

ASS. REC. BY: Amc

REF:

CS/CT123001641/Rvp3

237H

ASSIGNMENT

LOB - 2029 JAN

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SJM 7089Lat Workshop m/s: XINYA AUTOof 1002, BUKIT MEKOH LN 3 #01-75Insured: GBC 4265L CTIPolicy No. DMCVSNW00126192200Claims No. SNM23D201115/C02/TAYHP

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJM 7089L

Yr Regn:

2009 JAN

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

Truck / Trailer or

Make:

TOYOTA ESTIMA REAR 2.4Ac.c. 2362

Colour:

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading:

234506

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACR500076903

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/55R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

03/02/23

D.O.I.

15/02/23

Survey held at

XINYA

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

REAR O/S

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

Date / Time

Action / Instruction

REPAIR LIM T-SSK

13/6/23

Lump Sum \$2850 (red 2925.70, 50%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 13/6/23--typist

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

Photos

Others

TOTAL

Report Format: MerimenLump Sum / H.E. / (\$ \$2850)

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	03/02/2023 17:17 (SGT)
Reported by	Driver
Date of Accident	03/02/2023 06:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BISHAN ST 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7089L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHOON CHWEE
NRIC No	S1108237H
Email Address	PATNGES@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90083378
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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 car
Transmission	Auto
CC	2400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5106671671

DRIVER

Name of Driver	NG ZHEN YU
NRIC No	S9031207C
Date Of Birth	25/08/1990
Occupation	Indoor

Date Of Driving Pass	10/02/2009
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-90083378
Alt. Phone Number	-
Email Address	NGZHENYU@GMAIL.COM
Address	192, BISHAN ST 13, #07-501
Address complement	-
Postcode	570192
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

REFER SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

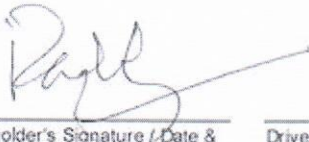
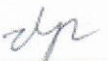
Vehicle Registration Number	GBC4265L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

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

SKETCH PLAN

IMPORTANT NOTICE

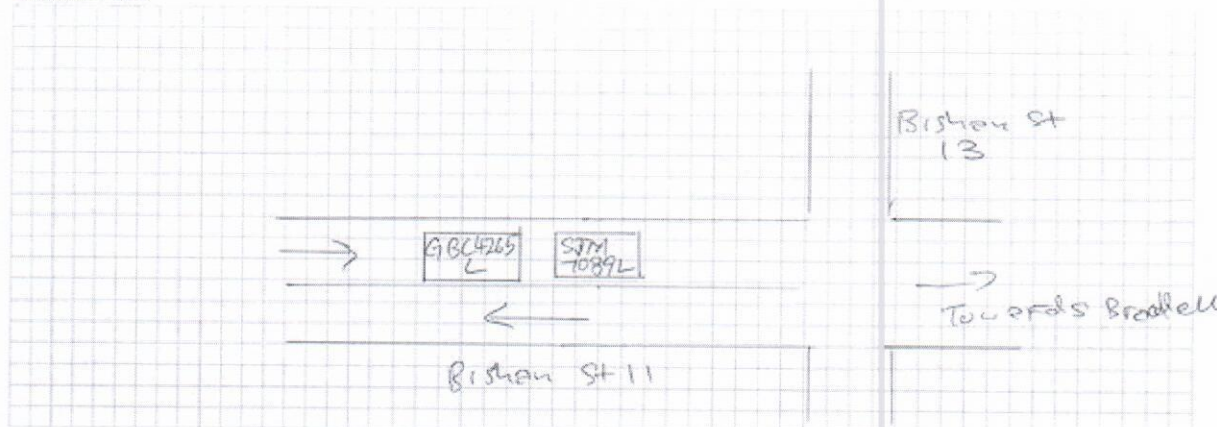
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.


 03/02/2023 1511 hrs.

Policyholder's Signature / Date & Time
 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 1235 Fax: 6453 7944
 Witnessed by Reporting Centre Personnel

Sketch Plan



XINYA AUTO SERVICES PTE LTD

Add: BLK 1002, BUKIT MERAH LANE 3 #01-75, Singapore 159719

E-mail : xinyaauto@gmail.com

Tel: 6270 3481 Fax: 6278 7522

Date : 31-May-21

Address : MR NG CHOON CHWEE
BLK 192 BISHAN ST.13
#07-501
SINGAPORE 570192

Reference : TP 1335/02/23
Vehicle No : SJM 7089L
Make/Model : TOYOTA ESTIMA
Insurance Co. : NTUC

- To resurvey before
- To display damaged parts 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

RE : QUOTATION REPAIRS TO SJM 7089L FOR THIRD PARTY CLAIMS.

PARTS REQUIRED

		QTY		AMT \$
1)	REAR BUMPER <i>cm</i>	1	\$	899.50
2)	REAR BUMPER RETAINER <i>Xnn</i>	1	\$	86.95 X
3)	TOW HOOK COVER <i>Xnn</i>	1	\$	36.90 X
4)	REAR BUMPER REFLECTOR <i>Xnn</i>	1	\$	69.55 X
5)	REAR END PANEL <i>Xnn</i>	1	\$	755.90 X
6)	REAR BUMPER BRACKET <i>Xnn</i>	1	\$	86.50 X
7)	REAR TAIL GATE <i>st</i>	1	\$	1,753.80
8)	REAR TAIL GATE LOCK <i>Xnn</i>	1	\$	490.30 X
9)	REAR TAIL GATE WEATHERSTRIPE <i>nn</i>	1	\$	372.20
LIST PRICE TOTAL		3025.50		
LESS DISCOUNT 25%		25%	\$	4,551.60
LIST PRICE TOTAL AFTER LESS		2269.12	\$	1,137.90
10)	WINDSCREEN SEALANT <i>nn</i>		\$	3,413.70
11)	WINDSCREEN CLIPS <i>nn</i>		\$	50.00 30
NETT PRICE TOTAL			\$	12.00
TOTAL PARTS COST			\$	62.00
			\$	3,475.70

LABOUR AND MISCELLANEOUS CHARGES

1)	TO REMOVE & REPLACE REAR BUMPER, TAILGATE AND TO PANEL BEAT CUT & WELD END PANEL	\$	1,000.00 <i>4200 500</i> (5 DAYS)
2)	TO PUTTY & SPRAY PAINT REAR BUMPER, TAILGATE AND OTHER AFFECTED AREA	\$	880.00 <i>4200 600</i> (4 PANEL)
3)	TO CHECK & RECTIFY WIRING	\$	60.00 <i>1260 Xnn</i>
4)	TO REMOVE & REPLACE REAR WINDSCREEN GLASS, CHECK FOR WATER TIGHT.	\$	180.00 <i>120</i>
5)	TUFF KOTE	\$	180.00 <i>40</i>

Resue
Hy 90010068

4 days

4/s

15/02/23 @ 14:40

Resue after repair

4/s - \$2,850
4 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after start of repair
- 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:

LABOUR TOTAL

TOTAL ESTIMATED REPAIR COST

\$ 2,300.00

\$ 5,775.70

2269.12
42.00

1260.00

3571.12

20%

2856.89