

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT122003734/Uqy3

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

Lump 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 C A /

Make:

c.c

Colour:

A/C:

Sp. Reading

T/Radio: Insured / Std / NI / NA

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.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

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

Coe act. 27-02-2023 LTA # 4290

No 10 mth. NHT # 4210

9/5/22 4/5 @ 4100 insured Robert. Cred # 5411-78, 5720

09/5/22 @ 4.02pm revised to Tan Kah Leong via Neilmen.

Date/Time, File Pass to?

☐

: Preli. Report

1) 09/5/22

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format:

MER-TP

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

4100

TOTAL

TICK HAI MOTOR & WELDING SERVICES
1 KAKI BUKIT AVE 6 #01-54 SINGAPORE 417883

TEL: 6842 9089 FAX: 6841 2869

REG NO : 48992400W

Vehicle Number: SJC7876J

Vehicle Model : Toyota Wish 1.8 AUTO

Manufacturing Year: 2007

Chassis : ZNE100379819

*not allowed
 22/4/22
 2/s \$4100
 5 days*

S/N.	Item Description	Amount (\$)
1	Rear Bumper <i>468.10 215</i>	\$ 1,246.28
2	Rear Bumper Side Retainer x 2 pcs <i>341</i>	\$ 101.78
3	Rear Bumper Clip x 1 set <i>nee</i>	\$ 50.00
4	Rear Bumper Reflector x 2 pcs <i>11</i>	\$ 137.10
5	Taillamp x 2 pcs <i>11</i>	\$ 920.20
6	Rear Boot Tailgate <i>1293.10 Body</i>	\$ 1,466.85
7	Rear Toyota Logo <i>nee</i>	\$ 68.50
8	Rear Boot Inner Lock <i>20/2m</i>	\$ 197.53
9	Rear Boot Catch <i>11</i>	\$ 64.50
10	Rear Boot Inner Trimboard <i>20/2m</i>	\$ 302.51
11	Rear Boot Inner Trimboard Clip x 1 set <i>nee</i>	\$ 50.00
12	Rear Boot Inner Trimboard Pull Pocket <i>11</i>	\$ 89.65
13	Rear Boot Weatherstrip <i>7m</i>	\$ 371.50
14	Rear Number Plate Top Garnish <i>11</i>	\$ 383.85
15	Rear Number Plate Lamp x 2 pcs <i>11</i>	\$ 163.10
16	End Panel <i>Body</i>	\$ 605.85
17	End Panel Top Garnish <i>7m</i>	\$ 263.40
18	End Panel Strut x 2 pcs <i>11</i>	\$ 95.60
19	Rear Windscreen Moulding x 1 set <i>nee</i>	\$ 117.50
Total :		\$ 6,695.70
Less 25% :		\$ 1,673.93
Amount :		\$ 5,021.78

S/N	Special Nett Item	Amount (\$)
1	Reverse Sensor x 2 pcs <i>shorted</i>	\$ 350.00
2	Reverse Camera <i>11</i>	\$ 280.00
3	End Panel Sealant <i>nee</i>	\$ 80.00
4	Windscreen Sealant <i>nee</i>	\$ 80.00
Total :		\$ 790.00

1 set

*200
 X
 40
 40*

Labour	Amount (\$)	
To check rear electrical wiring system	\$ 80.00	20
To remove & reinstall rear bumper sensors	\$ 120.00	50
To transfer rear boot components from old boot to new boot	\$ 120.00	60
To transfer rear windscreen from old boot to new boot	\$ 150.00	120
To remove & reinstall rear inner trims, garnishes etc to facilitate repair	\$ 250.00	80
To apply anti rusting coating on new and affected panels	\$ 200.00	60
To remove & reinstall rear boot top spoiler	\$ 80.00	X
To straighten, repair, realign on affected area and replace damaged parts	\$ 1,500.00	800
To spray painting on affected area	\$ 1,200.00	900
Labour Total :	\$ 3,700.00	
Total (Parts & Labour)	\$ 9,511.78	

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:

P-3889-77

253

P-2917-32

S.V - 280

2-2090

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	20/04/2022 11:37 (SGT)
Date of Accident	18/04/2022 19:00 (SGT)
Exact Location of Accident	Marymount Rd, Singapore
Additional Location Information	TWDS BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC7876J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RENCARS
Company Reg No	5XXXX714C
Email Address	davidleow@gmail.com
Mobile Phone No	(Phone) +65-96810099
Alternative Phone No	+65-96810099

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5098287234-01
Cover Note Number	-

DRIVER

Name of Driver	LEOW YEOW KING DAVID
NRIC No	SXXXX906D

Date Of Birth	30/10/1973
Occupation	Outdoor
Date Of Driving Pass	08/09/1991
Driving experience	30 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97496881
Alt. Phone Number	-
Email Address	davidleow@gmail.com
Address	BLK 236 SERANGOON AVE 3 #08-104
Address complement	-
Postcode	1955
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SIBLING OF OWNER OF COMPANY
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)	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

I WAS DRIVING ALONG MARYMOUNT ROAD WANTING TO TURN INTO BRADDELL ROAD. IN FRONT VEHICLE BRAKED. I STOPPED TOO. SUDDENLY, VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE.

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	SJS1850M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH SIAK BOON FEDERICK
NRIC No	SXXXX617D
Contact Number	-

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

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.
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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.
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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

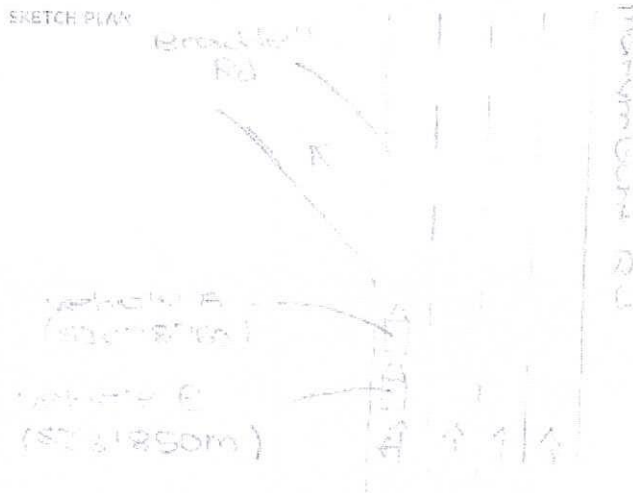
Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

20/10/22 0920hrs



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Mannymount Road
wanting to turn into Braddell Road.
In front vehicle braked. I stopped too.
Suddenly, vehicle B hit onto the rear
portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars to be true in every respect

Tony Leong
Policyholder's Signature
Date & Time



[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time

20/8/22 0920hrs
Reporting Centre Person's Signature
Name
NRIC/IDN No.