

ASS. REC. BY:

REF:

ASM/23000354/K.

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____ EM

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: \$12k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 05 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:

STN 265K

Yr Regn:

011 09

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

Truck / Trailer or

Make:

Toy Vios

c.c.

1497

Colour

M. Green

A/C: Insured / Std / NI / NA

Sp. Reading

242160

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR0531449305090415

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

Mic

195/55R15

R:

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

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

15/1/23

D.O.I.

17/1/2023

Survey held at

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

ols body

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S - RS. SI

F. m/s

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

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

E M Solution Pte Ltd

160 Sin Ming Drive #03-18/19, Sin Ming Autocity

Singapore 575722

Tel: 64560226 Fax: 64584500

GST Reg. No: 201016308K

Not Withain

1/1/21

Repair After Pain

5 days

ESTIMATE

Date : 16th January 2023

Mr **Yao Ru Sheng**
Blk 211B Compassvale Lane #02-202
Singapore 542211

Veh No : **SJN 265K**
Make/Model : **Toyota Vios**
Chassis No : **MR053HY9305090415**
Date of Acc : **15.01.23**
TP Veh No : **SHB 6369S**

S/No	Qty	Description	Unit Price	Amount
Materials				
1	1 pc	Frt Door RH <i>Br</i>		
2	1 pc	Frt Door Protector RH <i>gr</i>		
3	1 pc	Frt Door Wing Mirror RH <i>Sw x</i>		
4	1 pc	Frt Door Mechanism Lock RH <i>?</i>		
5	1 pc	Frt Door Outer Handle <i>Sw x</i>		
6	1 pc	Frt Door Window Outer Channel RH <i>Sw x</i>		
7	1 pc	Frt Door Frame Pillar Sticker RH <i>Sw</i>		
8	1 pc	Frt Door Weatherstrip RH <i>1 Sw</i>		
9	1 pc	Frt Door Inner Trim Board RH <i>Sw x</i>		
10	1 pc	Frt Door Regulator Gear RH <i>?</i>		
11	1 pc	Frt Door Regulator Gear Motor RH <i>?</i>		
12	1 pc	Rear Door RH <i>R</i>		
13	1 pc	Rear Door Protector RH <i>nd</i>		
14	1 pc	Rear Door Frame Pillar Sticker <i>Sw</i>		
15	1 pc	Rocker Panel RH <i>R x</i>		
16	1 pc	Rear Bumper <i>R x</i>		

Less 25%
Parts Total : \$ -

Special Nett		
1	1 set	Frt Door Sticker
2	1 pc	Frt Door Guard
3	1 set	Rear Door Sticker
4	1 pc	Rear Bumper Protector RH
6	1 pc	Rear Bumper Sticker

\$ *Sw* 100.00 *Sw*
\$ *Sw* 50.00 *301n*
\$ *Sw* 100.00 *Sw*
\$ *Sw* 80.00 *301n*
\$ *Sw* 100.00 *Sw*
Special Nett : \$ 430.00

Labour		
1	To remove & rearrange electrical wirings, check lightings	\$ 80.00
2	To remove, transfer frt & Rear doors components.	\$ 200.00
3	To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.	\$ 800.00
4	Putty and respray painting on affected portions.	\$ 1,000.00
5	Rust proofing on affected portions.	\$ 80.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts
- 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

Note: Parts quoted were based on visual inspection. Should additional parts be found damaged upon dismantling, we will seek your approval before proceeding.

for E M Solution Pte Ltd

For Surveyor

SC1N231G0004 / City Auto Pte Ltd
ENTRY DATE & TIME: 16/01/2023 12:18 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 1 (16/01/2023 12:18 (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 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	16/01/2023 12:18 (SGT)
Reported by	Both
Date of Accident	15/01/2023 10:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 210 COMPASSVALE LANE MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN265K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAO RU SHENG (YAO RUSHENG)
NRIC No	S8037830J
Email Address	rusheng_yao@yahoo.com.sg
Mobile Phone No	(Phone) +65-97680417
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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 hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5107758542-03

DRIVER

Name of Driver	YAO RU SHENG (YAO RUSHENG)
NRIC No	S8037830J
Date Of Birth	30/11/1980
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 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 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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

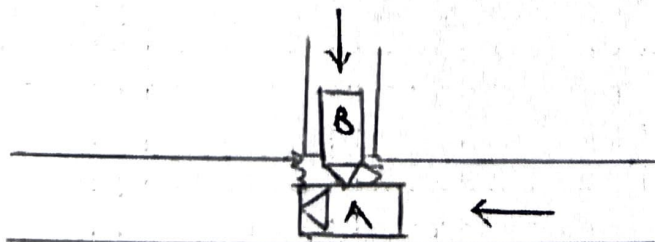
Singapore 575643

Tel: 6453 1233 Fax: 6453 7944

Witnessed (Claims Section)

(Name as in NRIC/ID card)

Sketch Plan



A) SJN 265K

B) SHB 6369S

Blk 210 Compassvale
MSCP