

ASS. REQ. BY:

REF:

C72/ 22 003861/Kg

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD 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:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

01/31

Person Contacted:

Vehicle: IN / OUT

Veh No:

SFL 371C

Yr Regn:

02 11

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

Truck / Traller or

Make:

Audi Q5

c.c

1984

Colour

M.D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

98615

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAM 8878RXBA06 4867

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/55 ER 19

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

4

mm

L/Bal.

7

mm

L/Bal.

4

mm

D.O.A.

21/4/22

D.O.I.

23/5/2022

Survey held at

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

N/S Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

# Tropical Tech Automobile Services

Blk 5032 Ang Mo Kio Avenue 3 #01-303 Industrial Park 2 Singapore 569535

Tel : 6481 7773 / 6481 1403 Fax : 6484 4978

E-mail : kennyphua@tropical-success-autocare.com.sg

M/s : **China Taiping Insurance (Singapore) Pte. Ltd**  
3, Anson Road, #16-00,  
Springleaf Tower,  
Singapore 079909

Estimate bill : TT 16 / 22 / TP / WT

Registration No : SFL37K

Attention : Motor Claims Third Party Department

Make / model : Audi Q5

Tel : 6389 6111

Fax : 6222 1033

Mileage :

Date : 21 / 05 / 2022

**TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : GBK9380L AND SFL37K ALONG CTE ON 21 APRIL 2022 AT ABOUT 2000HRS.**

1pc	Rear LH door	\$	1,774.00	X
1pc	Rear LH fender	\$	2,462.00	X
1pc	Rear LH tail lamp	\$	728.00	✓
1pc	Rear LH tail lamp gasket	\$	52.00	✓
1pc	Rear bumper	\$	1,878.00	✓
	Sub total :	\$	6,894.00	
	Less 10% discount :	\$	689.40	
	A total :	\$	6,204.60	

Remove & transfer rear LH door necessary attachment spare parts item.

Remove & refit rear LH door.

Remove & transfer rear bumper necessary attachment spare parts item.

Remove & refit rear LH tail lamp, rear LH tail lamp gasket, rear bumper.

Heat / weld / cut / renew rear LH fender.

Under coating on rear damaged portion.

Putty / primer application, spray painting rear LH door, rear LH fender, rear bumper.

**Grand Final Amount:**

\$ 8,604.60

Tropical Tech Automobile Services

(Authorised Signature)  
William Tan

Not Authorised  
L1 Rep &  
Payment After Paying  
& days

**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

Page 1 of 1

Acknowledged by Repairer

Signature:

Date:



1001K+

/ SU Brothers Motor Workshop  
TIME: 23/04/2022 11:10 (SGT)  
By: Su Kia Wee  
(23/04/2022 11:42 (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	23/04/2022 11:10 (SGT)
Date of Accident	21/04/2022 20:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CENTRAL EXPRESSWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFL37K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN SEAR YEW
NRIC No	S1726034J
Email Address	tsac303@singnet.com.sg
Mobile Phone No	(Phone) +65-83330703
Alternative Phone No	+65-83330703

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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	2000

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116513006-02
Cover Note Number	5116513006-02

### DRIVER

Name of Driver	CHIAM SOON HUANG
NRIC No	S1802273G


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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.
- (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

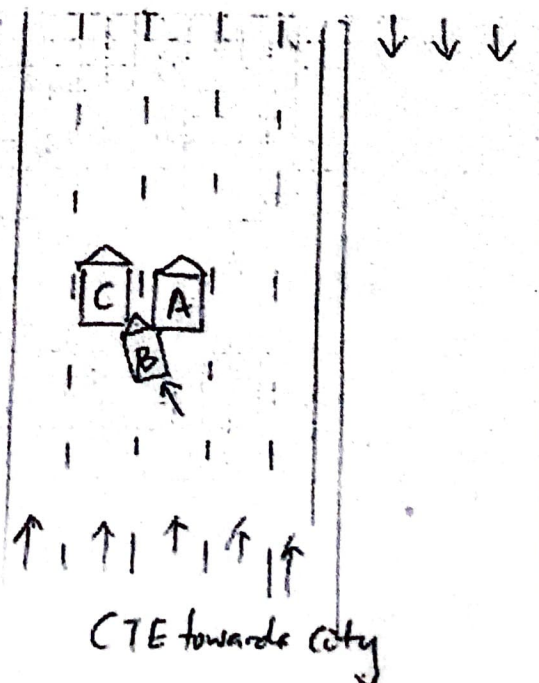


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

**Sketch Plan**



A: SFL37K  
B: GBK9380L  
C: GBG 4188E