

ASS. REQ. BY:

REF:

C12/ 220034201K9

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:

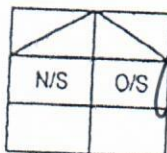
Excess:

(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:

03

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:

SKV 38072

Yr Regn:

09, 15

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

Truck / Trailer or

Make:

Toyota

C.C.

1598

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

95741

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053REH104540310

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 / Rim or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

12/4/22

D.O.I.

3/5/2022

Survey held at

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

O/S

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

Date / Time

Action / Instruction

10/5 11:20 @ 3100k: Car had started 23/4.08, 437.

17/5/22 @ 5:40pm revised to mine by email.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Report Format :

MER-TP

Lump Sum / I.B. (\$

3100

EM Solution Pte Ltd

160 Sin Ming Drive #03-18/19, Sin Ming Autocity

Singapore 575722

Tel: 64560226 Fax: 64584500

GST Reg. No: 201016308K

ESTIMATE

Date : 16th April 2022

Mr **Tan Soon Huat**
Blk 423 Hougang Ave 6 , #04-98
Singapore 530423

Veh No : **SKV 3807Z**
Make/Model : **Toyota Altis**
Chassis No : MR053REH104540310
Date of Acc : 12.04.22
TP Veh No : GBA 5353U

Not Authorised
11 Days @ 3100hr
Putty After Pain
3 days

S/No	Qty	Description	Unit Price	Amount
Materials				
1	1 pc	Frt Door RH <i>1247-20</i>		\$ 1,349.00 ✓
2	1 pc	Frt Door Wing Mirror RH		\$ 771.30 ✓
3	1 pc	Frt Door Hinge. Top & lower	\$ 103.00	\$ 206.00 X
4	1 pc	Frt Door Window Chrome Moulding RH		\$ 146.20 ✓
5	1 pc	Frt Door Regulator Gear RH <i>317-20</i>		\$ 336.10 ✓
6	1 pc	Frt Door Regulator Gear Motor RH <i>926-10</i>		\$ 979.50 ✓
7	1 pc	Frt Door Inner Trim Board RH <i>903</i>		\$ 1,015.60 ✓
8	1 pc	Front Door Outer Handle RH		\$ 468.40 X
				\$ 5,272.10
Less 25%				\$ (1,318.03)
Parts Total :				\$ 3,954.08
Labour				
1		To remove & rearrange electrical wirings, check lightings	\$	80.00 <i>200</i>
2		To remove, transfer frt door components	\$	100.00 <i>600</i>
3		To remove, repair & replace damaged bodyparts and where consistent to the accident.	\$	600.00 <i>200</i>
4		Putty and respray painting on affected portions.	\$	600.00 <i>3800</i>
5		Rust proofing on affected portions.	\$	80.00 <i>300</i>
Labour Total :				\$ 1,460.00
Total Parts & Labour :				\$ 5,414.08


for EM Solution 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:

for surveyor

SS02224C0005 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 12/04/2022 13:53 (SGT)
SUBMITTED BY: Cynthia Myint Myint Than
VERSION: 1 (12/04/2022 13:53 (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 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	12/04/2022 13:53 (SGT)
Date of Accident	12/04/2022 11:30 (SGT)
Exact Location of Accident	Hongkong St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV3807Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tan Soon Huat
NRIC No	SXXXX658J
Email Address	simjojo3354@gmail.com
Mobile Phone No	(Phone) +65-97262185
Alternative Phone No	(Home) +65-97262185

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Altis
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	1595

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124586951
Cover Note Number	-

DRIVER

Name of Driver	Tan Soon Huat
NRIC No	SXXXX658J

Date Of Birth	25/08/1944
Occupation	Outdoor
Date Of Driving Pass	08/02/1975
Driving experience	47 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97262185
Alt. Phone Number	(Home) +65-97262185
Email Address	simjojo3354@gmail.com
Address	Blk 423 Hougang Ave 6 #04-98
Address complement	-
Postcode	530423
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 attached report

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	GBA5353U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Chng Chung Bing
Contact Number	(Phone) +65-96654388
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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")

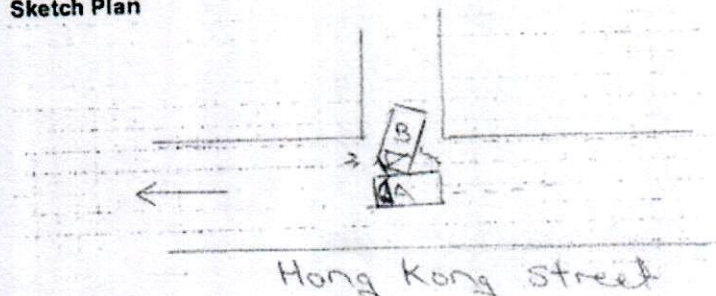
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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



A) SKV 3807 Z

B) GBA 53534

Describe Circumstances of the Accident

I was driving along Hong Kong St when Veh (B) drove out of the Side Road without stopping & collided into the front right door of my car. We exchange particulars thereafter & left the scene. No one was injured.

Declaration

I/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 Centre Personnel

