

ASS. REC. BY:

REF:

EQ / 220083381Kg

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: 1-2 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:

SDD 8777X

Yr Regn:

08, 20

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

Truck / Trailer or

Make:

Toy Camry

c.c

2487

Colour

h.p. white

A/C:

Insured / Std / NI / NA

Sp. Reading

64958

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTNB2314K 303071505

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:

215/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

4

mm

L/Bal.

3

mm

L/Bal.

4

mm

D.O.A.

22/8/22

D.O.I.

1/9/2022

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

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

ESTIMATE TO REPAIR

VEHICLE NO. : SDD 8777 X
 MAKE : TOYOTA
 MODEL : CAMRY HYBRID 2.5 ASCENT SPORT CVT
 YEAR : 2020
 CHASSIS NO : JTNB23HK303071505

SURVEYOR NAME :
 DATE OF SURVEY :
 TIME OF SURVEY :

DATE : 29-Aug-22
 DATE OF ACCIDENT : 22-Aug-22
 THIRD PARTY REF : SJX 4649 H
 THIRD PARTY REF : EQ Insurance Pte Ltd

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	rear bumper				\$ 695.80
1 pc	rear bumper reinforcement				\$ 250.70
2 pc	rear bumper lower mounting		\$ 102.30		\$ 204.60
10 pc	rear bumper clips		\$ 4.80		\$ 48.00
	Less 25%				\$ 1,199.10
					\$ 299.78
					\$ 899.33
	To putty & spray paint				\$ 300.00
	Labour charge				\$ 280.00
TG/ZX	TOTAL				\$ 1,479.33
<p>NOT Notified Resurvey 34, 2 for per 1-2 days</p> <div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>					

Lim Tan Motor Pte Ltd
 Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 675721
 Tel: 65-64520593 Fax: 65-64569127 Email: edmund@LTM.sg
 Co. Reg No. 199307277D GST Reg No. M2-0019086-0

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SL0U228N0002 / LIM TAN MOTOR PTE LTD
ENTRY DATE & TIME: 23/08/2022 15:00 (SGT)
SUBMITTED BY: Lee Choy Wan
VERSION: 1 (23/08/2022 15:00 (SGT))

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 15:00 (SGT)
Reported by	Owner
Date of Accident	22/08/2022 09:30 (SGT)
Exact Location of Accident	Near 952 Hougang Ave 9, Block 952, Singapore 530952
Additional Location Information	YIO CHU KANG RD TURNING TO SERANGOON NORTH AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDD8777X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KWEE CHIEW
NRIC No	SXXXX152F
Email Address	THOMASLIMG@GMAIL.COM
Mobile Phone No	(Phone) +65-97299738
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	2500

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	D 300456893 QMY

DRIVER

Name of Driver	LIM ZHI WEI BRYAN
NRIC No	SXXXX834C
Date Of Birth	13/09/1995
Occupation	Indoor

SKETCH PLAN

Date & Time of Accident: 23/08/22 / 0930am Location: 415 Chua Chuang
 Veh A: SD0877X Veh B: SJX 4649 H Veh C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date and time, I was stationary waiting turn-right to Serangoon North Ave 5. Suddenly I felt an impact from behind, Veh B driver said he was rubbing his eye and did not stop in time. Cause he hit into my veh A's rear portion.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

- [☐] Own Damage Claim at Lim Tan Motor [☒] TP Claim at Lim Tan Motor
 [☐] Own Damage Claim at Other Workshop [☐] TP Claim at Other Workshop [☐] Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____

My/Our email : Thomaslingm@gmail.com

DECLARATION

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

Policyholder's Signature Date
& Time: _____

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

Reporting Centre Personnel's Signature
Name: Venus
NRIC/FIN No.: SXRT991A