

ASS. REC. BY:

REF:

072/ 220049991Kt

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:

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

08/13

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SJH 5362L

Yr Regn:

08, 08

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

Truck / Trailer or

Make:

Toy Altis

c.c

1598

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

243628

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR0538EE106112569

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modl:

Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F: Newton

195/65R15

R: 195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

24/5/22

D.O.I.

27/5/2022

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.

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

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

# 趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5  
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047  
Tel: 6484 1626 (24Hrs) Fax: 6484 0465  
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

Not Authorized  
L1 Reg &  
Pruning After Paint  
Gdars

To: China Taiping Insurance (S) Pte Ltd

Policy No: Third Party

Accident Date : 24.05.2022

Date: 26.05.2022

Specialised in Car Painting, Welding,  
Panel-Beating and Insurance Claim.

## ESTIMATE

承接汽车烧焊喷漆及  
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.	
Estimate Cost of Repair to "Toyota Altis" Reg. No. SJH5362L Claiming Against Your Insured Veh. No. SJN4374C				
1pc	Rear Bumper	3.80	By/cm 497.00 ✓	
14pcs	Rear Bumper Clips		53.20 ✓	
1pc	Rear Bumper Bracket RH		91.00 ✓	
1pc	Rear Bumper Sponge		129.00 ✓	
1pc	Rear Bumper Reflector RH		37.00 X	
1pc	Rear Bumper Top Retainer RH		56.20 ✓	
1pc	Rear Bumper Corner Retainer RH		73.50 ✓	
1pc	Rear Bumper Side Holder RH		55.00 ✓	
1pc	Boot		792.00 ✓	
1pc	Boot Emblem		57.30 ✓	
1pc	Boot Badge 1.6		35.60 ✓	
1pc	Boot Badge Corolla		46.50 ✓	
1pc	Boot Badge Altis		48.60 ✓	
1pc	Boot Lamp RH		185.00 ✓	
1pc	Boot Lamp Gasket	3.50	55.00 ✓	
8pcs	Boot Trim Board Clips		28.00 X	
1pc	Taillamp RH		386.00 ✓	
1pc	Taillamp Gasket		55.00 ✓	
Less 25%			2,680.90	
			670.23	
			2,010.68	
Rear Bumper Reverse Sensor			280.00 SN ✓	
Rear Number Plate			45.00 SN X	
To Conduct Rear Electrical Check, Replace Reverse Sensor, Module Rewiring Etc			120.00 701	
To Dismantle / Transfer Boot Fittings / Ancillary Accessories			80.00 501	
To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel			50.00 301	
Labour Charge - Panel Beating, Repairing Of Boot Hinges, End Panel And Part Replacement.			600.00 4001	
To Respray Affected Areas			700.00 5001	
Total :			3,885.68	

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:

Replace Reverse Sensor, Module





## 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 ..... 24/05/2022 16:23 (SGT)  
Date of Accident ..... 24/05/2022 14:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WOODLAND ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJH5362L

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NICHOLAS CHOO KWOK WAH  
NRIC No ..... SXXXX193F  
Email Address ..... NICHOOKW@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96483467  
Alternative Phone No ..... +65-96483467

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... TOYOTA / COROLLA ALTIS 1.6 AUTO  
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 hire  
Transmission ..... Auto  
CC ..... 1598

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5105859448-03  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... NICHOLAS CHOO KWOK WAH  
NRIC No ..... SXXXX193F

## SKETCH PLAN

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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

A: SJH5363L Woodlands Road

B: SJN4374C

C: SKJ5963E

D: SKT6717R

