

ASS. REC. BY:

REF:

MSG/ 22004709/K1

Kenneth

ASSIGNMENT

From:

Estimated Cost:

Date:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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 Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

L/S repair 3600 and 6 days

RED: 2895.30;44%

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng No:

C/No:

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 / Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

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, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, \$

Fees

Others

TOTAL

Report Format:

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

-2'00' -1'00'

-2'00' -1'00'

F
L

HWA SENG SPRAY PAINTING PTE LD

160 Sin Ming Drive

#05-11 Sin Ming Autocity

SINGAPORE 575722

(COMPANY REGISTRATION NO.: 202017045G)

TEL : 64533100

FAX : 62669932

Date of Accident: 15/05/2012

You Insured

Vehicle No.: GBB 5319P

*Not authorized
21 Rm & 8
Repair After Pain 6 days***ESTIMATE REPAIR COSTS TO TOYOTA COROLLA REG. NO.: SGG 8984 M**

1pc	Bootlid				\$S
2pcs	Bootlid Hinges				R 667.70 —
2pcs	Bootlid Reflector				R 115.40 —
1pc	Emblem 'COROLLA'				N/A 198.60 LT
1pc	Emblem 'ALTIS'				R 32.30 —
1pc	Emblem '1.6'				R 34.40 —
1pc	Emblem 'E'				R 32.40 —
1pc	Bootlid Chrome				R 38.20 —
1pc	Bootlid Upper Lock				CM 125.80 —
1pc	Bootlid Lower Lock				R 77.50 —
1pc	Bootlid Rubber				R 29.90 X
2pcs	Taillamp				D/L 157.10 502m
1pc	End Panel				LT/M 563.20 —
2pcs	Taillamp Lower Panel				R 700.30 —
1pc	End Panel Garnish				N/A 172.80 LT
1pc	Rear Bumper				D/L 93.30 —
2pcs	Rear Bumper Retainer				R 384.90 —
2pcs	Rear Bumper Bracket				D/L 37.60 —
2pcs	Taillamp Corner Panel				R 97.00 ?
1pc	Spare Tyre Panel				N/A 759.80 LT
					R 702.20 X

5020.40

Less : 25%

1255.10

3765.30

LABOUR & MISC CHARGES

Panel Knocking	1200.00	800
Spray Painting	1000.00	900
Wire Checking	80.00	20
1 set Reverse Sensor	250.00	200m
Tuff Kote	200.00	60

6495.30

HWA SENG SPRAY PAINTING PTE LTD

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before 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. 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 17/05/2022 14:43 (SGT)
Date of Accident 15/05/2022 10:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information UPPER THOMSON RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG8984M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO KENG MUI
NRIC No S1369109F
Email Address KENGMUI.TEO@GMAIL.COM
Mobile Phone No (Phone) +65-97232330
Alternative Phone No +65-97232330

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5100666943-3
Cover Note Number -

DRIVER

Name of Driver TEO KENG MUI
NRIC No S1369109F

SKETCH PLAN

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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' law yers/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 making 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

Witnessed (Stamp and Signature)
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

