

ASS. REC. BY:

REF:

ASM/ 220108741kp

Kenneth

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.

N/S	O/S

Bal. or Market Value: 840k

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SKR 5501M

Yr Regn:

02.15

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

Truck / Trailer or

Make:

Toy Altis

C.C

1598

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

99240

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR053RE11104520591

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F: Dun

205/55R16

R: Davam

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

16/7/22

D.O.I.

2/11/2022

Survey held at

✓

10.55am

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

N/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. 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 (\$

) \$ + RS. \$

) F. + S.

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08

SIN MING AUTOCITY, SINGAPORE 575722.

Tel No. : 64536256/64563715 Fax No. : 64557754

E-Mail : kumchew1@singnet.com.sg

GST Reg.No. : M90367665T

Not with order

1/1 kg B

Pushing After Paint

2 days

M/S AXA INSURANCE PTE LTD

8, SHENTON WAY #27-01

AXA TOWER, SINGAPORE 068811.

email pri (stacey.ng@axa.com.sg)

Attention : Motor Claim Department

Contact : 63387288/18008804741 68804070 Fax No. : 63382522

Estimate : ES005575

Date : 02/11/2022

Vehicle Num. : SKR 5501 M

Make/Model : TOYOTA ALTIS

Chassis/Eng# :

Accident Date : 16/07/2022

Claim No. :

Reference : KC/TP5501-2210-11

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1 PC	FRT BUMPER	466.93	466.93
2.	2 PCS	FRT BUMPER RETAINER	144.44	288.88
3.	1 PC	FRT HEADLAMP - LH	1,588.05	1,588.05
4.	1 PC	FRT FOG LAMP - LH	275.57	275.57
5.	1 PC	FOG LAMP COVER	113.64	113.64
List Total S\$:				2,588.63
25.00% Discount S\$:				647.16
				1,941.47

LABOUR :

TO PULL, KNOCK ON FRT ACCIDENT PORTION & CHANGE THE ABOVE PARTS.

TO SPRAY PAINT ON FRT ACCIDENT PORTION.

TO CHECK WIRING FUNCTIONS.

Labour Total S\$:

200
480.00

220
680.00

60.00 *20*

1,220.00

Total S\$: 3,161.47

KUM CHEW MOTOR WORKSHOP

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:

SJ0G227I0008-01 / JP Knights Pte Ltd
 ENTRY DATE & TIME: 18/07/2022 09:33 (SGT)
 SUBMITTED BY: Weine Chheng
 VERSION: 2 (01/11/2022 17:15 (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 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	18/07/2022 09:33 (SGT)
Reported by	Driver
Date of Accident	16/07/2022 18:30 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR5501M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE LTD
Company Reg No	1XXXXX775H
Email Address	dannying@cdgrentacar.com.sg
Mobile Phone No	(Phone) +65-98463425
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0000326_02

DRIVER

Name of Driver	TAN EU JIN GABRIEL (CHEN YOUREN GABRIEL)
NRIC No	SXXXX628B
Date Of Birth	12/08/1974
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

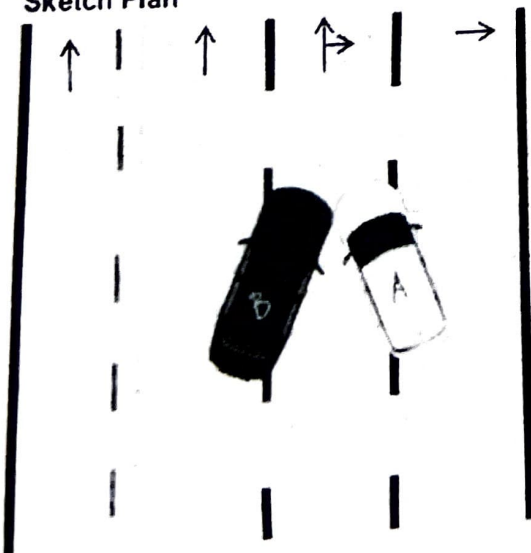
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for Investigation
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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
16/07/22 1935

Witnessed by Reporting Centre Personnel
NAZEEN

Sketch Plan



A - SKR5501M

B - SH8426K

VICTORIA STREET