour Charges	
1	Labour for panel beating, cut, weld, straighten rear affected area and replace rear damaged parts.	\$ 1,000.00	400
2	To putty and spray painting rear portion.	\$ 1,000.00	750
3	To check rear lighting and wiring.	\$ 50.00	20
4	To remove and install rear bootlid lock mechanism.	\$ 80.00	X
5	To remove and install rear inner garnish and trim to facilitate the repair.	\$ 150.00	60
6	To apply anti rust proofing to rear affected area.	\$ 140.00	X
7	To remove and install rear bumper reverse sensor.	\$ 80.00	50
8	Towing service.	\$ 100.00	X
<b>Total labour :</b>		<b>\$ 2,600.00</b>	

**Total parts : \$ 5,529.23**

**Total labour : \$ 2,600.00**

**Total repair cost : \$ 8,129.23**

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:

2-584.10  
222

8-438.07

S.N - 925.00

L - 1280.00

2643.07

282

2114.

## 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 ..... 21/03/2022 16:33 (SGT)  
Date of Accident ..... 18/03/2022 18:30 (SGT)  
Exact Location of Accident ..... Yishun Ave 6 & Yishun Ave 7, Singapore 752106  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKU4651D  
  
INSURED/POLICYHOLDER  
  
Is company? ..... Yes  
Name Of Registered Owner ..... ALKALINE WATER PTE. LTD.  
Company Reg No ..... 2XXXXX085R  
Email Address ..... ANDREAHOI@SFLEASING.COM.SG  
Mobile Phone No ..... (Phone) +65-97668811  
Alternative Phone No ..... (Home) +65-97668811

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... 5116819370-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BRIAN ANG JUN HAO  
NRIC No ..... SXXXX639F

Date Of Birth	06/04/1995
Occupation	Indoor
Date Of Driving Pass	21/05/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81015365
Alt. Phone Number	-
Email Address	ANDREAHOI@SFLEASING.COM.SG
Address	BLK 274 YISHUN STREET 22
Address complement	#08-158
Postcode	760274
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASSENGER
Gender	Female

#### PASSENGER 2

Name	PASSENGER
Gender	Female

#### PASSENGER 3

Name	PASSENGER
Gender	Female

#### PASSENGER 4

Name	PASSENGER
Gender	Female

#### 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 ATTACHED

#### ATTACHMENT(S)



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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJW3780Y
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) .....	1

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.
  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/postal 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

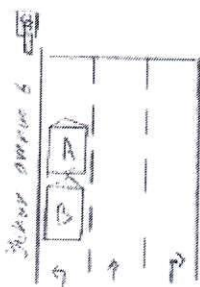
Sketch Plan

*hi*

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

*Sm*

Witnessed by Reporting Centre Personnel



Vehicle A : SKU 4651 D

Vehicle B : SJW 3780 Y


Describe Circumstances of the Accident


On the stated date and time, my vehicle A (SKW 4651D) was stationary along Yishum Avenue 6 road as traffic light was red. Suddenly, I felt an impact, came down and realize vehicle B has collided onto my rear portion of 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 Officer / Date & Time