

ASS. REC. BY:

REF: 0721 CS/CTI23000662/Kqp3

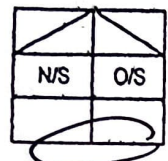
Kenneth

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
To inspect Vehicle No: _____
at Workshop m/s HC
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 Rpt: _____ 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

Veh No: SKH 919614 Yr Regn: 07, 06
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or MPV
Make: Toy Wish c.c. 1794
Colour: M. Grey A/C: Insured / Std / NI / NA
Sp. Reading: 186800 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: ZNE 10 0295688
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: 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

Front: _____ Rear: _____
R/Bal. 8 mm R/Bal. 8 mm
L/Bal. 8 mm L/Bal. 8 mm
D.O.A. 18/1/23 D.O.I. 19/1/2023

Survey held at _____

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

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

Date / Time Action / Instruction

Kenneth finalised LS \$6600, 5 days. (Red \$14601.95, 69%)

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trlp: 1

Survey Fee:

20/03 Typist

Date/Time, File Return to?

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

Transportation:

\$ - RS. SI

Report Format :

MER-TP

ump Sum / H.B. (\$ 6600

TOTAL

H C AUTO PTE LTD

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722

Tel : 6457 0678 Fax : 6457 8287

Co. and GST Reg. No. : 200820153N

Date : 18 / 01 / 2023

ESTIMATE COSTS OF REPAIR

Ms. Heng Yin Yin

160 Sin Ming Drive

05-09 Sin Ming Auto City

Singapore 575722

Dear Sir / Madam ,

Vehicle no. : SKH 9196 L - Toyota Wish 1.8 A

Accident date : 18 / 01 / 2023

*Not Authorised
1/18/23
Merry After Rain
5 days*

Quantity	Descriptions	Amount (S\$)
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1	1 pc	rear windscreen glass
2	1 pc	rear windscreen glass molding
3	1 pc	tail gate
4	1 pc	tail gate weather strip
5	1 pc	tail gate inner lock
6	1 pc	tail gate inner trim board
7	1 pc	tail gate Toyota Logo
8	1 pc	tail gate bottom holder
9	1 pc	tail gate outer molding (chrome)
10	2 pcs	tail gate hinge 1 @ 58.30
11	2 pcs	tail gate damper 1 @ 235.50
12	2 pcs	tail lamp 1 @ 591.60
13	2 pcs	tail lamp lower clip 1 @ 45.00
14	1 pc	rear bumper fascia
15	2 pcs	rear bumper side retainer 1 @ 91.90
16	2 pcs	rear bumper side retainer 2 1 @ 43.50
17	2 pcs	rear bumper stopper 1 @ 46.55
18	2 pcs	rear bumper refelctor 1 @ 67.36
19	2 pcs	rear bumper bracket 1 @ 48.44
20	2 pcs	rear bumper mudflap 1 @ 63.90
21	2 pcs	rear fender 1 @ 911.40
22	2 pcs	rear fender inner garnish 1 @ 709.30
23	1 pc	rear end panel
24	1 pc	rear end panel inner garnish
25	1 pc	rear floor panel
26	1 pc	rear spare tyre carrier
27	1 pc	rear spare tyre board (centre)
		Balance C/FD

<i>Sharon</i>	\$	1,359.80	✓
<i>me</i>	\$	298.35	✓
<i>me</i>	\$	1,243.10	✓
<i>me</i>	\$	318.00	<i>50/50</i>
<i>me</i>	\$	509.10	✓
	\$	428.22	?
<i>me</i>	\$	71.60	✓
<i>me</i>	\$	35.70	X
<i>me</i>	\$	227.57	✓
<i>me</i>	\$	116.60	X
<i>me</i>	\$	471.00	X
<i>me</i>	\$	1,183.20	✓
<i>me</i>	\$	90.00	✓
<i>me</i>	\$	1,377.10	✓
<i>me</i>	\$	183.80	✓
<i>me</i>	\$	87.00	✓
<i>me</i>	\$	93.10	X
<i>me</i>	\$	134.72	X
	\$	96.88	?
<i>me</i>	\$	127.80	X
<i>me</i>	\$	1,822.80	X
<i>me</i>	\$	1,418.60	✓
<i>me</i>	\$	640.20	✓
<i>me</i>	\$	282.60	✓
<i>me</i>	\$	696.42	X
<i>me</i>	\$	312.40	X
<i>me</i>	\$	587.80	X
		\$	14,213.46

H C AUTO PTE LTD

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722

Tel : 6457 0678 Fax : 6457 8287

Co. and GST Reg. No. : 200820153N

Balance B/FD (SKH 9196 L)

\$ 14,213.46

28	2 pcs	rear spare tyre board (side)	1 @ 91.20
29	2 pcs	rear spare tyre board cover(side)	1 @ 159.60
30	1 pc	rear exhaust box	
31	1 pc	rear exhaust aluminium cover	
32	3 pcs	rear exhaust pipe mounting	1 @ 40.30
33	1 pc	rear lock sensor	
34	1 pc	rear wiper motor	
35	1 pc	rear wiper arm	
36	1 pc	rear wiper blade	

\$	182.40	X
\$	319.20	X
\$	1,133.68	X
\$	112.70	X
\$	80.60	X
\$	595.69	X
\$	625.80	?
\$	155.80	✓
\$	36.60	X

\$ 17,455.93

\$ 4,363.98

\$ 13,091.95

Less 25%

37	1 pc	rear end panel seal	
38	1 pc	rear reverse camera	
39	1 pc	in car camera	
40	1 set	rear reverse sensor	
41	2 pcs	rear quarter glass inner seal	1 @ 60.00
42	2 pcs	rear quarter glass inner gum	1 @ 60.00
43	1 pc	rear windscreen glass inner seal	
44	1 pc	rear windscreen glass inner gum	
45	1 pc	rear no. plate	

\$	250.00	sn 301n
\$	550.00	sn 1
\$	780.00	sn 7
\$	350.00	sn 2001n
\$	120.00	sn X
\$	120.00	sn X
\$	60.00	sn 301n
\$	60.00	sn 401n
\$	140.00	sn X

\$ 15,521.95

Labour charges
To putty and spray painting
To check, repair wiring
To transfer tail gate
Re-seal anti rust
Remove and refix rear windscreen glass
To remove and refix o/s & n/s rear quarter glass
Remove and refix reverse sensor
To remove & refix fuel pipe
Remove and refix exhaust pipe
Remove and refix cushion seat, garnish, carpet etc

\$	2,200.00	800l
\$	1,800.00	800l
\$	100.00	20l
\$	120.00	60l
\$	250.00	60l
\$	180.00	120l
\$	240.00	X
\$	100.00	50l
\$	180.00	X
\$	160.00	X
\$	350.00	60l

\$ 21,201.95

\$ 1,696.16

\$ 22,898.10

Plus : GST 8%

Sub-total

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

Page 2 of 2
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 18/01/2023 15:32 (SGT)
Reported by Both
Date of Accident 18/01/2023 07:05 (SGT)
Exact Location of Accident Ang Mo Kio Ave 3, Singapore
Additional Location Information JUNCTION OF ANG MO KIO ST 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH9196L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HENG YIN YIN
NRIC No SXXXX629Z
Email Address yyheng79@gmail.com
Mobile Phone No (Phone) +65-90094311
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5128658476

DRIVER

Name of Driver HENG YIN YIN
NRIC No SXXXX629Z
Date Of Birth 10/09/1979
Occupation Outdoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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 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

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

Witnessed by Reporting Centre Personnel



Sketch Plan

Any marks
6/12

① SKH 9196L

② GBK 6894R

