

ASS. REC. BY:

REF:

9M0 22008944/K9

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 Rpt:

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:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

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, 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

Fixing

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
H/P 91082728

Fax : 64816131

Not Notarised

11 Days

Resurvey After Repair

5 days

Mohammad Khairul Nizam Bin Abdul Rashid
Blk 504C Yishun ST 51
#03-126
Singapore 763504

Vehicle No : SLT 7157 M
Make/Model : Toyota Estima
Year : 2016

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear tail-gate assy
1 pc	Rear tail-gate glass moulding
1 pc	Rear tail-gate outer chrome handle
1 pc	Rear tail-gate emblem " Logo "
1 pc	Rear tail-gate inner lock
1 pc	Rear tail-gate inner trim board
1 pc	Rear boot rubber
1 pc	Rear end panel
1 pc	Rear end panel inner garnish
1 pc	Rear end panel lower extension
1 pc	Rear bumper
2 pcs	Rear bumper side retainer
2 pcs	Rear bumper sponge
1 pc	Radio antenna
2 pcs	Rear fender inner trim
1 pc	Rear boot floor panel top cover board

<i>By</i>	\$1,955.70	✓
<i>Me</i>	\$95.60	✓
<i>In</i>	\$265.10	X
<i>me</i>	\$45.00	✓
<i>Net</i>	\$481.70	✓
	\$552.70	?
	\$346.10	?
	\$655.80	?
	\$266.20	?
<i>K</i>	\$185.70	X
<i>Am</i>	\$1,055.20	✓
\$75.10	\$150.20	X
	\$95.70	?
<i>Net</i>	\$185.70	X
\$673.90	\$1,347.80	X
<i>Net</i>	\$487.50	✓
	\$8,171.70	
Less 25 %	\$2,042.93	
	\$6,128.77	

S Nett

1 pc	Rear tail-gate glass sealant
1 set	Rear reverse sensor
20 pcs	Rear bumper clip
1 pc	Rear no plate

<i>Me</i>	\$40.00	✓
<i>Ad/Shen</i>	\$300.00	✓
\$2.00	\$40.00	✓
<i>me</i>	\$40.00	X
	\$420.00	

1 pc Rear end panel top chrome - \$280.00 ✓

balance c/f \$6,548.77

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:

SLT 7157 M

balance b/f \$6,548.77

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

\$1,000.00 7

To putty and spray paint

\$1,000.00 6601

Check & reconnect wiring.

\$35.00 201

To apply underseal and anti-rust proofing on affected areas

\$120.00 7

Remove/refit rear windscreen to facilitate repair

\$120.00 ✓

Remove/refit rear tail-gate mechanism to new door.

\$100.00 601

Total

\$8,923.77



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	12/09/2022 16:46 (SGT)
Reported by	Both
Date of Accident	10/09/2022 17:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS AYE BEFORE BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT7157M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD KHAIRUL NIZAM BIN ABDUL RASHID
NRIC No	SXXXX802F
Email Address	khaiyoyo87@gmail.com
Mobile Phone No	(Phone) +65-94573153
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125081722-01

DRIVER

Name of Driver	MUHAMMAD KHAIRUL NIZAM BIN ABDUL RASHID
NRIC No	SXXXX802F
Date Of Birth	26/11/1987
Occupation	Indoor



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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.

5. 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 making 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 and packages); and/or

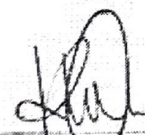
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

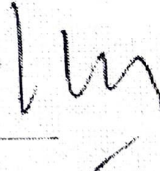
(collectively the "Purposes")

(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 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.

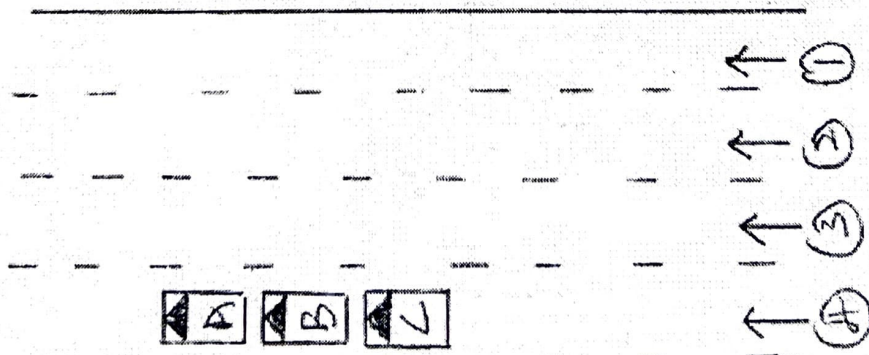

Policyholder's Signature / Date & Time


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


Witnessed by Insurer's Personnel



Sketch Plan



LTE towards A/E

Veh A: SLT 7157 M
Veh B: SGZ 9767 S
Veh C: SFR 911 E