

ASS. FEO. BY:

REP:

CS/INC2007377/Aug3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / T / 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S 4562 CD Yr Regn: 2017, May

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

Truck / Trailer or

Make: Tojda Carry c.c. 2494

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 124378 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053AK500401818

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R17

R: 215/55R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 02/08/22

Survey held at HD Perfect

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	Action / Instruction
	<u>TP INC</u>
<u>6/10</u>	<u>Finalised LS \$7500; 7 days with repairer. (Red. 16, 714.10; 69%)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$

Report Format: _____

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 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 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	01/08/2022 17:42 (SGT)
Reported by	Driver
Date of Accident	30/07/2022 14:30 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	BUKIT TIMAH ROAD BEFORE BUKIT TIMAH UNDERPASS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S4562CD
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HIGH COMMISSION DEMOCRATIC SOC REP OF SRI LANKA
Company Reg No	SXXXXX045E
Email Address	ADMIN@LANKA.COM.SG
Mobile Phone No	(Phone) +65-90619356
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5109777447-03

DRIVER

Name of Driver	AJITH WEERASINGHA ARACHCHIGE
Passport No/FIN	GXXXX588K
Date Of Birth	06/11/1975
Occupation	Outdoor

Date Of Driving Pass	11/05/2021
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90619356
Alt. Phone Number	-
Email Address	ADMIN@LANKA.COM.SG
Address	51 GOLDHILL PLAZA
Address complement	13-07/12
Postcode	308900
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG9815R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

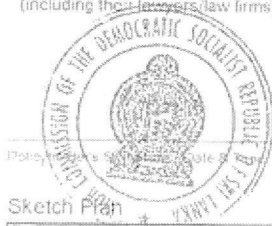
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW1880T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 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/are 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.



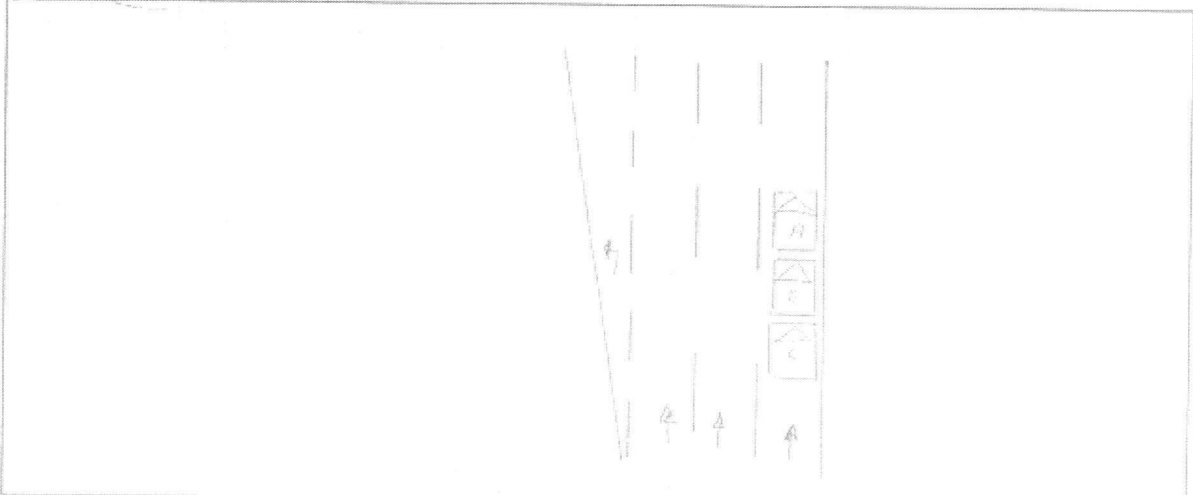
Policyholder's Signature (Date & Time)

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



Witnessed by Reporting Centre (Name as in NRIC Card)

Sketch Plan



Declaration

I/We declare that the foregoing particulars are true in every respect



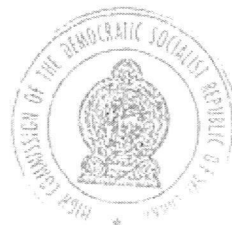
ON THE STATED DATE AND TIME. I, VEHICLE A (S4562CD) WAS TRAVELLING STRAIGHT ON LANE 1 OF BUKIT TIMAH ROAD BEFORE BUKIT TIMAH UNDERPASS. WHEN THE FRONT VEHICLE SLOWED DOWN, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SMG9815R) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT THIS IS A 3 CARS CHAIN COLLISION.

VEHICLE A : S4562CD

VEHICLE B : SMG9815R

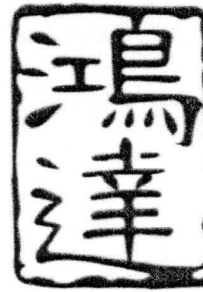
VEHICLE C : SKW1880T

29/6



Company Reg No: 202136904Z

E-mail: hdperfectautowork@gmail.com



DATE : 02.08.2022

TO : **NTUC** MOTOR CLAIMS DEPTS
VEHICLE NO : **S4562CD**
MODEL : **TOYOTA CAMRY**
DATE OF ACCIDENT : 30.07.2022
TIME OF ACCIDENT : 14:30HRS

Chine.

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

CLAIM DETAIL PARTS				
S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	REAR BUMPER <i>Distorted</i>	1	\$ 559.60	\$ 559.60
2	REAR BUMPER DIFFUSER <i>Cut</i>	1	\$ 276.30	\$ 276.30
3	REAR BUMPER REFLECTOR <i>Neu</i>	2	\$ 72.30	\$ 144.60
4	REAR BUMPER SIDE RETAINER (SIDE) <i>Neu</i>	2	\$ 104.40	\$ 208.80
5	REAR BUMPER SCREW COVER GARNISH <i>Neu</i>	2	\$ 28.10	\$ 56.20
6	REAR BUMPER REINFORCEMENT <i>Dented</i>	1	\$ 379.60	\$ 379.60
7	REVERSE SENSOR <i>2 gears damaged</i>	4	\$ 397.30	\$ 1,589.20
8	REVERSE SENSOR RING <i>Neu</i>	4	\$ 20.00	\$ 80.00
9	REVERSE SENSOR WIRE HARNESS <i>Not Snapped</i>	1	\$ 674.80	\$ 674.80
10	TAILLAMP <i>Cut</i>	2	\$ 473.60	\$ 947.20
11	TAILLAMP LOWER BRACKET <i>Neu</i>	2	\$ 104.40	\$ 208.80
12	TAILLAMP PANEL <i>Repair Buckled</i>	2	\$ 287.60	\$ 575.20
13	REAR FENDER INNER COWLING <i>Neu</i>	2	\$ 169.40	\$ 338.80
14	REAR FENDER INNER TRIM <i>Neu</i>	2	\$ 525.00	\$ 1,050.00
15	REAR FENDER <i>Repair</i>	2	\$ 995.60	\$ 1,991.20
16	BOOTLID <i>Dented</i>	1	\$ 892.40	\$ 892.40
17	BOOTLID CHROME MOULDING (CENTRE) <i>Neu</i>	1	\$ 356.20	\$ 356.20
18	BOOTLID CENTER GARNISH <i>Neu</i>	1	\$ 359.80	\$ 359.80
19	BOOTLID STOPPER <i>Neu</i>	2	\$ 19.20	\$ 38.40
20	BOOTLID LAMP <i>Cut</i>	2	\$ 376.70	\$ 753.40
21	BOOTLID INSULATOR <i>Neu</i>	1	\$ 439.50	\$ 439.50
22	BOOT LID EMBLEM 'CAMRY' <i>2</i>	1	\$ 65.00	\$ 65.00
23	BOOTLID EMBLEM '2.5' <i>Free</i>	1	\$ 60.00	\$ 60.00
24	BOOTLID LOGO	1	\$ 75.00	\$ 75.00
25	BOOTLID LOCK <i>Damaged</i>	1	\$ 371.40	\$ 371.40

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26	BOOTLID CATCHER <i>Not New</i>	1	\$ 25.00	\$ 25.00	+
27	BOOTLID WEATHERSTRIP <i>Cut</i>	1	\$ 227.20	\$ 227.20	✓
28	BOOTLID DETECTOR <i>Crushed</i>	1	\$ 483.10	\$ 483.10	205
29	REAR WINDSCREEN MOULDING <i>New</i>	1	\$ 215.30	\$ 215.30	+
30	REAR END PANEL <i>Dented</i>	1	\$ 589.70	\$ 589.70	✓
31	REAR END PANEL TOP GARNISH <i>Replaced</i>	1	\$ 297.60	\$ 297.60	✓
32	REAR FLOOR PANEL <i>Repair</i>	1	\$ 984.70	\$ 984.70	+
33	REAR FLOOR SIDE PANEL RH <i>Repair</i>	1	\$ 546.30	\$ 546.30	+
34	REAR FLOOR PANEL TOP BOARD <i>Replaced</i>	1	\$ 472.10	\$ 472.10	✓
35	REAR FLOOR PANEL TOP SPONGE (CENTER)	1	\$ 325.80	\$ 325.80	✓
36	REAR FLOOR TOP SPONGE (SIDE) <i>Replaced</i>	2	\$ 198.80	\$ 397.60	✓
37	REAR SPARE TYRE BOLT <i>New</i>	1	\$ 38.10	\$ 38.10	+
38	REAR CHASSIS MEMBER RH <i>Repair</i>	1	\$ 1,438.60	\$ 1,438.60	+
39	REAR EXHAUST PIPE <i>3 AP</i>	1	\$ 989.40	\$ 989.40	+
40	REAR EXHAUST MOUNTING <i>New</i>	4	\$ 39.20	\$ 156.80	+
41	REAR EXHAUST GASKET	1	\$ 60.10	\$ 60.10	+

8708.90

6531.67

TOTAL PRICE \$ 19,738.80
 LESS 25% \$ 4,934.70
 SUB TOTAL PRICE \$ 14,804.10

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	REAR NUMBER PLATE <i>Dented</i>	1	\$ 50.00	\$ 50.00	✓
2	REAR BUMPER CLIPS (SET) <i>New</i>	1	\$ 80.00	\$ 80.00	30
3	BOOTLID SEALANT <i>Not New</i>	1	\$ 150.00	\$ 150.00	+
4	BOOTLID OUTER MOULDING CLIP (SET) <i>New</i>	1	\$ 50.00	\$ 50.00	+
5	BOOTLID INSULATOR CLIP (SET) <i>New</i>	1	\$ 80.00	\$ 80.00	+
6	TAILLAMP CLIPS (SET) <i>New</i>	1	\$ 30.00	\$ 30.00	-
7	TAILLAMP PANEL SEALANT <i>New</i>	2	\$ 60.00	\$ 120.00	+
8	REAR FENDER COWLING CLIPS (SET) <i>New</i>	1	\$ 60.00	\$ 60.00	+
9	REAR FENDER INNER TRIM CLIPS (SET) <i>Not New</i>	1	\$ 80.00	\$ 80.00	+
10	REAR WINDSCREEN SEALANT <i>Not New</i>	1	\$ 80.00	\$ 80.00	X
11	REAR WINDSCREEN INNER SHIELD <i>Not New</i>	1	\$ 80.00	\$ 80.00	X
12	REAR END PANEL INSULATION SEAL <i>New</i>	1	\$ 150.00	\$ 150.00	60
13	REAR END PANEL TOP GARNISH CLIPS (SET) <i>New</i>	1	\$ 40.00	\$ 40.00	10
14	REAR FLOOR PANEL SEALANT <i>New</i>	1	\$ 350.00	\$ 350.00	+
15	REAR FLOOR SIDE PANEL SEALANT RH <i>3 AP</i>	1	\$ 150.00	\$ 150.00	X
16	REAR FENDER SEALANT <i>New</i>	2	\$ 80.00	\$ 160.00	+
17	REAR EXHAUST CHROME PIPE	1	\$ 350.00	\$ 350.00	+

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 MODEL : TOYOTA CAMRY
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18	REVERSE CAMERA <i>New</i>	1	\$ 450.00	\$ 450.00
19	BREAKDOWN SIGN <i>Damaged</i>	1	\$ 180.00	\$ 180.00

TOTAL \$ 2,690.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 2,800.00	1000
2	TO SPRAY PAINT AFFECTED AREA	\$ 2,000.00	1200
3	TUFF COAT	\$ 250.00	80
4	WIRING CHECK	\$ 180.00	30
5	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTERY AND ROOF LINNING TO FACILITATE REPAIR	\$ 250.00	80
6	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	50
7	REMOVE AND REFIX REVERSE CAMERA AND DISTANCE SETTING	\$ 80.00	50
8	REMOVE AND REFIX REAR WINDSCREEN GLASS	\$ 120.00	X
9	TRANSFER BOOTLID MECHANISM	\$ 80.00	60
10	CONDUCT WATER LEAKAGE TEST	\$ 80.00	X
11	REMOVE AND REFIX REAR EXHAUST PIPE	\$ 180.00	X
12	REMOVE AND REFIX FUEL TANK TO FACILITATE FLOOR PANEL REPLACEMENT	\$ 120.00	X
13	REAR CHASSIS ALIGNMENT	\$ 250.00	X

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14	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 250.00	X
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2550

TOTAL \$6,720.00

TOTAL PARTS COST : \$ 17,494.10
TOTAL LABOUR COST : \$ 6,720.00
TOTAL REPAIR COST : \$ 24,214.10

Adrian L
h/s 02/08/22
07 Days

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE
CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED
ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.

PARTS PRICES ARE SUBJECT TO CHANGES.

total: 938167

YOURS FAITHFULLY,

h/s: 7450

IRENE

SERVICE ADVISOR
IRENE
HP : 8297 9787

7.5K

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: