

ASS. REC. BY:

REF: C12 / 22007915/KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Topical

Insured: SFR 788U

Policy No. DMPCSNW00242062100

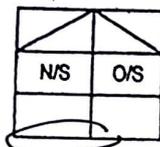
Claims No. SNM22D205802/C02/LEEPG

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 Rport: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 02/29 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SFR 788U Yr Regn: 03, C.9

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____

Make: Toy Wish c.c. 1794

Colour: M.D. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 257472 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDER12W003001781

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: 195/65R15

R: B.S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 8 mm

L/Bal. 7 mm L/Bal. 8 mm

D.O.A. 17/8/22 D.O.I. 22/8/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
14/10/22	Kenneth informed LS \$3150 (Red 4185.75,57%)

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?
2) 17/10/22-typist

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:	<input type="checkbox"/> S + RS. <input type="checkbox"/> SI <input type="checkbox"/> Fixt's <input type="checkbox"/> Others TOTAL
Transportation:	

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Report Format: Merimen

Lump Sum H.B.F: (\$ 3150)

Tropical Tech Automobile Services

Blk 5030, Ang Mo Kio Avenue 3, #01-201, Industrial Park 2, Singapore 569535

Tel : 6481 7773 / 6481 1403 Fax : 6484 4978

E-mail : tasc303@singnet.com.sg

M/s : **China Taiping Insurance (Singapore) Pte. Ltd**
3, Anson Road, #16-00,
Springleaf Tower,
Singapore 079909

Estimate bill : TT 25 / 22 / TP / WT

Attn : Motor Claims Third Party Department
Tel : 6222 2366
Fax : 6224 7175

Registration No : SFR788U

Make model : Toyota Wish

*NOT Asstain
L/Sing &
Penny After Paint
5days*

Mileage :

Date : 18 / 08 / 2022

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SNC1261A AND SFR788U ALONG YISHUN AVENUE 1 (CROSS JUNCTION BETWEEN YISHUN AVENUE 1 / LENTUR AVE) ON 17 AUGUST 2021 AT ABOUT 1315HRS.

1pc	Rear windscreen	\$	SM 1,149.00	X
1pc	Rear windscreen moulding	\$	SM 207.00	—
1pc	Rear boot	\$	RM 1,348.00	—
1pc	Rear boot license lamp outer chrome moulding	\$	SM 230.00	X
1pc	Rear LH tail lamp	\$	655.00	?
1pc	Rear end panel	\$	1,034.00	?
1pc	Rear bumper	\$	CRM / PVC 690.00	—
1pc	Rear bumper reflector (LH)	\$	SM 87.00	X
1pc	Rear bumper side retainer (LH)	\$	DIT 121.00	—
	Sub A total :	\$	5,521.00	
	Less 25% discount :	\$	1,380.25	
	A total :	\$	4,140.75	

Special net items :

1pc	Rear license smart plate & casing	\$	SM 35.00	X
1pc	Rear bumper parking sensor kit	\$	250.00	?
	B total :	\$	285.00	

Remove and refit rear windscreen.

\$ 250.00 *1201*

Total amount for Page 1 :

\$ 4,675.75

Tropical Tech Automobile Services


(Authorised Signature)
William Tan



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:

Tropical Tech Automobile Services

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Tel : 6481 7773 / 6481 1403 Fax : 6484 4978

E-mail : tasc303@singnet.com.sg

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Remove and transfer rear boot necessary attachment spart part items.			
Remove and transfer rear bumper necessary attachment spart part items.			
Remove and refit rear boot, rear boot license lamp outer chrome moulding, rear LH tail lamp , rear bumper, rear bumper reflector (LH), rear bumper side retailer (LH).			
Heat / weld / cut / renew rear end panel, heat / weld / beating rear LH fender, heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Alignment Jack.	\$	800.00	?
To check & refit rear tail lamp wiring harness.	\$	60.00	201
Under coating on vehicle rear portion.	\$	200.00	?
Putty / primer application, spray painting rear boot, rear LH fender, rear end panel, rear bumper.	\$	1,600.00	Food
Balance amount brought from Page 1 :	\$	4,675.75	
Grand final amount :	\$	7,335.75	

Tropical Tech Automobile Services



(Authorised Signature)
William Tan

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 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 be made available upon application by interested parties.
- 7. By the lodging 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 as aforesaid.

6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workstation 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 the [Form] and any other personal information provided by me or possessed by my insurer (collectively the **Personal Information**) and disclose and/or transfer such Personal Information to all insurers (or who have insured vehicle(s) involved in this accident (insurer(s) who have had, or who(s) involved in this accident shall be collectively referred to as the **Insurers**), the Insurers' lawyers/law firms, the Mediation 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 under my claims;

(iii) carrying out and/or dealing with my refund/claim or responding to any enquiries by me;

(iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to be made available to the same as well as on the external cover of envelopes/postal packages) and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the **Purposes**.)

(b) all insurers (or who have insured vehicle(s) involved in the 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 under GIA to their third party service providers or agents (including their lawyers/law firms) which may be cited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date of Submission	18/08/2022 14:00 (SGT)
Reported by	Both
Date of Accident	17/08/2022 13:15 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	CROSS JUNCTION BETWEEN YISHUN AVE 1 / LENTUR AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFR788U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KUEK SHER YANG
NRIC No	S7442869Z
Email Address	ceesyk@yahoo.com.sg
Mobile Phone No	(Phone) +65-90301002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA021554/1

DRIVER

Name of Driver	KUEK SHER YANG
NRIC No	S7442869Z
Date Of Birth	30/12/1974
Occupation	Indoor