REF: 612/ 22006531/k ASS. REC. BY: Kenneth **ASSIGNMENT** STQ 3048 Yr Regn: 04,09 From: **Estimated Cost**: Type: M,8ar M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / OD / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or To Inspect Vehicle No: Make: at Workshop m/s Optimo Colour Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA Insured: Eng/No: MR0537 E E 106143145 Policy No. C/No: Claims No. Sum Insured: Steering: Inopde? / Jammed / Leaked / Burnt or (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or Make of Veh: Modi: NII / S/Rim / STD-A/Rim or Tyre Size: (Policy Condition) Remark: The veh had commenced its NS BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Intertrar Bal. or Market Value: Front Rear Consistent?: Yes or No IDAC Accident Rport: R/Bal. R/Ba!. GIA / PR Seen: Consistent?: Yes or No L/Bal. Est. Repairs: Res.: Yes or No days Lum Sum: 3 Val.: Yes or No Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS NIS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Days Of Repair: Date/Time, File Pass to? : Prell. Report Resurvey No. of Trip: : Final Report Survey Fee: Dota/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ S + RS.__SI Interview (\$ Tech Invs (\$ Report Format: Weekend (\$ Lump Sum / I.B.I: (S TOTAL

OPT/MA///ERKZ

OPTIMA WERKZ PTE LTD Co. Reg. No. 201212456W

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Date:

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07/07/2022

CIPM &

Third Party Insurer: CHINA TAIPING

Vehicle No: SJQ504E

Third Party Veh No: GBF4313R Date of Accident:

Model: Chassis: TOYOTA COROLLA ALTIS 1.6 Sday

06/07/2022

MR053ZEE106143145-2009

Estimator:

TING AN

Reg. Year:

2009

Meany After Pain Surveyor: LKC-Anto Kenneth Long

ESTIMATE

	LSTIMALE							
NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$				
1	FRONT WINDSCREEN GLASS	1	0	\$1,319.00	ب[
2	FRONT WINDSCREEN MOULDING	1		n \$120.00	ー			
3	FRONT WIPER AIR GRILLE LH	1		\$477.00	7			
4	FRONT BONNET	1		\$901.00	ا ر			
5	FRONT BONNET HINGE LH	1	1000	Di) \$60.00	4			
6	FRONT BONNET HINGE RH	1		M \$60.00	4			
7	FRONT HEADLAMP LH	1	/	5 c M \$713.00	_			
8	FRONT BUMPER	1		cm \$436.00	1 _			
9	FRONT BUMPER SIDE BRACKET LH	1		Diy \$55.00	-			
10	FRONT BUMPER REINFORCEMENT	1	STATE OF THE STATE OF	1 \$345.00	-			
11	FRONT BUMPER LOWER GRILLE	1		m \$138.00	X			
12	FRONT BUMPER FOG LAMP LH	1		h \$283.00	4 '			
13	FRONT BUMPER FOG LAMP COVER LH	1		16 \$60.00	12			
14	FRONT FENDER LH	1	A since many large large of the Con-	/C \$610.00	X			
15	FRONT FENDER "VVTI" EMBLEM LH	1		Mer \$45.00	<u>ب</u> ا			
16	FRONT FENDER INNER SHIELD LH	1		\$165.00	7			
17	FRONT DOOR LH	1	11 12 2000	REPAIR	ł			
		_		REPAIR	ł			
		Sec. of	SUB TOTAL	\$5,787.00				
)	LESS 25%	-\$1,446.75	1			
			PARTS TOTAL	\$4,340.25				
				7 1,5 10.25	I			

NO.	SPECIAL NETT	QTY	UNIT SS	AMOU	AMOUNT S\$	
1	FRONT WINDSCREEN GLASS SEALANT	1		Ne \$80.00		
2	FRONT BUMPER CLIPS	1		Me	\$50.00	
3	FRONT FENDER INNER SHIELD CLIPS LH	1	49	•	\$40.00	
			1		7 10.00	
			S/N TOTAL		\$170.00	





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Date:

07/07/2022

Vehicle No: SJQ504E Model:

TOYOTA COROLLA ALTIS 1.6

Chassis: Reg.Year: MR053ZEE106143145-2009 2009

Third Party Insurer: CHINA TAIPING

GBF4313R

Third Party Veh No: Date of Accident:

06/07/2022 **TING AN**

Estimator: Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT ACCIDENT

AREAS & ETC.

\$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT

FRONT BONNET, FRONT BUMPER, FRONT FENDER LH & ETC.

\$700.00 604

LABOUR CHARGES TO REMOVE & REPLACE FRONT WINDSCREEN GLASS, FRONT WINDSCREEN MOULDING, FRONT WINDSCREEN SEALANT & ETC.

\$150.00 /20/

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$120.00 30/

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$80.00 201

LABOUR TOTAL

\$1,750.00

TING AN

TOTAL

\$6,260.25

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. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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

Vehicle Registration Number

5. Information provided must be as truthilliand accurate as possible. Any while insigned 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 07/07/2022 15:02 (SGT) Reported by Date of Accident 06/07/2022 12:35 (SGT) Exact Location of Accident 12 Tampines Central 1, Singapore 529537 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SJQ504E

Is company? Yes Name Of Registered Owner VIKING LEASING Company Reg No 5XXXX840B Email Address vikingleasing@gmail.com Mobile Phone No (Phone) +65-81389001 Alternative Phone No

VEHICLE PARTICULARS

INSURED/POLICYHOLDER

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of 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 1598

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Policy Number / Cover Note Number 5117334143-02

DRIVER

LIM HOCK BOON NRIC No SXXXX995C 26/11/1972 Date Of Birth Occupation Outdoor

280.00

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the nutrivities wiful misrepresentation or w Principles of material facts of the Policyholder and accurate as possible. Any wiful misrepresentation or w Principles of material facts of the Policyholder and accurate as possible. 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
- 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 hairs and to the insurers.
- report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

- (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' 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.

Policyholder's Signature / Date & Time

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

Witnes ed by Reporting Centre

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