

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/AG/23001029/4923

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SFG 1616J

at Workshop m/s Keizen

of _____

Insured: FQJ 928K

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: 70K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

337A

Vehicle: IN / OUT

Date: _____ Person Contacted: LTA 30448

Veh No: SFG 1616J Yr Regn: 11/02/11

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

Truck / Trailer or

Make: Toyota Corolla Altis 1598

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 71908 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR 053RCE104104455

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: 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 6 Rear 6

R/Bal. mm R/Bal. mm

L/Bal. mm L/Bal. mm

D.O.A. 18/1/22 D.O.I. 8/2/23

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 Dep 9K.

Coe uncl 31-01-2031 LTA 30448

No 2031 model from SGC comm.

Bump 733.70, end panel 891.80, garnish 282.80, sponge-187.60

L/S 3000 : bond shown (Red 901201, 75%)

Date/Time, File Pass to?

1) 10/2/23

Date/Time, File Return to?

2) _____

Report Format : TP

Lump Sum / I.B.I: (\$ 3000)

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee:

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

KAIZEN MOTORS

KAIZEN MOTORS PTE. LTD. UEN: 201502816H
68 Kaki Bukit Avenue 6, #02-12 Ark@KB, Singapore 417896
Tel: (+65) 6384 1956 Fax: (+65) 6384 1957
Webpage: <https://www.kaizenmotors.com.sg>



not Applicable
6/1/23
2/5#3000/
5 day

Date : 31/01/2023
Vehicle No : SFG1616J
Model : Toyota Altis
Chassis :

Requesting for List Price

No	Job Description	Qty	Price / Unit	Amount	
1	REAR BOOT	1	\$ 966.50	\$ 966.50	X
2	REAR BUMPER ASSY	1	\$ 733.00	\$ 733.00	X
3	REAR BUMPER REFLECTOR	2	\$ 90.00	\$ 180.00	X
4	REAR BUMPER TOW COVER	1	\$ 56.00	\$ 56.00	X
5	REAR LOCKING MECHANISM	1	\$ 196.20	\$ 196.20	X
6	REAR LOCKING PIN	1	\$ 63.00	\$ 63.00	X
7	END PANEL	1	\$ 763.60	\$ 763.60	X
8	END PANEL TOP GARNISH	1	\$ 265.30	\$ 265.30	X
9	REINFORCEMENT BEAM	1	\$ 537.40	\$ 537.40	X
10	REINFORCEMENT HOLDER	2	\$ 186.04	\$ 372.08	X
11	REINFORCEMENT SPONGE	1	\$ 132.10	\$ 132.10	X
	Rear boot weatherstrip	1	\$ 289.10	\$ 289.10	X
12	LICENSE PLATE	1	\$ 80.00	\$ 80.00	X
13	LICENSE PLATE BRACKET	1	\$ 50.00	\$ 50.00	X
14	REVERSE SENSOR	1	\$ 250.00	\$ 250.00	X
15	REVERSE CAMERA	1	\$ 1,000.00	\$ 1,000.00	X
16	CLIPS (BUMPER & SPARE WHEEL WELL & TRIM)	1	\$ 50.00	\$ 50.00	X
17	LABOUR FOR CHECKING ON WIRING		\$ 150.00	\$ 150.00	20
18	LABOUR FOR DISMANTLING & REPLACING OF ACCIDENT DAMAGED PARTS, INCLUDING CUTTING OFF, WELDING, KNOCKING, REPAIRING, STRAIGHTENING, RESHAPE OF REAR CHASSIS MEMBER, FLOOR BOARD PANEL & ADJUSTMENT OF REAR SIDE BUMPER, BOOT, HINGES DAMPER, TAIL LAMPS, BOOT LAMP, REVERSE CAM & SENSO		\$ 2,950.00	\$ 2,950.00	1000
19	TO APPLY RUSTPROOFING ON REPAIRED & REPLACE PANELS		\$ 350.00	\$ 350.00	40
20	SPRAYPAINTING & PUTTY OF REAR BUMPER, REAR BOOT LID, HINGES, END PANEL, SPARE WHEEL FLOOR & REVERSE SENSOR		\$ 1,900.00	\$ 1,900.00	900

2- 2183.1
242
1637.32
250

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

Sub-Total \$ 11,795.18

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	19/12/2022 19:03 (SGT)
Reported by	Both
Date of Accident	18/12/2022 16:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD / ORANGE GROVE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG1616J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JEE TECK ALLAN
NRIC No	SXXXX337A
Email Address	ALLANTAN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98538069
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS 1.6 AUTO
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	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5061914257-09

DRIVER

Name of Driver	TAN JEE TECK ALLAN
NRIC No	SXXXX337A
Date Of Birth	12/04/1946
Occupation	Indoor

Date Of Driving Pass	18/03/1967
Driving experience	55 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98538069
Alt. Phone Number	-
Email Address	ALLANTAN@HOTMAIL.COM
Address	36 Tomlinson Rd
Address complement	09-38
Postcode	KUM HING COURT 247856
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ9251G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ERNEST LEE CHONG MIN
Contact Number	(Phone) +65-88699696

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHONG MIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ9251G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Amend

Policyholder's Signature / Date & Time

19/12/2022 1.45pm

Sketch Plan

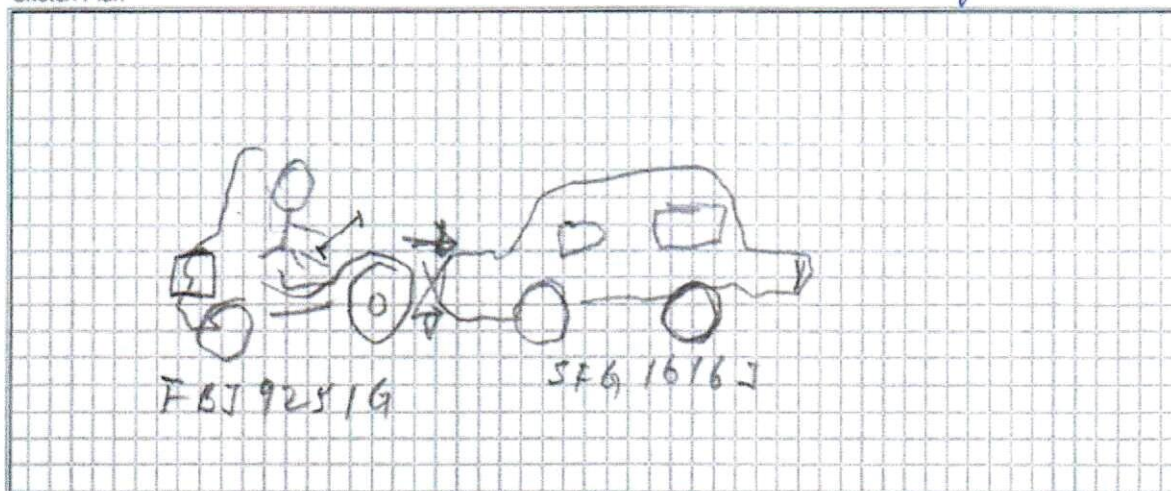
Amend

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

& Time 19/12/2022 1.45pm

Witnessed by Reporting Centre Personnel


(Name as in NRIC/ID card)




Describe Circumstance of the Accident	
VEHICLE NO: <u>SFG 1616 J</u>	ACCIDENT DATE & TIME: <u>18/12/2022 4.25 pm</u>
CONTACT NUMBER: <u>9853 8069</u>	E-MAIL: <u>allqntan@hotmail.com</u>
LOCATION: <u>ORCHARD / ORANGE GROVE JUNCTION</u>	
<p>I was driving carefully at not more than 60 mph and signalled to turn into Orange Grove Road when I heard and felt a very loud crash to the back of my car. It was so loud like a bomb!</p> <p>I turned back and witness a red motor scooter who rammed into my back car bumper. It was badly scratched and broken at certain parts.</p> <p>The driver Ernest Lee (scooter no. FBJ 92514) Cheng Min IC No. 592488341 was responsible and admitted his fault in writing.</p> <p>I now wish to have my car restored/repair to my satisfaction and to make claim through my insurance company.</p>	
<p>Tan Jee Teck, Allan IC 5026 7337 A.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input checked="" type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
19/12/2022


Driver's Signature (if driver is not the policyholder) / Date & Time
19/12/2022 1.45 pm.


Witnessed by Reporting Personnel
(Name as in NRIC ID card)