

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. \_\_\_\_\_

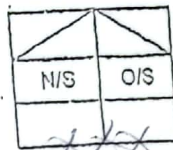
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bel. 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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Date / Time

Action / Instruction

MV-132K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.S. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Insp (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

Veh No: SMS 8004H Yr Regn: 13/3/90

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

Truck / Trailer or

Make: Toyota Camry c.c. 1487Colour: white A/C: Insured / Std / NI / NASp. Reading: 5419 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JIN/3231-K 00300441

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: 215/55R17R: 11

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 21/10/22 D.O.I. 21/10/22Survey held at Accord Auto

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

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





# ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3

#01-80 SINGAPORE 159723

TEL: 62715133 / 62717433 FAX: 62745715

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## ESTIMATE REPAIR

Ms First Capital Insurance Limited

Date: 26.10.2022

Owner's Name : Lin Yen Chang @ Lin Yen Chen

Vehicle No : SMS8004H

Claim Type: Third Party Claim

Vehicle Make & Model : Toyota Camry Hybrid 2.5 Ascent Sport CVT

Chassis No: JTNB23HK003054242

Registration Date : 13 Mar 2020 (YOM 2019) COE Expiry Date 12 Mar 2030

DOA: 22.10.2022

No	Description	Unit	List (\$)
<b>Special Nett</b>			
1	CAR PLATE NUMBER WITH FRAME X	1	\$ 50.00
2	REAR BUMPER & FENDER SHIELD CLIPS ✓ M	SET	\$ 35.00
3	REAR INNER FENDER & BOOT INSULATOR CLIPS X	SET	\$ 70.00
<b>Labour</b>			
1	Spray Painting to All Affected Areas	1	\$ 600 1,000.00
2	Labour Remove / Refix Accident Damages parts to knock , jack, cut weld and realign accident affected area	1	\$ 600 1,000.00
3	Check Wiring System & Light	1	\$ 30 100.00
4	Anti Rust Treatment	1	\$ 30 100.00
5	To Remove/Refix Rear Inner Compartment To Facilitate Repair	1	\$ 30 180.00
6	To Remove / Replace Reverse Sensor	1	\$ 30 180.00
7	To Remove / Refix Rear Reverse Camera	1	\$ X 180.00
8	To Remove/Refix /Replace Rear Boot Inner Compartment, Mechermism & Assy To New Boot		X
9	To Check Water Leaking	1	\$ 30 150.00
10	Computer Diagnostic	1	\$ 50 350.00
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:			Total (B) : \$ 3,395.00 Grand Total: \$ 8,901.68

## 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	25/10/2022 17:39 (SGT)
Reported by	Both
Date of Accident	22/10/2022 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8004H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN YEN CHANG @LIN YEN CHEN
NRIC No	SXXXX401D
Email Address	yenchang1@yahoo.com
Mobile Phone No	(Phone) +65-96229000
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116694855-02

#### DRIVER

Name of Driver	LIN YEN CHANG @LIN YEN CHEN
NRIC No	SXXXX401D
Date Of Birth	31/07/1969
Occupation	Indoor

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

21/03/2001  
 21 YEARS AND 7 MONTHS  
 Male  
 (Phone) +65-96229000  
 -  
 yenchang1@yahoo.com  
 44 HIGHGATE CRESCENT  
 -  
 598825  
 Yes  
 -  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
 Weather Conditions  
 Road Surface

Collision - Head to Rear  
 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  
 2  
 No  
 -  
 -  
 -  
 -  
 -

#### PASSENGER 1

Name  
 Gender

LIAW EE CHIN  
 Female

#### 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

#### ATTACHMENT(S)

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

Yes  
 Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
 Vehicle Manufacturer  
 Vehicle Model  
 Vehicle Variant

SHF188R  
 -  
 -  
 -

Vehicle Colour  
Vehicle Category  
Name of Driver  
NRIC No  
Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
Taxi  
AW WEE SENG ZART  
SXXXX976D  
(Phone) +65-97616761  
-  
-  
-  
-  
-  
-



**SKETCH PLAN**

Veh A: SWS 8004 H  
Veh B: 9H7 1882

**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 willful 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.
- (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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

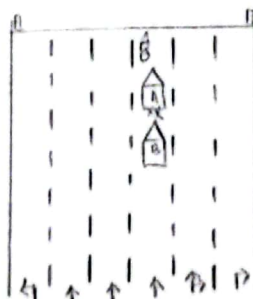
25 Oct 2022  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Jurong West Ave 2



Vol. A SWS 8009 H  
Vol. B SHF 188 R

At traffic light as by the traffic light, when I am green, I don't  
anticipate anyone else needs to adjust, and I'm behind some big ones and  
but my car behind.

I/We declare the foregoing particulars are true in every respect

467 25 Oct 2022  
940

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

Witnessed by Reporting Centre  
Personnel

