ASS. REC. BY: Kenneth | REF: FC2/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Curtims

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: $

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 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: SNK 8120Y Yr Regn: 04, 19

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

Make: Toy Camry (A) c.c 2487

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

Sp.Reading 80311 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AXVH70 - 1020255

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: 235/60 ZR18

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	17/12/22	D.O.I.	22/12/2022

Survey held at _____

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

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: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___ $ - RS. ___ SI

Parking _____

Others _____

TOTAL _____

Report Format :

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

Not Authorised
11 Sep ®
Repairing After Painting
4 days

AUTOLUTION
CARTIMES

CarTimes Autolution Pte Ltd
160 Sin Ming Drive AutoCity
#02-04 Singapore 575722
Tel : 6471 5111
Email : claims@cartimes.com.sg

VEHICLE NO: SMK8120Y
CHASSIS NO: JTNB23HK903064624

MODEL: TOYOTA CAMRY HYBRID 2.5X

DESCRIPTION		REPAIRER'S ESTIMATE(S$)
PARTS (LIST ITEMS)		
FRONT FENDER RHS		$ 800.00
FRONT FENDER INNER SHIELD		$ 300.00
HYBRID SIDE EMBLEM		$ 50.00
FRONT DOOR RHS		$ 1,850.00
FRONT DOOR RHS HINGE - UPPER		$ 185.00
FRONT DOOR RHS HINGE - LOWER		$ 185.00
FRONT DOOR RHS OUTER - STICKER		$ 100.00
FRONT DOOR RHS OUTER - STICKER TOP		$ 100.00
FRONT DOOR INNER TRIM		$ 520.00
FRONT DOOR GLASS REGULATOR C/W MOTOR RHS		$ 420.00
		$ 4,510.00
	25%	$ 1,127.50
		$ 3,382.50
SPECIAL NETT ITEMS		
FRONT FENDER INNER SHIELD CLIPS		$ 60.00
FRONT DOOR INNER TRIM CLIPS		$ 60.00
FRONT SPOT RIMS RHS		$ 400.00
FRONT TYRE RHS		$ 300.00
	Total	$ 820.00
	TOTAL PARTS	**$ 4,202.50**

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S$)
	LABOUR	
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	$ 1,200.00
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	$ 1,200.00
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	$ 100.00
4	To provide anti-rust treatment on affected areas	$ 100.00
5	To remove and transfer front door parts RHS	$ 200.00
6	To remove and transfer door glass assy RHS	$ 100.00
7	To conduct wheel alignement	$ 100.00
	Labour Total :	$ 3,000.00
	TOTAL (PARTS & LABOUR):	**$ 7,202.50**

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:

SS2E22CJ0002 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 19/12/2022 12:01 (SGT)
SUBMITTED BY: Cynthia Myint Myint Than
VERSION: 1 (21/12/2022 18:28 (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 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	19/12/2022 12:01 (SGT)
Reported by	Driver
Date of Accident	17/12/2022 23:11 (SGT)
Exact Location of Accident	Stadium Dr, Singapore
Additional Location Information	Stadium Drive towards Stadium Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8120Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Car Times Auto-Rent Pte Ltd
Company Reg No	201633634W
Email Address	autorent@cartimes.com.sg
Mobile Phone No	(Phone) +65-64645111
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130730527-000070

DRIVER

Name of Driver	Lee Hon Leong, Kenneth (Li HanLiang)
NRIC No	S8728680J
Date Of Birth	17/09/1987
Occupation	Indoor

5. Any false reporting may be referred to the Traffic Police Department for investigation.

6. 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/have 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 Purpose(s); 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 (Name as in NRIC/ID card)

Sketch Plan