ASS. REC. BY: Kenneth

REF: CIP / 2201252811kw

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s TPR

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: $52K

IDAC Accident Rport: _____ 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: 4/12 Person Contacted: Ryan Vehicle: IN / OUT

Veh No: SJR 3904 J Yr Regn: 06 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Suz SX4 c.c 1586

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 225568 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JSAGYC21S00203781

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Pelium 195/65R15

R: ↗

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	8/12/22	D.O.I.	15/12/2022 ✓

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: ___ $ - RS. ___ SI

Fuel: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: (S _____)

TSR AUTOMOTIVE PTE LTD

160 , SIN MING DRIVE . SIN MING AUTOCITY
06-15 SINGAPORE 575722
EMAIL : tsrteamworks2022@gmail.com . H.P 90030857 .

LIBERTY INSURANCE

ATTN : MOTOR CLAIM DEPARTMENT

CLAIM : THIRD PARTY CLAIM
VEH. No : SJR 3904 J / SUZUKI SX 4
INSURE : DIRECT ASIA INSURANCE

Third party vehicle : SCU7883B

QTY	ITEM		AMOUNT	CONDITION
1	FRONT FENDER LH	$	485.00	X
2	FRONT FENDER UNDERSHIELD LH	$	298.00	—
1	FRONT FENDER VVTI EMBLEM LH	$	68.00	X
1	FRONT BUMPER	$	598.00	—
1	FRONT BUMPER SIDE RETAINER LH	$	186.00	—
1	HEADLAMP LH	$	680.00	?
1	HEADLAMP LOWER BRACKET LH	$	146.00	X
	TOTAL PARTS :	$	2,461.00	
	LESS 15%	$	369.15	
	TOTAL LIST PARTS :	$	**2,091.85**	
	TOTAL PARTS PRICE :	$	**2,091.85**	

LABOUR CHARGES	AMOUNT	CONDITION
Labour charges to replace repair accident affected area	$ 800.00	2 Sq
To do anti rust	$ 60.00	X
Check wiring system, forcus headlamp	$ 90.00	2 Sq
To do spray painting	$ 800.00	2 Sq
TOTAL LABOUR :	$ **1,750.00**	
GRAND TOTAL PARTS & LABOUR :	$ **3,841.85**	

Not Authorize
C/Pay &
Resurvey After Paint
2 days

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
- Supplemantary item(s) must be resurveyed and is suciect 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 witholding 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	10/12/2022 13:42 (SGT)
Reported by	Both
Date of Accident	08/12/2022 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	101 TUAS SOUTH AVE 2 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3904J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH KIAN JEE
NRIC No	S7042310C
Email Address	eric.gohkj@gmail.com
Mobile Phone No	(Phone) +65-90615445
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	SX4 1.6NB AT
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	1586

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00921100/01

DRIVER

Name of Driver	GOH KIAN JEE
NRIC No	S7042310C
Date Of Birth	22/11/1970
Occupation	Indoor

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 insurers 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 purposes(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 - SJR3904J