

ASS. REC. BY:

REF:

SMO/22 00 44991K

Kenneth

## 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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Veh No:

SDL 1528C

Yr Regn:

03, 16

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

Truck / Trailer or

Make:

Toy Camry

c.c

2494

Colour

M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

104500

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR053AK5004010794

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/55R17

R:

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

Front

Rear

R/Bal.

6 mm

R/Bal.

5 mm

L/Bal.

6 mm

L/Bal.

5 mm

D.O.A.

11/5/22

D.O.I.

23/5/2022

Survey held at

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

Rear O/S

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



# 方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.  
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

Tang Kim Guan  
132 Lorong Ah Soo  
#10-412  
Singapore 530132

*NOT Anthony*  
*11 Sep @*  
*Mercury After Palm*  
*2 days*

Dear sir  
Estimate cost of repair to vehicle no. SDL 1528C

To supply

1. rear bumper
2. Rear bumper sensor
3. Rear bumper reflector left
4. Rear bumper retainer x2
5. Rear panel
6. Exhaust box
7. Tail lamp

*258*

<i>Bu</i>	676.90	<i>✓</i>
<i>sen</i>	350.00	<i>✓</i>
<i>lt</i>	69.60	<i>✓</i>
<i>disa</i>	221.80	<i>✓</i>
<i>R</i>	675.60	<i>X</i>
<i>R</i>	1.089.80	<i>X</i>
<i>• Gr</i>	489.60	<i>✓</i>

Labour charge  
Rust proofing  
Panel beating  
spray painting  
Total

<i>nn</i>	80.00	<i>X</i>
	650.00	<i>20d</i>
	600.00	<i>22d</i>

Your faithfully

ALBERT POON

**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:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. This report is a statement of the accident and is not a contract of insurance.
2. The information provided in this report is for the use of the insurance company only.
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5. The information provided in this report is for the use of the insurance company only.
6. The information provided in this report is for the use of the insurance company only.
7. The information provided in this report is for the use of the insurance company only.
8. The information provided in this report is for the use of the insurance company only.
9. The information provided in this report is for the use of the insurance company only.
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## ACCIDENT STATEMENT

Date of Submission  
Date of Accident  
Exact Location of Accident  
Additional Location Information  
Country/State of Loss

11/15/2022 10:00 AM  
Easton Ln, Singapore  
Singapore

## DETAILS OF OWN/VEHICLE

Vehicle Registration Number

5DL428K

Insurance Policy Number

Is Company?  
Name of Registered Owner  
NRIC No.  
Email Address  
Mobile Phone No.  
Alternative Phone No.

No.  
TANG KIM GUAN  
SHAN TSEF  
and @gmail.com.sg  
Phone +65-82266097  
+65-82266097

Vehicle Particulars

Manufacturer  
Model  
Variant  
Exact purpose for which vehicle was being used at time of accident  
Are you claiming under your own insurance policy for repairs to your vehicle?  
Vehicle Category  
Transmission  
CC

Toyota  
Camry  
Private use  
No - Claiming third party  
Private car  
Auto  
2500

Insurance Company

Name of Insurance Company  
Type of Coverage  
Fleet Policy  
Policy Number  
Cover Note Number

Great Eastern General Insurance Limited  
Comprehensive  
No  
W0107455

Driver

Name of Driver  
NRIC No.

TANG KIM GUAN  
SHAN TSEF

accident to speed up the claims process.

Policyholder and/or the Authorised Driver.

be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may

lead to repudiate policy liability.

and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance

**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

Sketch Plan

11 MAY 2022

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

Witnessed by Reporting Centre Personnel

Angie Soh



A SOL 1528C Buruh Lane

B KBC 7668B