

A.S.S. REC'D BY: Steve

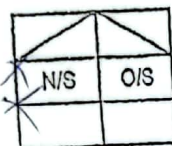
CS/SMR 2200 1695/KY 3

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.



Bel. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ 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: SKP 6512K Yr Regn: 29/9/14
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota AIT5 c.o. 1598
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 15/9/58 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REH10W516003

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: 185/60R15

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 10/8/22Survey held at Premium

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

Rear

R/Bal. 4 mmL/Bal. 4 mmD.O.I. 15/8/22

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

Date / Time Action / Instruction

MR-36X

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Formlet: _____

Lump Sum / L.B.F. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699
TEL : 6366 2323 FAX : 6841 1183
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATE : ACCIDENT REPAIRS
WORKSHOP : UBI ROAD 1
CONTACT NO : 6366 2323
FAX NO : 6841 1183
REFERENCE : PA/TP/0693/2022/EQ
DATE : 15-Aug-22
WIP :

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 15/08/2022
YOUR INSURED VEH NO : SMB 77 P

STRIDES AUTOMOTIVE SERVICES Pte Ltd
60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705
Attn : Motor Claims Dept
Tel: 6866 2615 - Fax: 6368 7421

OWNER'S NAME : TERASAKI ELECTRIC COMPANY (FAR EAST) PTE LTD
ADDRESS : BLK 2 HILLVIEW RISE
#11-11
SINGAPORE 667978
TELEPHONE : HP +65 96816948
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 5103299131-03
VEHICLE NO : SKP 6512 K
MODEL CODE : TOYOTA COROLLA ALTISD 1.6L
MODEL YEAR : YEAR 2014
ENGINE NO : 1ZR447266
CHASSIS NO : MR053REH104516003
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 10-Aug-22
PLACE OF ACCIDENT : BUKIT BATOK EAST AVE 2

PREMIUM AUTOMOBILES



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ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SKP 6512 K

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER LHS FRONT DOOR AND LHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 400.00	100 200
2	TO DISMANTLE AND RENEW LHS FRONT DOOR AND LHS REAR DOOR. TO REPAIR LHS SILL PANEL. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,500.00	700
3	TO RESPRAY LHS FRONT DOOR, LHS REAR DOOR, LHS SILL PANEL, DOOR HANDLE, DOOR HINGES AND LHR REAR FENDER.	\$ 2,400.00	1050
5	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 192.00	50 50
TOTAL LABOUR CHARGES		: \$ 4,492.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SKP 6512 K

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	FRONT DOOR - LH / <i>DD</i>	1	\$	1,250.00	
2	FRONT DOOR WEATHER STRIP - LH X	1	\$	188.00	
3	FRONT DOOR INNER BLACK TAPE - LH / <i>nc</i>	1	\$	63.00	
4	FRONT DOOR GLASS RUN - LH ?	1	\$	113.00	
5	FRONT DOOR HOLE COVER - LH (PLASTIC) ?	1	\$	80.00	
6	FRONT DOOR B-PILLAR TRIM (OUTSIDE) - LH X	1	\$	325.00	
7	REAR DOOR B-PILLAR TRIM (OUTSIDE) - LH X	1	\$	450.00	
8	REAR DOOR - LH / <i>DD</i>	1	\$	1,250.00	
9	REAR DOOR WEATHER STRIP - LH X	1	\$	200.00	
10	REAR DOOR INNER BLACK TAPE - LH / <i>nc</i>	1	\$	90.00	
11	REAR DOOR GLASS RUN - LH ?	1	\$	113.00	
12	REAR DOOR HOLE COVER - LH (PLASTIC) ?	1	\$	80.00	
13	REAR DOOR WINDOW REGULATOR - LH ?	1	\$	225.00	
14	REAR DOOR WINDOW MOTOR - LH ?	1	\$	450.00	
15	STONE CHIP / <i>nc</i>	S/N	\$	180.00	
16	SUNDRIES ?		\$	350.00	
TOTAL SPARE PARTS		:	\$	5,407.00	
TOTAL LABOUR CHARGES		:	\$	4,492.00	
GRAND TOTAL		:	\$	9,899.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

- 25% Disc
Pric chuk



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 TEL : 6366 2323 FAX : 6841 1183
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME :
 SURVEYED DATE :
 AUTHORISED DATE :
 EXCESS COST :
 LIABILITY :
 REMARKS :

Steer (LKK)
 15/8/22 11.11

W A
 P/P
 6 Lys

PLEASE NOTE :

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LABOUR CHARGES AND SPARE PARTS IN THE PROGRESS OF REPAIR, WE SHALL INFORM YOU ACCORDINGLY. FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORAH KHAI AT TEL: 6768 9828 / 6768 9911 FOR APPOINTMENT.

YOURS FAITHFULLY,
 PREMIUM AUTOMOBILES PTE LTD

- 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:

JOHNNY BOO
 BODY REPAIR MANAGER

ALLAN WU
 CLAIMS CONSULTANT

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	11/08/2022 18:12 (SGT)
Reported by -	Driver
Date of Accident	10/08/2022 18:20 (SGT)
Exact Location of Accident	Near Blk 267, Singapore
Additional Location Information	BUKIT BATOK EAST AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6512K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TERASAKI ELECTRIC COMPANY (FAR EAST) PTE. LTD.
Company Reg No	1XXXXX374Z
Email Address	nakamura@terasaki.com.sg
Mobile Phone No	(Phone) +65-96816948
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5103299131-03

DRIVER

Name of Driver	NAKAMURA TOMOKAZU
Passport No/FIN	GXXXX221M
Date Of Birth	30/11/1989
Occupation	Indoor

Date Of Driving Pass	15/09/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81635403
Alt. Phone Number	-
Email Address	tomo.01.goody@gmail.com
Address	BLK 2 HILLVIEW RISE
Address complement	#11-11
Postcode	667978
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
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	-

PASSENGER 1

Name	OMODA
Gender	Male

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

I WAS TRAVELLING STRAIGHT ALONG BUKIT BATOK EAST AVE 2, AT THE BUS STOP NEAR BLK 267, THERE IS A BUS (SMB 77 P) EXIT FROM BUS STOP AND KNOCK ONTO MY LEFT HAND SIDE.

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	SMB77P
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	S PUSHPANATHAN
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

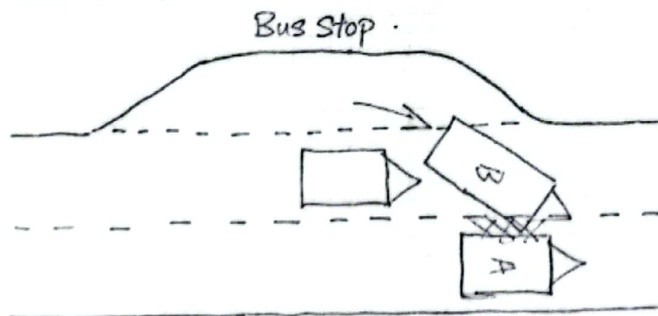
IMPORTANT NOTICE

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 Authorized 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 **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 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.
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 insurers who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident may be collectively referred to as the "Insurers"), the Insurers' law firms/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 may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelope or 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 firms/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 (agents including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
11/8/2022
Sketch Plan @ 16:27

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

Witnessed by Report Personnel
Chang
Jen Sing
Jen




A = SKP 6512 K
B = SMB 77 P


Describe Circumstances of the Accident


I was travelling straight along Bukit Batok East Ave,
at the bus stop near Bkt 267, there is a bus
(SMB 77P) exit from bus stop and knock onto my
left hand side.

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature / Date &
Time 11/8/2022
@ 16:27


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


Witnessed by Reporting Centre
Personnel Chang Hee Sing
17/08