1771

ASS. REC. BY: Kenneth | REF: SM01

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s My Car

of 05-08

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.

N/S	O/S

Bal. or Market Value: $ 284K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNF 1369H Yr Regn: 05, 22

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Toy Alphard c.c 2493

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 13608 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AYH30 - 014230

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: _____

R: 225/60R17

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	4 mm
L/Bal.	6 mm	L/Bal.	4 mm
D.O.A.	26/5/22	D.O.I.	21/6/2022

Survey held at 2.30pm

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS ___ SI

Parking: _____

Others: _____

TOTAL: _____

Not Involved
Rearing Repairing
4 days

MY CAR CONSULTANT PTE LTD
(Co Reg. No. 201605878Z)
60 JALAN LAM HUAT,CARROS CENTRE
#05-68 SINGAPORE 737869

TO	: SOMPO	**DATE**	: 21-Jun-22
ATTENTION	: MOTOR CLAIMS DEPT		: T/P CLAIM
OWNER'S PARTICULAR		**VEHICLE DETAILS**	
NAME	:	**VEHICLE NO**	: SNF1369H
ADDRESS	:	**MODEL**	: TOYOTA ALPHARD

QUOTATION SUMMARY

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	REAR BUMPER	1	$ 1,790.00	$ 1,790.00
2	REAR BUMPER SIDE RETAINER RH	1	$ 85.00	$ 85.00
3	REAR FENDER RH	1	$ 798.00	$ 798.00
4	REAR SLIDING DOOR RH	1	$ 2,110.00	$ 2,110.00
			TOTAL PRICE	$ 4,783.00
			LESS 25%	$ 1,195.75
			SUB TOTAL PRICE	**$ 3,587.25**

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR BUMPER CLIPS	10	$ 6.50	$ 65.00
			TOTAL	**$ 65.00**

KKA Auto Consultants hereby 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:

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

S/N	JOB DESCRIPTION	PRICE	APPROVED
1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	$ 600.00	500
2	TO SPRAY PAINT AFFECTED AREA	$ 800.00	600
3	TUFF COAT	$ 250.00	X
4	REMOVE & REFIX REVERSE SENSOR & DISTANCE SETTING	$ 80.00	50
	TOTAL	**$ 1,730.00**	

ESTIMATE REPORT

TOTAL PARTS COST : $ 3,652.25

SY09225P0004 / YEW TEE AUTOMOBILE TECH PTE LTD [737856]
ENTRY DATE & TIME: 25/05/2022 18:14 (SGT)
SUBMITTED BY: TOH TZE CHANG
VERSION: 1 (25/05/2022 18:14 (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 witholding 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	25/05/2022 18:14 (SGT)
Date of Accident	24/05/2022 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF1369H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG CAR CHOICE PTE. LTD.
Company Reg No	2XXXXX635K
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-96886250
Alternative Phone No	(Home) +65-96886250

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5127247031
Cover Note Number	-

DRIVER

Name of Driver	GOH NAI KHEONG (WU NAIJIANG)
NRIC No	SXXXX439D

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately 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. The report will be form acted 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 purposes 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 correspondences, 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.

CAMBRIDGE PRIMARY SCHOOL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan