

ASS: REC BY: Steve

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: _____ days Res.: Yes or No
Lump Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Veh No: SGJ 3288G Yr Regn: 348/16
Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Trailer or
Make: Lexus ES300H c.c. 2494
Colour: Silver A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
Sp. Reading: 96975 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
Eng/No: _____
C/No: JTHBW1GG002131617
Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Modi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or
Tyre Size: F: 215/55R17
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIO / OHTSU / PIR / SUMI /
TOYO / YOKO or .
Front: _____ Rear: _____
R/Bal. 12 mm R/Bal. 14 mm
L/Bal. 14 mm L/Bal. 14 mm
D.O.A. 28/9/22 Shu fat D.O.I. 11/10/22
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
	<u>MR. 90K</u>

Order/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Report Format: _____

Lump Sum / L.B.L. (\$) _____

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL



樹發汽車修理廠 SHU FATT AUTO WORKS

BLOCK 1009 BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723 TEL: 6273 0119 FAX: 6270 7065

Email: shufatt@pacific.net.sg

Co. Reg. No. 09062400M GST Reg. No. 09-062400-M

Our Ref: WSK/jw/SF-quo
4th October 2022
China-Taiping TP

Steve (CLKK)

11/10/22 4:37 PM ChinaTaiping

W R
L/S 5 dys
Lj AL y

SGJ 3288 G LEXUS ES300h

Spare Parts			S\$
1	Frt bonnet.	X R	2386.90
1	Set frt bonnet insulator clips.	X	70.00
1	Rt frt headlight	BR	6185.20
1	Rt frt headlight holder.	?	125.20
1	Rt frt fender.	ON	1420.80
1	Rt frt fender cowl.	70	295.20
1	Set rt frt fender cowl clips.	MC	88.00 20
1	Rt frt fender top garnish.	?	86.40
1	Set rt frt fender top garnish clips.	?	48.00
1	Rt frt fender top rubber.	?	140.20
1	Frt grille.	BR	1240.00
1	Frt grille emblem.	?	506.40
1	Set frt grille clips.	?	36.00
1	Frt support panel.	?	1541.50
1	Frt bumper.	BR	1016.60
1	Frt bumper reinforcement.	X	529.80
1	Frt bumper foam.	X	163.70
1	Rt frt bumper bracket.	X BR	90.60
1	Set frt bumper clips.	MC	88.00 30
2	Frt bumper side retainers.	@\$60.90 BR	121.80
1	Rt frt fog light.	?	516.00
1	Rt frt fog light garnish.	?	178.60
1	Rt frt fog light chrome garnish.	BR	150.40
1	Rt frt bumper sensor.	?	490.80
1	Rt frt rim (17").	MC	2898.60
1	Frt lower engine cover.	?	331.20
1	Set frt lower engine cover clips.	?	44.00
1	Frt number plate.	X	80.00 smet
1	Coolant.	?	28.00 smet

20897.90

Less 20% 4157.98

16739.93

1200.00

Labour

To knock, straighten frt support panel, frt inner panel, frt lower panel, frt side panel, rt frt wheel house, left frt wheel house, rt frt door, rt frt wheel house inner panel, renew frt bonnet, frt top panel, rt frt headlight panel, frt grille, frt light, frt fender, frt bumper and assembly.

To respray damaged parts.

To remove frt radiator, air con condenser to facilitate repairs, refit and assembly.

To remove, replace rt frt tyre, rim, balance and assembly.

To check and adjust wheel alignment.

To check and reset ECU.

Towing (on king dolly).

1200.00 1000

360.00 ?

120.00 30

150.00 80

150.00 120

120.00 100

20039.93

to Consultants hence notify
airer of the following:
vey before/after spray painting
ay damaged part(s) during resurvey
ices are subject to confirmation
ity survey is on a "Without Prejudice" basis
al modification(s) is allowed
mentary item(s) must be resurveyed and
t to final approval from Insurance Company

igned by Repairer



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 29/09/2022 17:25 (SGT)
Reported by Both
Date of Accident 28/09/2022 20:18 (SGT)
Exact Location of Accident Singapore
Additional Location Information UBI AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGJ3288G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN THIAM GUAN JOHNNY
NRIC No SXXXX328H
Email Address JOHNNY@UMPL.COM.SG
Mobile Phone No (Phone) +65-96279969
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Lexus
Model LEXUS ES300H CVT S/R
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2492

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5130661536

DRIVER

Name of Driver TAN THIAM GUAN JOHNNY
NRIC No SXXXX328H
Date Of Birth 28/08/1962
Occupation Indoor

Accident report SC1E229T0007

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

21/03/1980
42 YEARS AND 6 MONTHS
Male
(Phone) +65-96279969
-
JOHNNY@UMPL.COM.SG
9 JALAN KELICHAP
-
-
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Side Swipe
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
No
-
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number

SJF9883J
-
-
-
-
NA / Unknown
-
-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

IMPORTANT NOTICE

VEHICLE NO: 5GJ
DATE OF ACCIDENT: 20.12.18

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 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. 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 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

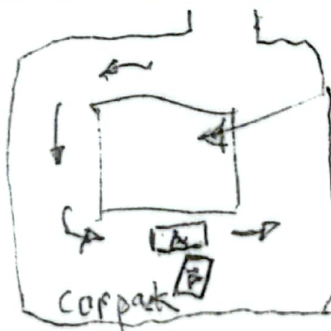
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

29/9/22
12:00pm
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



55 Uti Ave 3
Aspal Building
A - 5GJ 3288G
B - SJF 9883J

I was driving along a one way street when suddenly SJF9883J drove quickly out of the carpark lot and crash into the 2/11/3 front of my car.

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

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

Witnessed by Reporting Centre Personnel

CHARN'S CUSTOMCRAFT