

ASS. REC. BY:

REF:

F62/23000511/KV

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

days

Res.: Yes or No

Lum Sum:

1.13.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBL 9090T

Yr Regn:

GB, 19

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

Truck / Trailer or

Make:

Toy Alpha

Wagon

Colour

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading

63277

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

AGH 30

0240819

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/50R18

R:

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

TOYO / YOKO or

Front

R/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

13/1/23

Rear

R/Bal.

9

mm

L/Bal.

9

mm

D.O.I.

17/1/2023

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. 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 (\$

) S - RS. SI

) F. P. S.

) Others

TOTAL

Report Format:

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

Supplementary item(s) must be resurveyed and  
is subject to final approval from

# KBS Motorsports Pte Ltd

NOT Notified  
Resurvey B4pain  
6 days



YOUR REF.: GBK9902G

OUR REF.: SBL9090T

TO: MS FIRST CAP

DATE: 16/1/2023

FROM: Danny

FAX: 6452 5333

CONTACT: 93288668

MAKE & MODEL: TOYOTA ALPHARD 2.5

CHASSIS NO.: AGH300240819

ENGINE NO.: 2ARJ253284

YEAR MADE: 2019

ACCIDENT DATE: 13 January 2023

CC: Claims Services Department

FAX:

ESTIMATE FOR VEHICLE NO.: SBL9090T

NO.	DESCRIPTION	QTY.	LIST PRICE
1	REAR BUMPER	1	\$ 2,279.60
2	REAR BUMPER RH SUPPORT	1	\$ 128.60
3	REAR BUMPER RH SIDE RETAINER	1	\$ 135.50
4	REAR BUMPER UPP RH COVER	1	\$ 295.30
5	BUMPER CLIPS	10	\$ 60.00
6	REAR RH FENDER	1	\$ 1,759.30
7	REAR RH FENDER INNER SHIELD	1	\$ 211.50
8	REAR RH FENDER INNER SHIELD CLIPS	10	\$ 60.00
9	REAR RH DOOR	1	\$ 3,158.70
10	REAR RH RIM	1	\$ 2,522.80
11	REAR RH KNUCKLE ARM	1	\$ 952.20
12	REAR RH KNUCKLE ARM BEARING	1	\$ 433.50
13	REAR RH TRAILING ARM	1	\$ 401.80
14	REAR RH STABILIZER LINK	1	\$ 118.20
15	REAR RH UPPER CONTROL ARM	1	\$ 572.50
TOTAL:			\$ 10,809.90
LESS 25%:			\$ (2,702.48)
PARTS TOTAL:			\$ 8,107.43

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:

is subject to final approval from Insurance Company



SPECIAL NETT

BRAKE FLUID

1

\$

12 60.00 X

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS

\$

800 1,200.00

TO CONDUCT ALL WHEEL COMPUTERISED ALIGNMENT

\$

60 80.00

TO REMOVE & REFIT REAR RH UNDERCARRIAGE

\$

300.00 7

TO DISMANTLE & TRANSFER DOOR FITTINGS & MECHANISM TO NEW  
DOOR / FACILITATE REPAIR

\$

60 120.00

TO CHECK & RECONNECT ALL NECESSARY WIRING

\$

20 60.00

TO SPRAY PAINTING ON THE AFFECTED AREA

\$

760 1,500.00

TOTAL: \$ 11,427.43

7% GST: \$ 799.92

GRAND TOTAL: \$ 12,227.34

## 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	14/01/2023 12:38 (SGT)
Reported by	Driver
Date of Accident	13/01/2023 15:49 (SGT)
Exact Location of Accident	1 Kim Seng Promenade, Singapore 237994
Additional Location Information	DRIVEWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL9090T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	S.A.T MOTOR LEASING
Company Reg No	5XXXX547X
Email Address	rafidah@sgp.pilship.com
Mobile Phone No	(Phone) +65-97615091
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2500

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5071317322-07

### DRIVER

Name of Driver	MD YUSOF BIN ABDUL RAHMAN
NRIC No	SXXXX864C
Date Of Birth	19/06/1963
Occupation	Outdoor



# SKETCH PLAN

## IMPORTANT NOTICE

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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 willful 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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

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

