

ASS. REC. BY:

REF:

LPC / 22012533/kp

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:

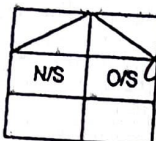
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

8763.38

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech Invs (\$)  
☐ : Weekend (\$)

Survey Fee:

Transportation

S + RS. \$

Fees

Others

TOTAL

Veh No:

SMV 2470T

Yr Regn: 09.20

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

Truck / Trailer or

Make:

Toy Noah

c.c

1797

Colour

m. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

190P77

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

EWR80

0430135

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Davant

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

5/12/22

D.O.I.

15/12/2022

Survey held at

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

Frt o/s door mirror

The UIC / Chassis frame / Body Structure affected due to collision.

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

LONPAC INSURANCE BHD

300 BEACH ROAD, #17-04/07

THE CONCOURSE, SINGAPORE 199555

PRI EMAIL : mt\_claim@lonpac.com

Attention : Motor Claim Department

Contact : 62507388 Fax No. : 62962706

*Not Authorised*  
*Survey Repair*  
*1 day*  
*8763.38*

Estimate : ES005628

Date : 15/12/2022

Vehicle Num. : SMV 2470 T

Make/Model : TOYOTA NOAH

Chassis/Eng# :

Accident Date : 05/12/2022

Claim No. :

Reference : KC/TP2470/2212-05

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.	1 PC			
2.	1 PC			

## LIST ITEMS :

SIDE MIRROR - RH

SIDE MIRROR COVER - R/H

List TotalS\$ :

25.00% Discount S\$ :

*CRM* 721.40 ✓  
*MT* 109.77 ✓

831.17

207.79

623.38

## LABOUR :

TO DISMANTLE & CHANGE THE ABOVE PART.

150.00 *601*

TO SPRAY PAINT ON SIDE MIRROR.

180.00 *601*

TO CHECK WIRING FUNCTIONS.

80.00 *201*

Labour Total S\$ :

410.00

SingDollars : One Thousand Thirty-Three & Cents Thirty-Eight Only

Total S\$ : 1,033.38

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:

# 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	06/12/2022 11:23 (SGT)
Reported by	Driver
Date of Accident	05/12/2022 12:30 (SGT)
Actual Location of Accident	Lor 1 Geylang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV2470T
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### 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) +65-91453397
Alternative Phone No	(Office) +65-68820888

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_03

### DRIVER

Name of Driver	ABDUL RAHIM BIN HAMZAH
NRIC No	SXXXX859A
Date Of Birth	21/04/1962
Occupation	Outdoor

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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.

FLASH ACCIDENT  
REPORTING OFFICER

FRO ZIKRUL



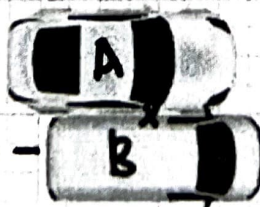
Policyholder's Signature / Date & Time

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

05/12/22 2030HRS

Witnessed by Reporting Centre Personnel

### Sketch Plan



A-SMV2470T  
B-GBH7105U

LOR 1 GEYLANG