ASS. REC. BY: Kenneth | REF: CTL/ 22002814 IKV

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: ____

at Workshop m/s: LH

of: 221J

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.

N/S	O/S

Bal. or Market Value: ____

IDAC Accident Rport: ____ Consistent? : Yes or No

GIA / PR Seen: ____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 09/29 Person Contacted: ____ Vehicle: IN / OUT

Veh No: GBB 6188P Yr Regn: 09, 09

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

Make: Toy Dyna (car) c.c 2982

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

Sp.Reading: 411593 T/Radio: Insured / Std / NI / NA

Eng/No: ____

C/No: JTFAT35Y90K200889

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or ____

Brake: In order / Jammed / Leaked / Burnt or ____

Modi: Nil / S/Rim / STD A/Rim or ____

Tyre Size: F: OHTSU 195R15x8

R: Falken 155R12x8(D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ____

Front R/Bal. 8 mm; L/Bal. 8 mm

Rear R/Bal. 9 9 mm; L/Bal. 9 8 mm

D.O.A. 22/3/22 D.O.I. 29/3/2022

Survey held at ____

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

1ry O/S

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

Date / Time	Action / Instruction
/	
	LL Lmp @200cl

Date/Time, File Pass to? ☐ : Prell. Report

1) ____ ☐ : Final Report

Date/Time, File Return to?

2) ____

Days Of Repair: ____

Resurvey No. of Trip: ____

Add Fee: ☐ : Site Insp ($ ____)

☐ : Interview ($ ____)

☐ Tech Invs ($ ____)

☐ Weekend ($ ____)

Survey Fee:

Transportation: ___S + RS___S

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ ____)

L H Express Motor Trading

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
Tel : 64817221
Fax : 64816131

Not Authorise
Using $2000/-
Reserve After Paint
3days

Qun Li Vinyl Flooring Contractor
Blk 350A Canberra Road
#06-331
Singapore 751350

Vehicle No : GBB 6198 P
Make/Model : Toyota Dyna
Year : 2015

Qty	Description	Unit Price	Amount
Estimate Cost Of Repair			
1 pc	Front o/s corner panel 264.30		$305.20
1 pc	Front o/s headlamp assy		$550.60
1 pc	Front grille 438.85		$485.70
1 pc	Front grille emblem		$55.70
1 pc	Front bumper		$465.70
1 pc	Front o/s bumper bracket		$205.20
1 pc	Front o/s step garnish		$255.10
			$2,323.20
		Less 25 %	$580.80
			$1,742.40
Labour Charges			
Remove/renew the above accident parts including knocking, welding & cutting.			$700.00
To putty and spray paint			$700.00
Check & reconnect wiring.			$30.00
		Total	$3,172.40

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 witholding 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	22/03/2022 15:40 (SGT)
Date of Accident	22/03/2022 12:00 (SGT)
Exact Location of Accident	1 Hospital Drive, Outram Rd, Singapore 169608
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6198P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	QUN LI VINYL FLOORING CONTRACTOR
Company Reg No	53028221J
Email Address	ngboonkeat1969@gmail.com
Mobile Phone No	(Phone) +65-91082728
Alternative Phone No	(Office) +65-91082728

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG21011215
Cover Note Number	-

DRIVER

Name of Driver	NG BOON KEAT
NRIC No	S6927365C

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	Driver's Signature (if driver is not the policyholder) / Date & Time 15:05 22.03.22	Witnessed by Reporting Centre Personnel MD WAZAN

Sketch Plan