ASS. REC BY: Kenneth

REF: AGI 22003446/kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim Yew Bee

of _____

Insured: _____ 2661

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: _____ days Res.: Yes or No

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

CA / REV / REP / 24 HRS

Date: 06/25 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJX 3435P Yr Regn: 06, 10

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

Make: Toy Vios (A) c.c 1497

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

Sp.Reading 56780 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR0534Y9305168705

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoptr / Jammed / Leaked / Burnt or _____

Brake: Inoptr / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60R15

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	13/4/22	D.O.I.	18/4/2022

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee:	
Transportation	$ + RS $
Parking	
Others	
TOTAL	

Not Workshop
Liby &
Painting After Paint
6 days

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C,#01-10 S'575645
NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
Tel No. : 64534177 Fax No. : 64593724
E-Mail : limyewboo@singnet.com.sg
Website : www.limyewboo.com.sg
Buss. Reg. No. : 20051400L

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY #07-16
CHARTIS BUILDING SINGAPORE 079120

Attention : Motor Claim Department
Contact : 64191000 Fax No. : 64193727 Claims Dept

Estimate : TP22/013

Date : 16/04/2022
Vehicle Num. : SJX 3435P
Make/Model : TOYOTA VIOS G-2010
Chassis/Eng# : MR053HY9305168705/1NZY101559
Accident Date : 13/04/2022
Claim No. :
Reference : LYB/SJX3435P/AIG/TP/sl
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1	REAR BUMPER		495.50
2.	2	REAR BUMPER BRACKETS	70.20	140.40
3.	2	REAR BUMPER RETAINER	30.20	60.40
4.	1	REAR LID		641.60
5.	1	REAR LID RUBBER		161.80
6.	2	REAR LID HINGES	49.20	98.40
7.	1	REAR LID LOCK (UPPER)		90.70
8.	1	REAR LID LOCK (LOWER)		45.70
9.	1	REAR LID OUTER CHROME		189.90
10.	1	REAR TAILEND PANEL		738.00
11.	1	REAR TAILEND TOP GARNISH		219.90
12.	2	REAR TAILLAMP ASSY	379.70	759.40
13.	~~2~~ 1	REAR EMBLEM LOGO 'TOYOTA'	97.20	194.40
14.	1	REAR EMBLEM 'VIOS'		67.90
15.	~~12~~ 1	REAR EMBLEM 'G'	57.90	694.80
16.	1	REAR SILENCER		879.00
17.	1	REAR SPARE TYRE PANEL		931.60
		List TotalS$:		6,409.40
		25.00% Discount S$:		1,602.35
				4,807.05
		SPECIAL NETT ITEMS :		
1.	1	REAR TAILEND PANEL TEROSTAT SEALANT		54.20

CONTINUE / ...

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:

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C,#01-10 S'575645
NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
Tel No. : 64534177 Fax No. : 64593724
E-Mail : limyewboo@singnet.com.sg
Website : www.limyewboo.com.sg
Buss. Reg. No. : 200514000L

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY #07-16
CHARTIS BUILDING SINGAPORE 079120

Attention : Motor Claim Department
Contact : 64191000 Fax No. : 64193727 Claims Dept

Estimate : TP22/013

Date : 16/04/2022
Vehicle Num. : SJX 3435P
Make/Model : TOYOTA VIOS G-2010
Chassis/Eng# : MR05SHY9305168705/1NZY101559
Accident Date : 13/04/2022
Claim No. :
Reference : LYB/SJX3435P/AIG/TP/sl
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
2	5	REAR TAILEND TOP GARNISH CLIPS	5.50	27.50
3	5	REAR BUMPER FASTENER	8.00	40.00
4	5	REAR BUMPER EXTENSION FASTENER	8.00	40.00
5	5	REAR BUMPER EXTENSION GROMMET SCREW	8.00	40.00
6	1 set	REAR REVERSE SENSOR		220.00
7	1	REAR NO PLATE		35.00
8	1	REAR NO PLATE HOLDER		25.00
		Special Nett Total S$:		481.70
		LABOUR : TO REMOVE,CHECK & REPAIR/REPLACE EXHAUST SILENCER		180.00
		LABOUR TO REPLACE THE SENSOR & CHECK SENSOR FUNCTIONS		80.00
		TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS		120.00
		TO TRANSFER BOOT LID PARTS & FITTING TO NEW BOOT LID		80.00
		TO CHECK WATER SEEPAGE		60.00
		TO CHECK WIRING FUNCTION		60.00
		TO REPAIR, PANEL BEAT, ALIGN, CUT & WELD ON REAR END PANEL, REAR SPARE TYRE PANEL & LABOUR TO REPLACE THE ABOVE PARTS		1,000.00

CONTINUE / ...

LIM YEW BOO SPRAY PAINT CO.

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Contact : 64191000 Fax No. : 64193727 Claims Dept

Estimate : TP22/013

Date : 16/04/2022
Vehicle Num. : SJX 3435P
Make/Model : TOYOTA VIOS G-2010
Chassis/Eng# : MR053HY9305168705/1NZY101559
Accident Date : 13/04/2022
Claim No. :
Reference : LYB/SJX3435P/AIG/TP/sl
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		TO PUTTY,PRIMER & SPRAY PAINT ON REAR BOOT LID, REAR REAR SPARE TYRE PANEL, REAR TAILEND PANEL, REAR BUMPER, REAR RVERSE SENSOR USING 2K PAINT		1,200.00
		Labour Total S$:		2,780.00

E. & O.E.

Total S$: 8,068.75

LIM YEW BOO SPRAY PAINT CO.

for LIM YEW BOO SPRAY PAINT CO.

SS17224D0004 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 14/04/2022 09:51 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 1 (14/04/2022 09:51 (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	14/04/2022 09:51 (SGT)
Date of Accident	13/04/2022 14:14 (SGT)
Exact Location of Accident	Telok Blangah Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3435P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO SIO HOON
NRIC No	SXXXX206I
Email Address	iamxyan1@gmail.com
Mobile Phone No	(Phone) +65-97371687
Alternative Phone No	+65-97377687

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	1497

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107225931-02
Cover Note Number	-

DRIVER

Name of Driver	HO MUI TEE
NRIC No	SXXXX161A

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

Witnessed by Reporting Centre Personnel

Sketch Plan