

ASS. REC. BY: REF: T0 /

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 at Workshop m/s KGC
 of 309D
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GBE 8411U Yr Regn: 03/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Prius c.c. 2982
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 195128 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KDY231 8023621
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rlm / STD A/Rlm or _____
 Tyre Size: F: B.S 195R15X8
 R: Triangle 165R13X8(0)

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

Front R/Bal. 3 mm Rear R/Bal. 55 mm
 L/Bal. 3 mm L/Bal. 55 mm
 D.O.A. 2/2/23 D.O.I. 16/2/2023
 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
<u>1/</u>	<u>Unable to enjoy gear after collision</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
\$ - RS. SI	
Others	
TOTAL	

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

Report Format :
 Lump Sum / I.B.I. (\$) _____

Kgc Workshop Pte Ltd (Co.Reg.No:201719986M)

14 Ang Mo Kio Street 63, Blk B
Singapore 569116

Tel: 64510353 /64536279 Fax: 64565140 Email:

joyce@kgcworkshop.com.sg;dj@kgcworkshop.com.sg;lincoln@kgcworkshop.com.sg;pohkin@kgcworkshop.com.sg

INSURER: **India International Insurance Pte Ltd (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	D19MCV0001408	Date of Loss:	02/02/2023
Vehicle Reg. No.:	GBE8411U	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	STARLAND CONSTRUCTION PTE LTD		

Make/Model:	TOYOTA DYNA, 3.0 D (M)	Vehicle Reg. Date:	31/03/2016
Vehicle Colour:	SILVER	Chassis No:	KDY2318023621
Engine No:	1KD2591398		
Odometer:	195129 KM		

*NOT WITHIN
1 Day @
Meromy After Claim*

Paint Type:	NO
Total Loss?	NO
Est. Duration of Repair (day)	<i>7 6 days</i>

Present Location: **KGC WORKSHOP PTE LTD (AMK)**

COST OF CLAIMS	Amount
	3,906.00
Parts	11.88
Miscellaneous Items	3,670.00
Labour	0.00
Paintwork Labour	0.00
Towing	
Gross Total (\$\$)	7,587.88
+ GST 8.00% (\$\$)	607.03
Nett Amount (\$\$)	8,194.91

This claim is handled by: CHONG POH KIN

REFERENCE DETAILS

Part Source:	(Last Synchronised: 15 Feb 2023)
Parts:	N/A TOYOTA DYNA 3.0 D (M) (Model not available in database)
Labour:	Repairer's (Price-denominated Standard List)
Print Code:	Kgc Workshop Pte Ltd/GBE8411U/15/02/2023 15:23
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*Front center panel	0.00	0.00	<i>By</i> *220.00 F ✓
2	1		*Front panel top rubber	<i>Ref</i> 0.00	0.00	*185.00 F ✓
3	1		*Front panel top garnish LHS	0.00	0.00	<i>mit</i> *75.00 F ✓
4	1		*Front grille	0.00	0.00	<i>mit</i> *255.00 F ✓
5	1		*Front grille Emblem	0.00	0.00	<i>mit</i> *40.00 F ✓
6	1		*Headlamp RHS	<i>myoma</i> 0.00	0.00	*480.00 F ✓
7	1		*Headlamp LHS	<i>L L</i> 0.00	0.00	*480.00 F ✓
8	1		*Front Bumper	0.00	0.00	<i>Ben</i> *245.00 F ✓
9	1		*Aircon blower	0.00	0.00	*385.00 F ?
10	1		*front dashboard	0.00	0.00	*450.00 F ?
11	1		*Clutch set	0.00	0.00	*425.00 F ?
12	1		*Flywheel bearing	0.00	0.00	*15.00 F ?
13	1		*Top clutch pump	0.00	0.00	*110.00 F ?
14	1		*Low clutch pump	0.00	0.00	*95.00 F ?
15	1		*Front Bumper clips	0	0.00	<i>Ma</i> *50.00 FS ✓
16	1		*front carplate	0	0.00	<i>Se</i> *50.00 FS X

F=Franchise part. S=SpcNett.

Sub Total (\$\$)	3,560.00
+ Margin on L,N Items 10.00% (\$\$)	346.00
Total Parts (\$\$)	3,906.00

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- 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:

Estimates on Miscellaneous Items

No	Particulars	Amount
1	OD/TP Case (Insurer)	11.88
Sub Total (\$\$)		11.88

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mention repair parts, inclusive of replacement parts.	New	700 1,500.00
2	To putty and spray paint on all accident damage parts and other accident affected areas	New	650 1,200.00
3	Mechanic Labour to remove gearbox to repair and refit the same	New	550 500.00
4	Mechanic Labour To remove and refit dashboard	New	250 300.00
5	To check wiring system to facilitate repair and refit the same	New	200 120.00
Gross Labour Cost (\$\$)			3,670.00

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< END OF ESTIMATES >

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 11:48 (SGT)
Reported by	Driver
Date of Accident	02/02/2023 09:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE towards TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE8411U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Starland Construction Pte Ltd
Company Reg No	1XXXXX309D
Email Address	sam.chin@starland.sg
Mobile Phone No	(Phone) +65-97242158
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	3.0M
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MVC0001408_03

DRIVER

Name of Driver	ZIN THU AUNG
Work Permit No	GXXXX038L
Date Of Birth	07/05/1991
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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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.



[Handwritten Signature]



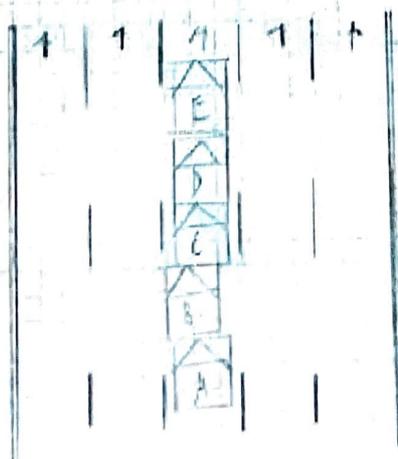
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SLE towards TPE



- A: GBE 84114
- B: GBL 5990T
- C: XD 5025X
- D: GBC 9629M
- E: unknown