

AGS. REC BY: Toupin

REF: CS/EG/22010341/T 43

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No _____

Claims No _____

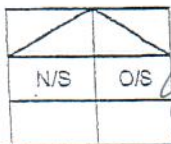
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 9190K

IDAC Accident Rpt: _____ 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

wp

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMW 6588J Yr Regn: 2022 04

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

Truck / Trailer or

Make: Toyota Harrier Hybrid cc 1998

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

Sp. Reading: 68017 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STEAD3BH80J00/271

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: 235/55R18

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. _____ D.O.I. 18/10/22

Survey held at HD Perfect

Des. of Damages: Frl / 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?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

S + RS. SI. _____

Photos _____

Others _____

Report Form: _____

Lum Sum / L.Bal. / P. _____

TOTAL

HD Perfect Autowork Pte Lt

Company Reg No: 202136904Z

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

Tel : 6341 6789 Fax: 6341 6778

E-mail:jlperfectautowok@gmail.com



HD PERFECT
AUTOWORK PTE LTD

DATE : 17.10.2022

TO : ERGO MOTOR CLAIMS DEPTS
VEHICLE NO : SMM6588J
MODEL : TOYOTA HARRIER
DATE OF ACCIDENT : 17.10.2022
TIME OF ACCIDENT : 11:45HRS

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 DOOR RH	1	\$ 1,550.60	\$ 1,550.60
2	REAR DOOR INNER TRIM RH	1	\$ 1,016.80	\$ 1,016.80
3	REAR DOOR SPEAKER RH	1	\$ 225.30	\$ 225.30
4	REAR DOOR GLASS CHANNEL RH	1	\$ 183.70	\$ 183.70
5	REAR DOOR OUTER HANDLE RH	1	\$ 364.70	\$ 364.70
6	REAR DOOR OUTER STRIP MOULDING RH	1	\$ 158.70	\$ 158.70
7	REAR DOOR INNER LOCK RH	1	\$ 600.20	\$ 600.20
8	REAR DOOR INNER LOCK CATCHER RH	1	\$ 98.60	\$ 98.60
9	REAR DOOR WEATHER STRIP RH	1	\$ 275.60	\$ 275.60
10	REAR FENDER RH	1	\$ 1,531.80	\$ 1,531.80
11	REAR FENDER INNER PANEL RH	1	\$ 867.10	\$ 867.10
12	REAR FENDER QUARTER GLASS RH	1	\$ 282.60	\$ 282.60
13	REAR FENDER INNER COWLING RH	1	\$ 247.30	\$ 247.30
14	REAR ABS SENSOR RH	1	\$ 417.60	\$ 417.60
15	REAR SHOCK ABSORBER RH	1	\$ 152.10	\$ 152.10
16	REAR WHEEL HUP WITH BEARING RH	1	\$ 1,008.20	\$ 1,008.20
17	REAR ANTI ROLL BAR LINKAGE RH	1	\$ 179.30	\$ 179.30
18	REAR LOWER ARM RH	1	\$ 524.60	\$ 524.60
19	REAR KNUCKLE ARM RH	1	\$ 465.20	\$ 465.20
20	REAR ADJUSTABLE ARM RH	1	\$ 291.60	\$ 291.60
21	REAR CONTROL ARM RH	1	\$ 271.20	\$ 271.20
22	REAR WHEEL RIM RH	1	\$ 2,604.90	\$ 2,604.90
23	TAIL LAMP RH	1	\$ 689.60	\$ 689.60
24	REAR BUMPER	1	\$ 904.80	\$ 904.80
25	REAR BUMPER INNER SIDE GRANISH RH	1	\$ 204.90	\$ 204.90

TO : **ERGO** MOTOR CLAIMS DEPTS
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26	REAR BUMPER LOWER	1	\$ 466.10	\$ 466.10	mis ✓
27	REAR BUMPER REFLECTOR	2	\$ 85.60	\$ 171.20	X
28	REAR BUMPER SIDE RETAINER	2	\$ 82.70	\$ LHX 165.40	Rflang ✓
29	REAR BUMPER SPONGE	1	\$ 89.30	\$ 89.30	X
30	REAR BUMPER REVERSE SENSOR	2 4	\$ 397.80	\$ 1,591.20	Rflang ✓
31	REAR BUMPER REVERSE SENSOR HOLDER	4	\$ 28.90	\$ 115.60	rec ✓
32	REAR BUMPER REVERSE SENSOR WIREHARNES	1	\$ 288.10	\$ 288.10	X

TOTAL PRICE \$ 18,003.90
 LESS 25% \$ 4,500.98
SUB TOTAL PRICE \$ 13,502.93

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	REAR DOOR SEALANT RH	1	\$ 150.00	\$ 150.00	40ner ✓
2	REAR DOOR INNER TRIM CLIP RH (SET)	1	\$ 80.00	\$ 80.00	20ner ✓
3	REAR DOOR WINDOW SIDE GARNISH CLIP (SET)	1	\$ 60.00	\$ 60.00	X
4	REAR SEAT SIDE GARNISH CLIP RH (SET)	1	\$ 80.00	\$ 80.00	X
5	SIDE SKIRT CLIP(SET)	1	\$ 80.00	\$ 80.00	X
6	REAR FENDER SEALANT RH	1	\$ 150.00	\$ 150.00	60ner ✓
7	REAR FENDER INNER COWLING CLIP (SET)	1	\$ 60.00	\$ 60.00	20ner ✓
8	REAR FENDER INNER TRIM CLIP (SET)	1	\$ 80.00	\$ 80.00	X
9	REAR FENDER GLASS SEALANT RH	1	\$ 80.00	\$ 80.00	40ner ✓
10	REAR FENDER GLASS INNER SHIELD RH	1	\$ 60.00	\$ 60.00	X
11	REAR FENDER GLASS SOLAR FILM RH	1	\$ 150.00	\$ 150.00	X
12	TAIL LAMP CLIP (SET)	1	\$ 60.00	\$ 60.00	X
13	REAR BUMPER CLIP (SET)	1	\$ 120.00	\$ 120.00	30ner ✓
14	REAR WHEEL TYRE RH	1	\$ 650.00	\$ 650.00	X
15	WHEEL CAP (SET)	1	\$ 120.00	\$ 120.00	X
16	BRAKE OIL	1	\$ 30.00	\$ 30.00	X

TOTAL \$ 2,010.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	\$ 2,000.00	800
2	TO SPRAY PAINT AFFECTED AREA	\$ 1,600.00	900
3	REMOVE & REFIX CUSHION SEAT/UPHOLSTERY & ROOF LINING TO FACILITATE REPAIR	\$ 350.00	80

TO : **ERGO** MOTOR CLAIMS DEPTS
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4	TUFF COAT	\$ 250.00	50.
5	WIRING CHECK	\$ 250.00	40
6	REMOVE AND REFIX REAR FENDER GLASS LH	\$ 100.00	50 X
7	REMOVE AND REFIX SAFETY BELT	\$ 250.00	X
8	FOUR WHEEL ALIGNMENT	\$ 120.00	80
9	REMOVE & REFIX AUDIO SPEAKER	\$ 120.00	X
10	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	40
11	TRANSFER REAR DOOR MECHANISM LH	\$ 80.00	60
12	REMOVE & REINSTALL REAR WINDOW GLASS RH	\$ 60.00	40
13	REMOVE AND REFIX REAR UNDERCARRIAGE	\$ 650.00	7,150
14	RESET ABS LIGHT	\$ 350.00	X
15	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 350.00	150?

TOTAL \$ 6,610.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 15,512.93
 TOTAL LABOUR COST : \$ 6,610.00
 TOTAL REPAIR COST : \$ 22,122.93

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 Co

Accepted by Repairer

Signature:

Date:

Tanpin 97495749/12583561
 WP 18/10/22 @ 3pm
 4/5 Resurvey after repair.
 07 days
 tanpin@lkhauto.com

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	17/10/2022 15:57 (SGT)
Reported by	Both
Date of Accident	17/10/2022 10:15 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	TOWARDS PIE (BEF CLEMENTI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6588J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO KEE LIN
NRIC No	S8615067J
Email Address	GERDHARD.TEO@GMAIL.COM
Mobile Phone No	(Phone) +65-88556588
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01049736

DRIVER

Name of Driver	TEO KEE LIN
NRIC No	S8615067J
Date Of Birth	02/06/1986
Occupation	Indoor

Date Of Driving Pass	04/06/2007
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88556588
Alt. Phone Number	-
Email Address	GERDHARD.TEO@GMAIL.COM
Address	BLK 113A ALKAFF CRESCENT #10-118
Address complement	-
Postcode	341113
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	W/PWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE333D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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) -

INJURED PERSONS DETAILS

INJURED 1


Name of injured person TEO KEE LIN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMM6588J
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -


SKETCH PLAN

IMPORTANT NOTICE

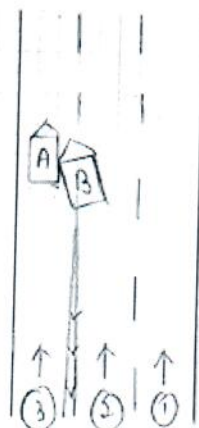
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



A = SMM 6588J

B = XE333D

Clementi Ave 6

towards PIE

(Before Clementi Loop Junction)

Describe Circumstances of the Accident

Refer to attached

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 17.10.22 at about 10:15 hours along Clementi Ave 6 towards PIE (Before Clementi Loop Junction). While I was travelling straight on the lane 3, suddenly I feel vehicle (B) drive very closely to my vehicle. I quickly apply my horn to alert him but he still continues to cut into my lane and hence collided into my vehicle right hand side portion and causing damages to my vehicle.

Vehicle (A) : SMM6588J

Vehicle (B) : XE333D

A handwritten signature in black ink, consisting of a stylized 'C' followed by a horizontal line.