

REC BY: T. J. M.

REF: CS/CT/2201-0257/Ty3

ASSIGNMENT

is subject to level approvals (now instructions Company)
• subject to level (2) approvals (now instructions Company)
• no modification(s) is allowed
• any change to the original policy, please
• any change is subject to confirmation
approved by

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLQ 7522H

Policy No. DMPCSNW00155252201

Claims No. SNM22D207358/C02/KHONGLH

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: 9135K

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS WP

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

Veh No: SMH 3789S 2019/Jan

Type: M. Car / M. Cycle / Bus / Van / Motor / Trailer / Truck / Trailer or

Make: Toyota Noah C.C. 1797

Colour: White A/C: Insured / Std / Nil / NA

Sp. Reading: 110892 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: ZUR 80037770

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: R

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

TOYO / YOKO or

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 14/10/2022 D.O.I. 19/10/22

Survey held at HD Perfect

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
19/1/23	Lump Sum \$6300 confirmed by email (red 12,313.82, 66%)

Date/Time, File Pass to? [] : Prel. Report [] : Final Report

1) _____ Date/Time, File Return to? 2) 19/1/23-typist

Days Of Repair: 5 Resurvey No. of Trip: 1

Add Fee: [] : Site Insp (\$) [] : Interview (\$)

Survey Fee: _____ Transportation: _____ S + RS _____ SI _____ Photos _____

HD Perfect Autowork Pte Ltd

Company Reg No: 202136904Z

8 Kaki Bukit Ave 4, #08-09 Premier@Kaki Bukit
Singapore 415875

Tel : 6341 6789 Fax: 6341 6778

E-mail: hdperfectautowork@gmail.com



HD PERFECT
AUTOWORK PTE LTD

DATE : 18.10.2022

TO : CHINA TAIPING MOTOR CLAIMS DEPTS
VEHICLE NO : SMH3789S
MODEL : TOYOTA NOAH
DATE OF ACCIDENT : 14.10.2022
TIME OF ACCIDENT : 14:00 HRS

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE	
1	REAR BUMPER	1	\$ 1,339.31	\$ 1,339.31	de -
2	REAR BUMPER TOW HOOK COVER	1	\$ 28.10	\$ 28.10	x
3	REAR BUMPER REFLECTOR	2	\$ 125.60	\$ 251.20	x
4	REAR BUMPER SIDE RETAINER (FRONT)	2	\$ 145.80	\$ 291.60	x
5	TAILGATE	1	\$ 1,812.70	\$ 1,812.70	bt -
6	TAIL GATE EMBLEM 'HYBRID SYNERGY DRIVE'	1	\$ 75.20	\$ 75.20	ner -
7	TAILGATE STOPPER	2	\$ 28.60	\$ 57.20	x
8	TAILGATE INNER LOCK	1	\$ 452.10	\$ 452.10	bt -
9	TAILGATE LOWER LOCK	1	\$ 36.70	\$ 36.70	x
10	TAILGATE BUZZER	1	\$ 96.30	\$ 96.30	ner -
11	TAILGATE DETECTOR	1	\$ 175.20	\$ 175.20	ner -
12	TAILGATE DETECTOR WIRE HARNESS	1	\$ 287.30	\$ 287.30	x
13	TAILGATE INNER TRIM	1	\$ 580.30	\$ 580.30	ner -
14	TAILGATE INNER HOLDER	1	\$ 65.00	\$ 65.00	x
15	TAILGATE WEATHER STRIP	1	\$ 375.10	\$ 375.10	cut -
16	TAILGATE WINDSCREEN GLASS C/W MOULDING	1	\$ 1,198.70	\$ 1,198.70	x
17	TAIL LAMP LOWER GARNISH	2	\$ 178.80	\$ 357.60	x
18	TAIL LAMP LOWER GARNISH RETAINER	2	\$ 160.70	\$ 321.40	x
19	REAR FENDER INNER TRIM	2	\$ 906.51	\$ RHX 1,813.02	LH de -
20	REAR FENDER COWLING	2	\$ 118.70	\$ 237.40	x
21	REAR END PANEL C/W END EXTEND PANEL	1	\$ 762.20	\$ 762.20	Rex bt -
22	REAR END PANEL TOP GARNISH	1	\$ 168.20	\$ 168.20	de -
23	REAR FLOOR MAT	1	\$ 685.10	\$ 685.10	x

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24	REAR FLOOR PANEL TOP BOARD	1	\$ 1,165.50	\$ 1,165.50	dl
25	JACK COVER GARNISH	1	\$ 186.00	\$ 186.00	x

TOTAL PRICE \$ 12,818.43
 LESS 25% \$ 3,204.61
 SUB TOTAL PRICE \$ 9,613.82

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	REAR BUMPER CLIPS (SET)	1	\$ 80.00	\$ 80.00	3000 ✓
2	REAR BUMPER DIFFUSER (SPECIAL TYPE)	1	\$ 1,800.00	\$ 1,800.00	600 ✓
3	TAIL LAMP LOWER GARNISH CLIP (SET)	1	\$ 60.00	\$ 60.00	x
4	TAILGATE OUTER MOULDING CLIP (SET)	1	\$ 40.00	\$ 40.00	x
5	TAILGATE INNER TRIM CLIP (SET)	1	\$ 80.00	\$ 80.00	x
6	TAILGATE TOP INNER TRIM CLIP (SET)	1	\$ 50.00	\$ 50.00	x
7	TAILGATE SIDE INNER TRIM CLIP (SET)	1	\$ 50.00	\$ 50.00	x
8	TAILGATE WINDSCREEN SEALANT	1	\$ 80.00	\$ 80.00	400 ✓
9	TAILGATE WINDSCREEN INNER SEAL	1	\$ 60.00	\$ 60.00	300 ✓
10	TAILGATE WINDSCREEN SOLAR FILM	1	\$ 550.00	\$ 550.00	x
11	REAR FENDER INNER TRIM CLIP (SET)	1	\$ 80.00	\$ 80.00	x
12	REAR FENDER INNER COWLING CLIP (SET)	1	\$ 80.00	\$ 80.00	x
13	REAR END PANEL TOP GARNISH CLIPS (SET)	1	\$ 40.00	\$ 40.00	200 ✓
14	REAR END PANEL INSULATION SEAL	1	\$ 150.00	\$ 150.00	x
15	JACK COVER GARNISH CLIP (SET)	1	\$ 50.00	\$ 50.00	x
16	JACK	1	\$ 150.00	\$ 150.00	x
17	REVERSE CAMERA	1	\$ 450.00	\$ 450.00	x
18	REVERSE SENSOR (2PCS)	1	\$ 250.00	\$ 250.00	200 ✓

TOTAL \$ 4,100.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 1,600.00	600
2	TO SPRAY PAINT AFFECTED AREA	\$ 1,400.00	700
3	TUFF COAT	\$ 250.00	300

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4	REMOVE AND REFIX CUSHION SEAT/UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR	\$ 180.00	60
5	REMOVE AND REFIX REAR AIRCON BLOWER MOTOR	\$ 350.00	X
6	REMOVE AND REFIX REVERSE CAMERA AND DISTANCE SETTING	\$ 80.00	30
7	REMOVE AND REFIX VIDEO RECORDER AND DISTANCE SETTING	\$ 80.00	X
8	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	30
9	REAR CHASSIS ALIGNMENT	\$ 250.00	X
10	REMOVE AND REFIX TAILGATE WINDSCREEN	\$ 150.00	120
11	TRANSFER TAILGATE MECHANISM	\$ 120.00	60
12	CONDUCT WATER LEAKAGE TEST	\$ 100.00	X
13	REMOVE AND REFIX FUEL TANK TO FACILITATE FLOOR PANEL REPLACEMENT	\$ 80.00	X
14	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 180.00	X

TOTAL \$ 4,900.00

TOTAL PARTS COST : \$ 13,713.82
 TOTAL LABOUR COST : \$ 4,900.00
 TOTAL REPAIR COST : \$ 18,613.82

*Taufik 97495749/62583861
 wpd 19/10/22 @ 440pm
 U/S Resurvey after repair
 Taufik C/uh auto.com
 5 days*

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.
 PARTS PRICES ARE SUBJECT TO CHANGES.

YOURS FAITHFULLY,

IRENE

SERVICE ADVISOR
 IRENE
 HP : 8297 9787

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:

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 14/10/2022 17:15 (SGT)
Reported by Both
Date of Accident 14/10/2022 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information BISHAN ST 22 TOWARDS MARYMOUNT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH3789S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHANG JIK XIAN
NRIC No S87842021
Email Address ABC8627E@GMAIL.COM
Mobile Phone No (Phone) +65-90286422
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 1797

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number B 300495121 QMX

DRIVER

Name of Driver CHANG JIK XIAN
NRIC No S87842021
Date Of Birth 29/08/1987
Occupation Indoor

Date Of Driving Pass	28/01/2016
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90286422
Alt. Phone Number	-
Email Address	ABC8627E@GMAIL.COM
Address	BLK 486 PASIR RIS DRIVE 4
Address complement	-
Postcode	510486
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHMENT STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLQ7522H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

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 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.
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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.

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

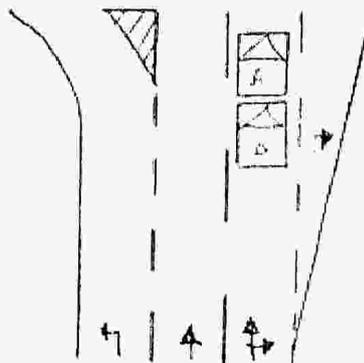
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Van A: SMH 3789S

Van B: SLC 7522H



Describe Circumstances of the Accident

Handwritten notes on a lined grid:

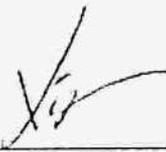
- Attached
- to
- Refused

Declaration

(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

On the stated date and time. I, Vehicle A (SMH3789S) was stationary on Bishan Street 22 Towards Marymount Road. Suddenly I felt a huge impact from the rear portion of my stationary vehicle. After I alighted I then realise that is Vehicle B (SLQ7522H) that had collided onto my vehicle.

Vehicle A : SMH3789S

Vehicle B : SLQ7522H

A handwritten signature in black ink, appearing to be 'X72' with a flourish.