ASS. REC. BY: Kenneth

REF: C121 / 2200961S/Kn

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim Yew Boo

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SFP 2281L Yr Regn: 07, 21

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

Make: Hyundai, Avante c.c 1598

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

Sp.Reading 17613 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLN41ETNU 213801

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: _____

R: 205/55R16

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	23/9/22	D.O.I.	5/10/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: ___ $ + RS ___ SI

Parking: _____

Others: _____

TOTAL: _____

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C,#01-10 S'575645
NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
Tel No. : 64534177 Fax No. : 64593724
E-Mail : limyewboo@singnet.com.sg
Website : www.limyewboo.com.sg
Buss. Reg. No. : 20051400L

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD #16-00
SPRINGLEAF TOWER SINGAPORE 079909

Not Workable
Running After Paint
4 days

Attention : Motor Claim Department
Contact : 63896111 Fax No. : 62221033

Estimate : TP22/036

Date : 04/10/2022
Vehicle Num. : SFP 2281L
Make/Model : HYUNDAI AVANTE-2021
Chassis/Eng# : KMHLN41ETNU213801/G4FMMU048865
Accident Date : 23/09/2022
Claim No. : SNM22D206892/C02/ PC3918C/TAYH
Reference : LYB/SFP2281L/China/tp/sl
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1	REAR BUMPER		470.80 X
2.	1	REAR BUMPER RETAINER/RH		28.00 X
3.	3	REAR BUMPER FASTENER	5.00	15.00 X
4.	3	REAR BUMPER EXTENSION FASTENER	5.00	15.00 X
5.	3	REAR BUMPER EXTENSION GROMMET SCREW	5.00	15.00 X
6.	1	REAR RIM/RH		843.40
7.	1	REAR ABSORBER/RH		230.50 ?
8.	1	REAR BEARING C/W HUP		394.50 ?
		List TotalS$:		2,012.20
		20.00% Discount S$:		402.44
				1,609.76
		LABOUR : TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS		120.00 X
		TO CHECK COMPUTERISED WHEEL ALIGNMENT		120.00 60
		TO CHECK WATER SEEPAGE		60.00 X
		LABOUR TO REMOVE & RE-ASSEMBLE UNDERCARRIAGE PARTS		280.00 ?
		TO REMOVE, CHECK,REPAIR & REPLACE RIM		150.00 2

CONTINUE / ...

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:

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C,#01-10 S'575645
NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
Tel No. : 64534177 Fax No. : 64593724
E-Mail : limyewboo@singnet.com.sg
Website : www.limyewboo.com.sg
Buss. Reg. No. : 20051400L

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD #16-00
SPRINGLEAF TOWER SINGAPORE 079909

Attention : Motor Claim Department
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Reference : LYB/SFP2281L/China/tp/sl
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		TO REPAIR,PANEL BEAT ON RIGHT REAR FENDER & LABOUR TO REPLACE THE ABOVE PARTS		600.00
		TO PUTTY,PRIMER & SPRAY PAINT ON REAR BUMPER, RIGHT REAR FENDER & AFFECTED REAR DOOR USING 2K PAINT		700.00
		Labour Total S$:		2,030.00

E. & O.E.

Total S$: 3,639.76

r LIM YEW BOO SPRAY PAINT CO.

SS2E229O0001 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 24/09/2022 13:59 (SGT)
SUBMITTED BY: Cynthia Myint Myint Than
VERSION: 1 (24/09/2022 13:59 (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 witholding 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	24/09/2022 13:59 (SGT)
Reported by	Both
Date of Accident	23/09/2022 13:32 (SGT)
Exact Location of Accident	Victoria Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP2281L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Chee Sin (Huang ZhiSheng)
NRIC No	S7344110B
Email Address	ngcheesin73@gmail.com
Mobile Phone No	(Phone) +65-97945384
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300601628 QMY

DRIVER

Name of Driver	Ng Chee Sin (Huang ZhiSheng)
NRIC No	S7344110B
Date Of Birth	02/12/1973
Occupation	Indoor

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 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 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.

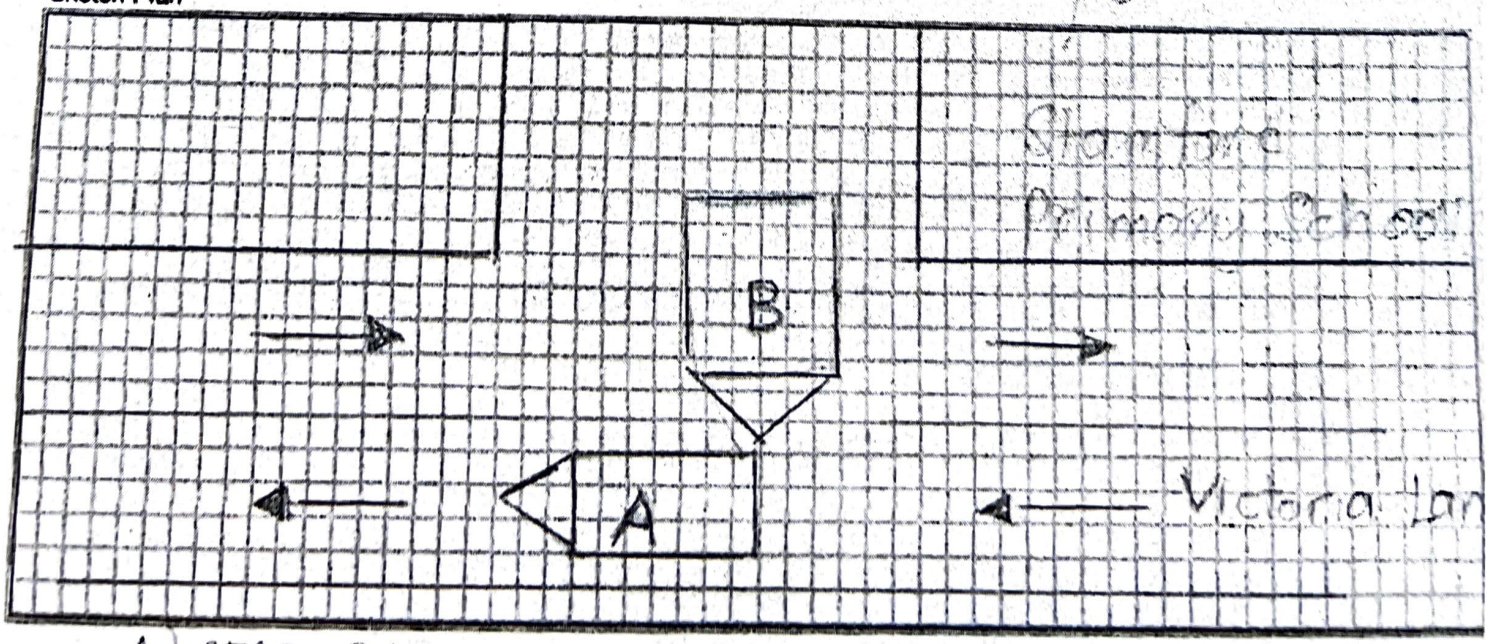
(collectively the "Purposes")

(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/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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/FIN card)
1602hrs 23/9/22	1602hrs 23/9/22	

Sketch Plan



A) SFP 22B1L

B) PC 2912