

ASS. REC. BY:

REF:

AG2/ 23002262/KV

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:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMU 680J

Yr Regn:

06 10

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

Truck / Trailer or

Make:

Toy Vio

c.c.

1494

Colour

M. Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

229837

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053HY9305189840

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / R/Rim / STD A/Rim or

Tyre Size:

F:

195/50R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

5

mm

L/Bal.

3

mm

L/Bal.

5

mm

D.O.A.

28/2/23

D.O.I.

2/3/2023

Survey held at

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

01/1/24

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Transportation

S - RS. SI

F. P. M.

Others

TOTAL

Report Format :

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06776

Vehicle Insured : SLV9309T
Accident Date : 28-Feb-2023

Date : 02-Mar-2023

Our Ref : 023049 (AUTO & GEN) / SHIJIE

PAGE : 1

LAU ZHANG XIAN (LIU ZHANGXIAN)
BLK 468A YISHUN STREET 43
#12-59
Singapore 761468

*Not Authorized
Lily &
Penny Alice Paim*

ESTIMATED COST OF REPAIR FOR TOYOTA VIOS SMU6180J

1 pc Front bonnet
1 pc Front headlamp RH
1 pc Front bumper
1 pc Front bumper retainer RH
1 pc Front foglamp garnish RH
1 pc Front RH fender
1 pc "WT-I" emblem
1 pc Front RH fender inner liner
1 pc Front RH door
1 pc Side mirror assy RH

<i>PC</i>	744.20	X
<i>CM</i>	535.20	—
<i>my CM</i>	586.80	—
<i>DIT</i>	76.90	—
<i>sn</i>	84.40	X
<i>PC</i>	688.60	✓
<i>PC</i>	38.40	—
	208.50	?
<i>PC</i>	1,310.80	X
	1,446.60	?

5,720.40

Less 25% : 1,430.10

1 pc Front fender inner liner clips
1 pc Front bumper clips
1 pc Front foglamp RH

<i>PC</i>	4,290.30	✓
<i>PC</i>	30.00	sn
<i>PC</i>	30.00	sn
<i>PC</i>	180.00	sn X

To rewire damaged parts and refocus headlamp beam.

60.00 *201*

To putty and spray replaced parts

800.00 *6501*

To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts

5001
1,000.00

Total : S\$ 6,390.30

Singapore Dollars Six Thousand Three Hundred and Ninety and Cents Thirty Only

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:

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	01/03/2023 12:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/02/2023 18:38 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6180J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAU ZHANG XIAN (LIU ZHANGXIAN)
NRIC No	SXXXX459E
Email Address	SPEEDO110@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97942090
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22017002

DRIVER

Name of Driver	LAU ZHANG XIAN (LIU ZHANGXIAN)
NRIC No	SXXXX459E
Date Of Birth	20/04/1985
Occupation	Outdoor

IMPORTANT NOTICE

SKETCH PLAN

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 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.

Policyholder's Signature / Date & Time
01/3/23

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

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

Sketch Plan

