

ASS. REC. BY:

REF:

AGL 22 006885/Ka

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1. B. 1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SLL 1291P

Yr Regn:

02 1.7

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

Truck / Trailer or

Make:

Toy ~~SA~~ Pionto

c.c

1496

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

127019

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MHF8 2814 3400026507

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 A/Rim or

Tyre Size:

F. 7

195/50R16

R: Falken

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

18/7/22

D.O.I.

5/9/2022

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:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ + RS. \$

) F.I.R.S

) Others

TOTAL

Report Format :

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

来發 (明記) 摩哆有限公司

LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267
GST No: M2-0128609-3
UEN: 199407592C

ESTIMATE

EST. No : EST0029830
Tham Mun Kong

Page : 1 of 2
Your ref. : TP-SGY 9503S AGI
Job No. : 72865
Our ref. : 22.07.35
Payment :
Date : 19/7/2022

Attn :

Vehicle No : SLL 1291P
Vehicle Model : Toyota Sienta
Accident on : 18/7/2022

*Not within
Penny Bypass
3 days*

Quantity	Unit	Description	Unit price	Disc. pct.	Amount
Supply of Parts:					
1.00	Pc	Tailgate	1,076.00	25.00	<i>RM</i> 807.00 ✓
1.00	Pc	Sienta emblem	66.75	25.00	<i>RM</i> 50.06 ✓
1.00	Pc	V emblem	35.50	25.00	<i>RM</i> 26.63 ✓
1.00	Set	Rear windscreen mouldings	75.20	25.00	<i>RM</i> 56.40 ✓
Special nett item:					
1.00		Rear windscreen inner seal	30.00		<i>RM</i> 30.00 ✓
Labour & Misc:					
1.00		To dismantle & refix rear windscreen	140.00		140.00 <i>120</i> ✓
1.00		To supply sealant	40.00		40.00 ✓
1.00		To transfer reversing camera + cable	40.00		40.00 ✓
1.00		To check/clear fault codes after repair	80.00		80.00 <i>7</i> ✓

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:

公司拥有最先进的 CAROLINER MARK IV 机械，可提供给多种款式的车身及给予快速与准确的测量方式和大铁修理。
还有先进的 SAICO Deluxe 喷漆烘炉。
services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO oven heater for re-spraying all motor vehicles."

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Attn :

Vehicle No : SLL 1291P
 Vehicle Model : Toyota Sienta
 Accident on : 18/7/2022

Quantity	Unit	Description	Unit price	Disc. pct.	Amount
1.00		To dismantle + renew parts	250.00		250.00 <i>2001</i>
1.00		To spray paint	400.00		400.00 <i>3001</i>

Sub-Total 1,920.09
 GST 7.00% 134.41
 Total S\$ 2,054.50

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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	18/07/2022 17:38 (SGT)
Reported by	Both
Date of Accident	18/07/2022 16:30 (SGT)
Exact Location of Accident	Yishun Ring Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL1291P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tham Mun Kong
NRIC No	SXXXXX041D
Email Address	marktham@newman-goh.com
Mobile Phone No	(Phone) +65-97487456
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
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 car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100500394-05

DRIVER

Name of Driver	Tham Mun Kong
NRIC No	SXXXXX041D
Date Of Birth	26/10/1966
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 willful misrepresentation or withholding of material facts may allow insurance companies to renege on 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 be 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 insurers) 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 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 insurers (who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 also 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.

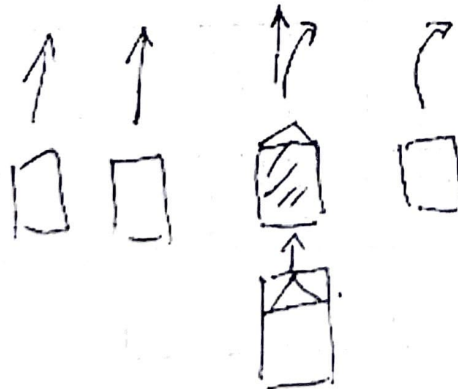
Policyholder's Signature / Date & Time

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

Lee Lai Fung

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

Sketch Plan



Red light

Yishun Ring Road

☒ SLL 1291 P

☐ SGY 9503 S