ASS. REC. BY: Kenneth | REF: 0721

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKH 9186H Yr Regn: 07, 06

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

Make: Toy Wish (A) c.c 1794

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

Sp.Reading 106800 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZNE10 - 0295688

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: 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 / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
1) /	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: $ - RS. SI

Others

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

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

Not Including L/Sup & Recovery After Paint 5 days

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

	Quantity	Descriptions	Amount (S$)
1	1 pc	rear windscreen glass	$ 1,359.80
2	1 pc	rear windscreen glass molding	$ 298.35
3	1 pc	tail gate	$ 1,243.10
4	1 pc	tail gate weather strip	$ 318.00
5	1 pc	tail gate inner lock	$ 509.10
6	1 pc	tail gate inner trim board	$ 428.22
7	1 pc	tail gate Toyota Logo	$ 71.60
8	1 pc	tail gate bottom holder	$ 35.70
9	1 pc	tail gate outer molding (chrome)	$ 227.57
10	2 pcs	tail gate hinge 1 @ 58.30	$ 116.60
11	2 pcs	tail gate damper 1 @ 235.50	$ 471.00
12	2 pcs	tail lamp 1 @ 591.60	$ 1,183.20
13	2 pcs	tail lamp lower clip 1 @ 45.00	$ 90.00
14	1 pc	rear bumper fascia	$ 1,377.10
15	2 pcs	rear bumper side retainer 1 1 @ 91.90	$ 183.80
16	2 pcs	rear bumper side retainer 2 1 @ 43.50	$ 87.00
17	2 pcs	rear bumper stopper 1 @ 46.55	$ 93.10
18	2 pcs	rear bumper refelctor 1 @ 67.36	$ 134.72
19	2 pcs	rear bumper bracket 1 @ 48.44	$ 96.88
20	2 pcs	rear bumper mudflap 1 @ 63.90	$ 127.80
21	2 pcs	rear fender 1 @ 911.40	$ 1,822.80
22	2 pcs	rear fender inner garnish 1 @ 709.30	$ 1,418.60
23	1 pc	rear end panel	$ 640.20
24	1 pc	rear end panel inner garnish	$ 282.60
25	1 pc	rear floor panel	$ 696.42
26	1 pc	rear spare tyre carrier	$ 312.40
27	1 pc	rear spare tyre board (centre)	$ 587.80
		Balance C/FD	$ 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	$ 182.40
29	2 pcs	rear spare tyre board cover(side) 1 @ 159.60	$ 319.20
30	1 pc	rear exhaust box	$ 1,133.68
31	1 pc	rear exhaust aluminiun cover	$ 112.70
32	3 pcs	rear exhaust pipe mounting 1 @ 40.30	$ 80.60
33	1 pc	rear lock sensor	$ 595.69
34	1 pc	rear wiper motor	$ 625.80
35	1 pc	rear wiper arm	$ 155.80
36	1 pc	rear wiper blade	$ 36.60
			$ 17,455.93
		Less 25%	$ 4,363.98
			$ 13,091.95
37	1 pc	rear end panel seal	$ 250.00 sn
38	1 pc	rear reverse camera	$ 550.00 sn
39	1 pc	in car camera	$ 780.00 sn
40	1 set	rear reverse sensor	$ 350.00 sn
41	2 pcs	rear quarter glass inner seal 1 @ 60.00	$ 120.00 sn
42	2 pcs	rear quarter glass inner gum 1 @ 60.00	$ 120.00 sn
43	1 pc	rear windscreen glass inner seal	$ 60.00 sn
44	1 pc	rear windscreen glass inner gum	$ 60.00 sn
45	1 pc	rear no. plate	$ 140.00 sn
			$ 15,521.95
		Labour charges	$ 2,200.00
		To putty and spray painting	$ 1,800.00
		To check,repair wiring	$ 100.00
		To transfer tail gate	$ 120.00
		Re-seal anti rust	$ 250.00
		Remove and refix rear windscreen glass	$ 180.00
		To remove and refix o/s & n/s rear quarter glass	$ 240.00
		Remove and refix reverse sensor	$ 100.00
		To remove & refix fuel pipe	$ 180.00
		Remove and refix exhaust pipe	$ 160.00
		Remove and refix cushion seat,garnish,carpet etc	$ 350.00
			$ 21,201.95
		Plus : GST 8%	$ 1,696.16
		Sub-total	$ 22,898.10

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 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	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.
2. This Form must be completed by the Policyholder and/or the Authorised 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. 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