

ASS. REC. BY:

REF:

INC/

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4-5 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SDS 3268C

Yr Regn:

01, 20

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

Truck / Trailer or

Make:

Toy Rev 4

c.c

1987

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

40556

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTM43FV500509784

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 / RIM or

Tyre Size:

F: B.S

225/60R16

R: Falken

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

6

mm

R/Bal.

8

mm

L/Bal.

6

mm

L/Bal.

8

mm

D.O.A.

25/1/23

D.O.I.

31/1/2023

Survey held at

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

The U/C / Chasals 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 Trlp:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

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

Weekend (\$

**HWA SENG SPRAY PAINTING PTE LTD**

160 Sin Ming Drive

#05-11 Sin Ming Autocity

SINGAPORE 575722

(COMPANY REGISTRATION NO. : 202017045G)

TEL : 64533100

FAX : 62669932

Date of Accident: 25/01/2023

Your Insured

Vehicle No : SMZ 3438K

Not Notified  
Penny Bt painting

4-5 days

**ESTIMATE REPAIR COSTS TO TOYOTA RAV 4 REG. NO. : SDS 3268 C**

			By	\$S	
1pc	Tailgate			2210.20	✓
2pcs	Tailgate Absorber	(\$1254.30/pc)		2508.60	✓
1pc	Logo Emblem		m	62.10	x
1pc	Emblem 'RAV4'		m	59.10	✓
1pc	Tailgate Rubber		ndi	363.60	✓
1pc	Tailgate Uppper Lock		nd	861.20	✓
1pc	Tailgate Inner Striker		x	44.40	x
1pc	Tailgate Inner Trim			479.60	✓
1pc	Tailgate Outer Garnish (Top)		sn	436.30	x
1pc	Tailgate Outer Garnish (Lower)		nd	288.50	✓
1pc	Rear Bumper		bu	437.30	✓
2pcs	Rear Bumper Reflector	(\$65.00/pc)	sn	130.00	x
1pc	Rear Bumper Lower Spoiler		cm	705.20	✓
2pcs	Rear Bumper Retainer (Long)	(\$106.80/pc)	sn	213.60	x
2pcs	Rear Bumper Retainer (Short)	(\$79.90/pc)	m	159.80	x
1pc	End Panel			755.10	✓
1pc	Rear Bumper Reinforcement			387.00	✓
1pc	End Panel Garnish		nd	261.60	✓
2pcs	Taillamp	(\$524.60/pc)	sn	1049.20	x
2pcs	Taillamp Reflector	(\$247.50/pc)	sn	495.00	x
2pcs	Reverse Sensor	(\$250/pc)		500.00	✓
1pc	Tailgate Sensor			125.00	✓
				12532.40	
Less : 25%				3133.10	

9399.30

**LABOUR & MISC CHARGES**

Panel Knocking	1000.00	?
Spray Painting	1200.00	4401
Wire Checking	50.00	201
Computerised Wheel Alignment	120.00	x
Labour to remove and install rear windscreen	180.00	1201
Sealant and clip	80.00	40sn
Inner Seal	60.00	30sn
Labour to Remove & Refix Upholstery	250.00	601

**TOTAL 12339.30****HWA SENG SPRAY PAINTING PTE LTD**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 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	26/01/2023 18:36 (SGT)
Reported by	Both
Date of Accident	25/01/2023 18:40 (SGT)
Exact Location of Accident	Outram, Singapore
Additional Location Information	CTE TOWARDS CITY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS3268C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA WEI TJIEH
NRIC No	SXXXX527C
Email Address	DR.ANDREW.CHIA@GMAIL.COM
Mobile Phone No	(Phone) +65-98803322
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rav4
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	1987

## INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000776251-01

## DRIVER

Name of Driver	CHIA WEI TJIEH
NRIC No	SXXXX527C
Date Of Birth	22/06/1976
Occupation	Indoor

## SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

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

Singapore 575643

Tel: 6453 1235 Fax: 6453 7044

Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date &  
Time 26/1/23 1210hrs

Driver's Signature (If driver is not the policyholder) / Date  
& Time 26/1/23 1210hrs

Sketch Plan

A: SDS3268K

CTE

B: SM73438K

