

ASS. REC. BY:

REF: ICS/22006731Kc

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/W/S/TP RES/OD RES/EVA/INV/MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop n/s Tot Hwy

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.

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| N/S                      | O/S                      |
| <input type="checkbox"/> | <input type="checkbox"/> |

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMH 33734 Regn: 01, 19

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

Truck / Trailer or

Make: Toy (Hania) c.c. 1998

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 38015 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTEBG3G1180J004171

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: 235/55R18

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 30/6/22

Rear

R/Bal. 3 mm

L/Bal. 3 mm

D.O.I. 19/7/2022

Survey held at \_\_\_\_\_

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Survey Fee:

Transportation

S + RS. SI

Paints

Others

TOTAL

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

# TAT HENG MOTOR WORKS

BLK 10, ANG MO KIO IND PK 2A  
 # 02-09 AMK AUTOPOINT  
 SINGAPORE 568047  
 TEL : 6483 7103 FAX : 6481 7732

*Not advised  
 Primary After Paint  
 3 days*

**THIRD PARTY CLAIM**  
**VEHICLE NO : SMH3373H**  
**MODEL : TOYOTA HARRIER**  
**CHASSIS : JTEZB3GH60J004171**

| No             | Qty   | Description   | Amount               |
|----------------|-------|---|----------------------|
| 1              | 1     | Front bumper  | per n 811.30 X       |
| 2              | 1     | Front RH fender   | n 1,446.30 X         |
| 3              | 1     | Front RH door   | respray              |
|                |       | Less 20%  | 2,257.60<br>(451.52) |
|                |       |   | <b>1,806.08</b>      |
|                |       | <u>Nett Item</u>  |                      |
| 4              | 1 set | Fender clips  | n 35.00 X            |
| 5              | 1 pc  | Front RH tyre   | n 290.00 X           |
| 6              | 1 pc  | Front RH tyre rim   | 6pc n 730.00 ✓       |
| 7              |       | Adjust wheel alignment.                                     | 60.00 ✓              |
| 8              |       | To replace, repair, straighten & re-align all damaged parts | 850.00 400           |
| 9              |       | To spray paint on all affected areas                        | 1,200.00 660<br>750  |
| <b>TOTAL :</b> |       |   | <b>4,971.08</b>      |

**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 **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 ..... 30/06/2022 15:32 (SGT)  
Reported by ..... Both  
Date of Accident ..... 30/06/2022 12:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO AVE 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMH3373H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LOW PUEK ENG  
NRIC No ..... S1332207D  
Email Address ..... REUNE\_YYY@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-98180982  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A29148219AT2

### DRIVER

Name of Driver ..... YEO YIAP YONG  
NRIC No ..... S0189793D  
Date Of Birth ..... 28/11/1950  
Occupation ..... Indoor



**SKETCH PLAN**

**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 Actual 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 rescind 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

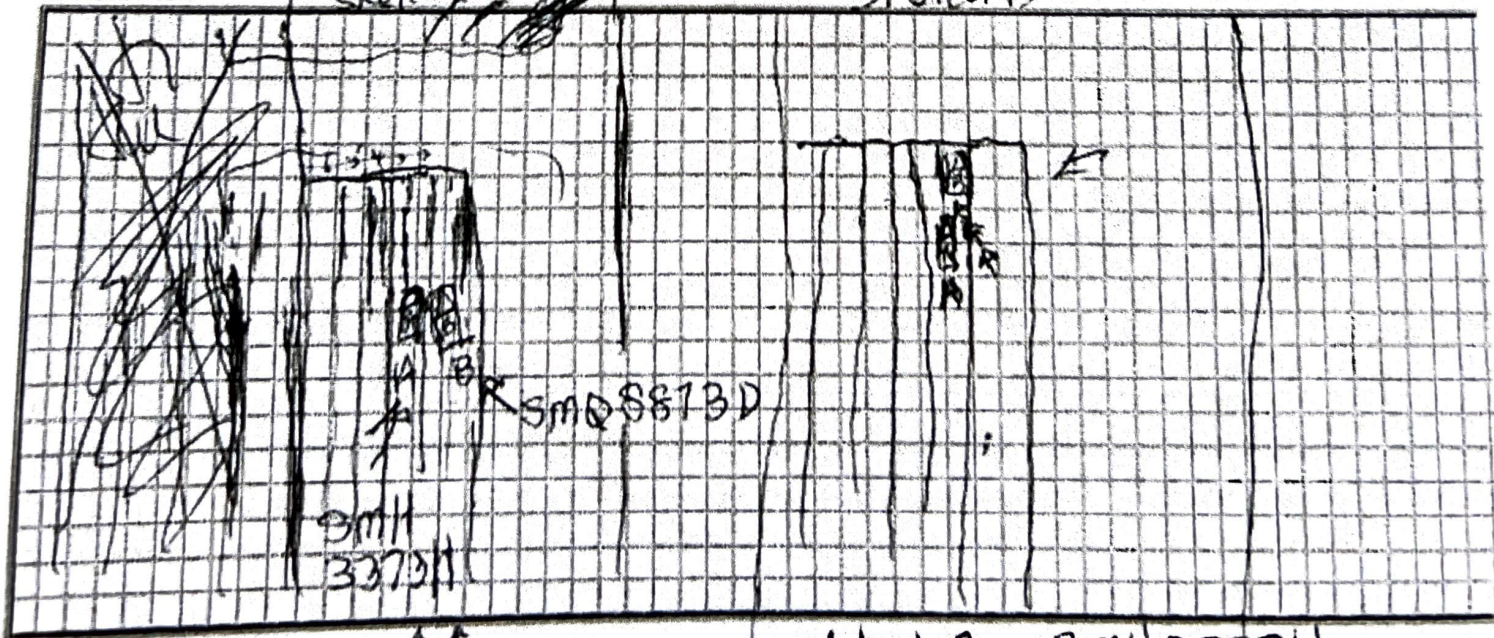
*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

*sketch A*

*sketch B*



*↑ ↑  
Lamp? Lamp?*

Vehicle A - SMH 3373H  
Vehicle B - SMQ 8873D.