

ASS. REC. BY:

REF:

LIP / 22010934/KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SDK 9198 Z

Yr Regn: 03, 15

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

Truck / Trailer or

Make:

Toy Atlas

c.c. 1598

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

50040

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR053RE14104527428

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 / R/Rim or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

30/10/22

D.O.I.

7/11/2022

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, File Pass to?

☐

Prell. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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

ATAUTO CONSULTANT

Blk 113 Teck Whye Lane #05-650 Singapore 680113
HP: 8380 8989 EMAIL: atautoconsultant@gmail.com
Co. Reg. No. : 53368526E

Date of Estimate: 01.11.2022
Vehicle No: SDK9198Z
Owner: LEE TECK CHUAN
Date of Accident: 30.11.2022
Make & Model: TOYOTA COROLLA ALTIS 1.6L CVT
Chassis No : MR053REH104527428

Not Notified
L1 Rep &
Resurvey After Painting
2 days

ESTIMATE FOR ACCIDENT VEHICLE NOS SDK9198Z

PARTS

- | | | |
|---|---|---------------------------------|
| 1 | 1 | Rear bumper |
| 2 | 2 | Rear bumper side retainer RH/LH |
| 3 | 1 | Bootlid |

old price @ \$83.00

Pr	\$840.00	✓
	\$166.00	✓
R	\$1,100.00	X
\$2,106.00		
\$526.50		
\$1,579.50		

SUB TOTAL
LESS 25%
DISCOUNTED SUB TOTAL

S.NETT

- | | |
|---|------------------------|
| 1 | 1set Rear bumper clips |
| 2 | 1set Reverse sensor |

SUB TOTAL

Pr	50.00	✓
SK	320.00	2000
\$370.00		

LABOUR

- | | |
|---|---|
| 1 | Panel beating for replace and repair affected parts |
| 2 | Spray painting on accident areas |
| 3 | Wiring charges |
| 4 | Apply undercoating to above affected areas |
| 5 | R/R bootlid component |

SUB TOTAL (LABOUR)

	\$600.00	2000
	\$800.00	2200
	\$100.00	100
Pr	\$180.00	X
Pr	\$200.00	X
\$1,880.00		

SUN TOTAL (S.NETT)

\$370.00

SUB TOTAL (PARTS)

\$1,579.50

SUB TOTAL (LABOUR)

\$1,880.00

ESTIMATED GRAND TOTAL

\$3,459.50

PLEASE NOTE THAT THE ABOVE IS ONLY AN ESTIMATE. THEREFORE, SHOULD THERE BE ANY ADDITIONAL PARTS REQUIRE OR DISCOVER DAMAGE DURING OUR COURSE OF REPAIRS, WE WOULD INFORM YOU ACCORDINGLY FOR NECESSARY ACTION. PRICES OF PARTS QUOTED ARE SUBJECT TO CHANGE WITHOUT NOTICE.

APPROVING OFFICER SIGNATURE & COMPANY'S CHOP

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	31/10/2022 21:37 (SGT)
Reported by	Driver
Date of Accident	30/10/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	11 LI HWAN DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK9198Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE TECK CHUAN
NRIC No	S0713549A
Email Address	OTP168@GMAIL.COM
Mobile Phone No	(Phone) +65-87992727
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5077286808-06

DRIVER

Name of Driver	LEE TONG LIANG
NRIC No	S7504726F
Date Of Birth	28/02/1975
Occupation	Indoor

SKETCH PLAN

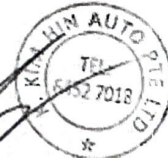
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

