

ASS. REC. BY:

REF:

C72/23002712/kw

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

PSG 66131

Yr Regn:

05108

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

Truck / Trailer or

Make:

Toyota AHS

c.c

1598

Colour:

M. Gold

A/C:

Insured / Std / NI / NA

Sp. Reading

254321

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR0538 EE106145060

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/55R15

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

15/3/23

D.O.I.

16/3/2023

Survey held at

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

01/5/21

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

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

P. 100

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

1,296.50
296.50

Vehicle Condition

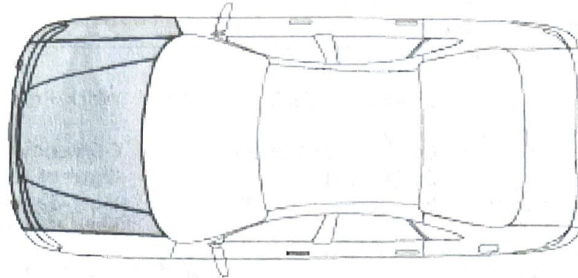
Vehicle Status

Pre-Accident Damage:

Date of Inspection:

Damage Areas

All ☐
Underbody ☐



Tyres Condition

Tyre Brand	Tread (Left Middle), mm	Tread (Left Outer), mm	Tread (Left Inner), mm	Tread (Right Inner), mm	Tread (Right Outer), mm	Tread (Right Middle), mm	Condition
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Spare Tyre Brand	Tread (Spare), mm
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Labour

Code	Description	Time Base 10 WU/h	Price = 42.00 SGD/h	
			WU	Price SGD
B040)	ADJUST HEADLAMPS		3.0	12.60
B100	R + R LEFT FRONT WING		4.0	16.80
B110	RENEW R/FR WING (BUMPER AND R/HEADLAMP REMOVED) INCLUDES: R + R R/FR WING, WING PROTECT COVER, WING INDICATOR AND REQUIRED ATTACHED PARTS		6.0	25.20
B010)	R + R FRONT BUMPER REINFORCEMENT		2.0	8.40
B125	R + R FRONT LOCK CARRIER		3.0	12.60
NO NUMBER	DETACH UPP C-MEMBER FR R/H-LAMP CARRIER		1.0	4.20
810401	R + R R/F FOG LAMP		1.0	4.20
B020	REPLACE FRONT BUMPER BAR INCLUDES: FRONT BUMPER ,RADIATOR GRILLE AND REQUIRED ATTACHED PARTS R + R. NOT INCLUDED: PARKING HELP SENSOR REMOVE AND REFIT.		16.0	67.20
B040)	R + R L/HEADLAMP		1.0	4.20
B040)	R + R R/HEADLAMP		1.0	4.20

Code	Description	WU	Price SGD
B040)	RENEW HEADLAMP	1.0	4.20
B070)	RENEW BONNET	4.0	16.80
	INCLUDES: R + R BONNET		
	NOT INCLUDES: R + R BONNET TRIM		
B080	R + R BONNET HINGES	1.0	4.20
B060	R + R ENGINE COMPARTMENT INSULATION	1.0	4.20
851091)	R + R WASHER RESERVOIR	2.0	8.40
851051)	RENEW WISH/WASH SYSTEM PUMP	1.0	4.20
Labour Cost		Hrs	WU
Panel / Mechanical Labour		4.80	48.0
Total of Labour			201.60

Paint

Paint Work	SYSTEM AZT	Time Basis 10 WU/h
Code	Description	WU Price SGD
	BONNET NEW PART PAINTING	19.0
	R/F WING NEW PART PAINTING	10.0
	R/F PANEL SUPPORT SURFACE PAINT	4.0
	FRONT BUMPER NEW PART PAINT K1R	11.0
	R/FR WHEEL REPAIR PAINTING >50%	10.0

Paint Material Per Part

Code	Description	Price SGD
0471	BONNET NEW PART PAINTING	51.58
0742	R/F WING NEW PART PAINTING	16.52
1008	R/F PANEL SUPPORT SURFACE PAINT	1.06
0281	FRONT BUMPER NEW PART PAINT K1R	47.81
7202	R/FR WHEEL REPAIR PAINTING >50%	3.21

Labour Cost - Paint

Factor	Hrs	WU	Price SGD
Time Paint		54.0	
Preparation Main Work Metal	1.70	17.0	71.40
Preparation Comp. Work Plastic	0.30	3.0	12.60
Total	10 WU/h	74.0	310.80

Material Cost - Paint

	Price SGD
New Part Painting	68.10
New Part Painting - Plastic K1R	47.81
Repair Painting	3.21
Surface-/Blend Paint	1.06
Material-constant Metal	18.10
Material-constant Plastic	9.00
Total	147.28

Spare Parts

Audatex System Using Manufacturer Times

Comm
* - US
NN - N
- WL

Asse
No a:

				prices as at 2015-06-01/01	
Code	Description	Part Number	Part Source		Price SGD
0251	LWR RADIATOR GRILLE	53112 12131	Original	pu x	0.00
0254	R/LOWER GRILLE	81481 12090	Original	su x	0.00
0281	FRONT BUMPER	52119 12948	Original	CM	0.00
0317	L/F BUMPER BRACKET	52116 12390	Original	pu x	0.00
0318	R/F BUMPER BRACKET	52115 12430	Original	.	0.00
0410	GRILLE	53114 12100	Original	7	0.00
0471	BONNET	53301 12A20	Original	pu x	0.00
0475	L/F HINGE	53420 12520	Original	R x	0.00
0476	R/F HINGE	53410 12550	Original	R x	0.00
0562	RIGHT HEADLAMP ASSY	81130 12A70	Original	CM	0.00
0638	R/F FOG LAMP	81210 0D042	Original	ng CM	0.00
0742	R/F WING	53811 12A10	Original	R	0.00
0842	R/F WHEELHOUSE COVER	53875 12430	Original	R x	0.00
0844	R/WING COVER PANEL	53827 12080	Original	R x	0.00
1008	R/F PANEL SUPPORT	53202 12490	Original	7	0.00
1436	WASHER CONTAINER	85315 12570	Original	ml	0.00
f: OEM Parts					
n: Non-OEM Parts					
u: Used parts					
Savings					
Subtotal					0.00
Total					0.00

Extras

Code	Description	Price SGD
1000	SUNDRIES	50.00*
1001	NUMBER PLATE & HOLDER	35.00*
Total Extras		85.00

Final Calculation

	SGD	SGD
Labour Time Base 10 WU/h		
Total 48.0 WU X 42.00 SGD/h	201.60	
Total of Labour		201.60
Total Of Extras		85.00
Paint Work Time Base 10 WU/h		
Labour Cost 74.0 WU X 42.00 SGD/h	310.80	
Material Cost	147.28	
Total Paint Including Material		458.08
Repair Cost Excludes GST		744.68
GST (+8.0%)		59.57
Repair Cost Included GST		804.25

Not Withoin
41 Day @
Munney After Paint
4 days

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 willful 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	15/03/2023 13:43 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 08:30 (SGT)
Exact Location of Accident	5 Teck Whye Ave, Block 5, Singapore 680005
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6613J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SADASIVAM VENGADALASAM
NRIC No	SXXXX702E
Email Address	PRAGALATH.SADASIVAM@GMAIL.COM
Mobile Phone No	(Phone) +65-90486175
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS 1.6 AUTO
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	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	PRAGALATH S/O SADASIVAM
NRIC No	SXXXX975E
Date Of Birth	08/02/1985
Occupation	Indoor

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 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) carrying out appropriate form of monitoring, 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

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

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

Sketch Plan

VEHICLE A = SJ066133

VEHICLE B = SKT63304