

ASS. REC. BY:

REF: CTZ/220081381kv y3

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: ET 800T

Policy No. DMPCSNW00248452100

Claims No. SNM22D205919/C02/LEEPG

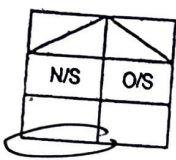
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent?: Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 03/29 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLK 4238E Yr Regn: 06, 0.9

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

Truck / Trailer or

Make: Toyota A1 A1A1 C.C. 1598

Colour: M. Gold A/C: Insured / Std / NI / NA

Sp. Reading: 178415 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR0538EE106146372

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Falken

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 22/8/22

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

7/9/22 Kenneth informed final fig \$1088 (Red 8668.38.88%)

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Date/Time, File Return to?

7/9/22-typist

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS: \$

Fuel

Others

TOTAL

Report Format: Merimen

ump Sum / I.B.I: (\$ 1088



Sin Ming Autocare BFG Pte Ltd
176 Sin Ming Drive
#02-05 Sin Ming Autocare
Singapore 575721
Tel : 6455 0600 | Fax : 6455 6192
Website: www.autocare.com.sg
GST Reg. No: 20-0210033-N

CHINA TAIPING INSURANCE (S) PTE LTD
3 Anson Road
#15-00 Springleaf Tower
Singapore 079909
Attn: Motor Claim Dept

Not Notified
1/1/18
Repairing After Paint
2 days

ESTIMATE
VEHICLE NO: SLK4238E
TOYOTA
MAKE/MODEL: COROLLA
DATE: 24.08.2022

No.	Descriptions	Qty	Unit Price	Amount S\$
LIST ITEM:				
1	BOOT LID	1	1,407.64	<i>R</i> 1,407.64 X
2	BOOT LID WEATHERSTRIP	1	268.40	<i>in</i> 268.40 X
3	BOOT LOCK	1	385.25	<i>R</i> 385.25 X
4	BOOT EMBLEM "LOGO"	1	85.60	<i>nn</i> 85.60 X
5	BOOT EMBLEM "COROLLA"	1	72.50	<i>nn</i> 72.50 X
6	BOOT EMBLEM "ALTIS"	1	85.60	<i>nn</i> 85.60 X
7	TAIL LAMP LH	1	<i>mc</i> 615.84	<i>(cm)</i> 615.84 X
8	REAR BODY PANEL	1	871.00	<i>R</i> 871.00 X
9	REAR FENDER LH	1	1,082.80	<i>R</i> 1,082.80 X
10	REAR BUMPER	1	795.60	<i>cm</i> 795.60 ✓
11	REAR BUMPER BRACKET LH	1	128.40	<i>cm</i> 128.40 ✓
12	REAR BUMPER BRACKET RH	1	128.40	<i>R</i> 128.40 X
13	REAR BUMPER SIDE RETAINER LH	1	128.40	<i>Dis</i> 128.40 ✓
14	REAR BUMPER SIDE RETAINER RH	1	128.40	<i>in</i> 128.40 X
15	REAR BUMPER REFLECTOR LH	1	75.60	<i>in</i> 75.60 X
16	REAR BUMPER REFLECTOR RH	1	75.60	<i>in</i> 75.60 X
17	REAR BOOT LID REFLECTOR LH	1	192.40	<i>in</i> 192.40 X
18	REAR BOOT LID EMBLEM "1.6VVTI"	1	85.60	<i>nn</i> 85.60 X
19	REAR BUMPER SPONGE	1	185.00	<i>cm</i> 185.00 ✓
20	REAR CHASSIS BRACKET LH	1	198.35	<i>R</i> 198.35 X
Sub Total (S\$) :				6,996.38
Discount (25%) :				-
Total Parts (S\$) :				6,996.38

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:

SPECIAL NETT ITEMS

- 1 REAR REVERSE SENSOR RH
- 2 REAR REVERSE SENSOR LH

1	150.00	<i>RM</i>	150.00	X
1	150.00	<i>RM</i>	150.00	X

Sub Total (S\$) :	<u>300.00</u>	<u>300.00</u>
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LABOUR:

- 1 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT ON
- 2 TO PUTTY, APPLY PRIMER & SPRAY PAINT ON EFFECTED PORTION.
- 3 TO APPLY RUST-PROOFING ON REPAIRED, REPLACED PANEL
- 4 TO CHECK WIRING FUNCTIONS

1,000.00	<i>2001</i>
1,200.00	<i>2001</i>
<i>RM</i> 180.00	X
80.00	<i>101</i>

Total Labour (S\$) :

2,460.00

Total Amount (S\$) :

9,756.38



for Sin Ming Autocare BFG Pte Ltd

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	23/08/2022 15:16 (SGT)
Reported by	Both
Date of Accident	22/08/2022 18:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG ROAD SLIP ROAD TO YISHUN AVENUE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4238E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	OSMAN BIN MOHD
NRIC No	SXXXX843E
Email Address	OZZIE.MOHD@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90095157
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	Singapore Life Ltd
Policy Number / Cover Note Number	10908826

DRIVER

Name of Driver	OSMAN BIN MOHD
NRIC No	SXXXX843E
Date Of Birth	08/10/1973
Occupation	Indoor

IMPORTANT NOTICE

SKETCH PLAN

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 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.
- (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.



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

Policyholder's Signature / Date & Time

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

Sketch Plan

(A) SLK 4238 E (B) ET 800T

Yishan Ave 7