ASS. REC. BY: Kenneth

REF: AGV 2200288 IKV y3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Ding Ave

of 04-06

Insured: SKZ 9449M

Policy No. _____

Claims No. C10014430/EE

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: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 05/22 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGU 9128M Yr Regn: 05, 07

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

Make: Toy Vios c.c 1497

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

Sp.Reading 308996 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053HY930 5001871

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / S/O A/Rim or _____

Tyre Size: F: Mic 195/55R15

R: Triangle

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	9 mm
L/Bal.	8 mm	L/Bal.	9 mm
D.O.A.	24/3/22	D.O.I.	12/4/2022

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
/	LLSy & Fod attnd.
14/4/22	Kenneth informed LS $700 (Red 6116.75, 89%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 14/4/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___ $ x RS ___ SI

Photos _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum ~~I.B.I~~: ($ 700)

DING AUTO PTE LTD

Blk 176 #04-06
Sin Ming Drive (Sin Ming Autocare)
Singapore 575721
Tel: 92313123
Fax: 6452 0614

Vehicle:	SGU9128M
Model:	TOYOTA VIOS
Chassis:	MR053HY9305001871

NO	DESCRIPION	QTY	LIST	DISC	PRICE	SURVEYORS MARKING
1	REAR DOOR RHS	1	$ 940.70	25%	$ R 705.53	✓
2	FRONT DOOR RHS	1	$ 1,097.50	25%	$ R 823.13	✓
3	FRONT BUMPER	1	$ 495.70	25%	$ R 371.78	✓
4	HEADLAMP RHS	1	$ 492.80	25%	$ Sn 369.60	✓
5	FRONT BUMPER RETAINER	1	$ 64.60	25%	$ Sn 48.45	✓
6	FRONT FENDER	1	$ 637.70	25%	$ R 478.28	✗
7		1		25%	$ -	
8		1		25%	$ -	
9		1		25%	$ -	
10		1		25%	$ -	
11		1		25%	$ -	
12		1		25%	$ -	
				TOTAL:	$ 2,796.75	

	SPECIAL NETT	QTY	PRICE	SURVEYOR MARKING
1	BUMPER CLIPS	1	$ na 50.00	✗
2	FRONT RIM RHS	1	$ Rc 350.00	250sn
3	FRONT TYRES RHS	1	$ Sn 250.00	✗
4	REAR RIM RHS	1	$ Sn 350.00	✗
5	REAR TYRES RHS	1	$ Sn 250.00	✗
		SPECIAL NETT	$ 1,250.00	

	LABOUR	PRICE	SURVEYOR MARKING
1	PANEL BEAT- ACCIDENT AREA	$ 1,000.00	300d
2	SPRAY PAINT- SIDE SKIRT RHS, FRONT FENDER RHS, DOOR RRHS, DOOR RRHS, FRONT BUMPER	$ 1,200.00	1000d
3	[illegible]ST PROOFING na	$ 60.00	✗
4	REMOVE AND REFIT DOOR COMPONENTS na	$ 150.00	✗
5	REMOVE AND REFIT DOOR REGULATOR MOTOR na	$ 150.00	✗
6	REMOVE AND REFIT DOOR GLASS TO TRANSFER na	$ 150.00	✗
7	CHECK WIRING AND CHECK ALIGNMENT	$ 60.00	✓
	TOTAL:	$ 2,770.00	

Not Authorised
L/Lg @ 70d.
Resurvey After Paint
4days

PARTS	$ 2,796.75	
LABOUR	$ 2,770.00	
SPECIAL NETT	$ 1,250.00	
TOTAL	$ 6,816.75	
GST 7%	$ 477.17	
FINAL TOTAL	$ 7,293.92	

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
- Supp[illegible]entary item(s) must be resurveyed and is sub[illegible] final approval from Insurance Company

Ackn[illegible] Repairer
Signature

SF0F223Q0001 | FALCON-AIR AUTO SERVICES PTE LTD (S7321)
ENTRY DATE & TIME: 26/03/2022 10:49 (SGT)
SUBMITTED BY: Florence Loh
VERSION: 1 (26/03/2022 10:49 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must becompleted 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. 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	26/03/2022 10:49 (SGT)
Date of Accident	24/03/2022 22:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR 24 GEYLANG ALLEY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU9128M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SL1 PTE. LTD
Company Reg No	2XXXXXX83E
Email Address	limsujanto@gmail.com
Mobile Phone No	(Phone) +65-96269000
Alternative Phone No	+65-96269000

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 hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5119428120
Cover Note Number	-

DRIVER

Name of Driver	TAY CHOON SENG
NRIC No	SXXXX588D

Date Of Birth	08/06/1988
Occupation	Outdoor
Date Of Driving Pass	28/07/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81114407
Alt. Phone Number	-
Email Address	cs.tay@live.com
Address	BLK 117A JALAN TENTERAM #11-511
Address complement	-
Postcode	321117
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - DING AUTO

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	SKZ9449M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96939449