ASS. REC. BY: Kenneth

REF: EG21/23002986/Kn

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s S Thou

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.

N/S	O/S

Bal. or Market Value: 869k

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 4-5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SLP8552U Yr Regn: 06. 17

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

Make: Toy Altis (A) c.c 1598

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

Sp.Reading 159586 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: MR053REH104560463

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: ______

R: 215/45R17

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	8 mm
L/Bal.	4 mm	L/Bal.	8 mm
D.O.A.	19/3/23	D.O.I.	24/3/2023

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
/	

Date/Time, File Pass to?

1) ______

Date/Time, File Return to?

2) ______

☐ : Preli. Report

☐ : Final Report

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ Tech Invs ($ ______)

☐ Weekend ($ ______)

Survey Fee:

Transportation

___S - RS.___SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ ______)

S THREE AUTOMOTIVE RECOVERY PTE LTD
Blk 8 Sin Ming Industrial Estate
#01-64/66 Singapore 575643
Tel : 6284 1542 / 6284 1575
Fax : 6487 5315
sthreeautomotive@gmail.com

TO :

ATTN : **MOTOR CLAIM DEPT.** T/P VEH. NO. : **SME6336L**

ESTIMATE REPORT 1st QUOTATION JOB NO :

Not Authorised 4/Aug 8 Pending After Pairing

OWNER'S PARTICULAR

NAME : **LEE SEOK HOON** CONTACT :

ADDRESS :

LICENSE NO. : **SLP8552U** CHASSIS NO :

MAKE / MODEL : **TOYOTA ALTIS** ENGINE NO :

OWNER'S INSURER **INCOME INSURANCE LIMITED**

JOB-CODE : **TP** S/A : ACCDENT DATE : **19-Mar-23**

CLAIM DETAIL

MATERIALS

		QTY	QUO-PRIC	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	REAR BUMPER	1.00	680.00	25.00	510.00	Y	✓
2	REAR BUMPER BRACKET LH	1.00	72.20	25.00	54.15	Y	✗
3	REAR BUMPER BRACKET RH	1.00	72.70	25.00	54.53	Y	✗
4	REAR BUMPER REFLECTOR LH	1.00	155.60	25.00	116.70	Y	✗
5	REAR BUMPER REFLECTOR RH	1.00	155.60	25.00	116.70	Y	✗
6	REAR BUMPER SIDE RETAINER LH	1.00	67.10	25.00	50.33	Y	✗
7	REAR BUMPER SIDE RETAINER RH	1.00	67.10	25.00	50.33	Y	✗
8	REAR BUMPER REINFORCEMENT	1.00	498.00	25.00	373.50	Y	?
9	REAR END PANEL	1.00	780.60	25.00	585.45	Y	✗
10	REAR END PANEL INNER GARNISH	1.00	165.00	25.00	123.75	Y	✗
11	TAILLAMP LH	1.00	747.00	25.00	560.25	Y	✓
12	TAILLAMP RH	1.00	747.00	25.00	560.25	Y	✗
13	TAILLAMP INNER PANEL LH	1.00	250.00	25.00	187.50	Y	✗
14	TAILLAMP INNER PANEL RH	1.00	250.00	25.00	187.50	Y	✗
15	BOOTLID	1.00	826.70	25.00	620.03	Y	✗ ✓
16	BOOTLID HINGE LH	1.00	155.20	25.00	116.40	Y	✗
17	BOOTLID HINGE RH	1.00	155.20	25.00	116.40	Y	✗
18	BOOTLID WEATHERSTRIP	1.00	198.22	25.00	148.67	Y	✗
19	BOOTLID LOCK	1.00	149.00	25.00	111.75	Y	✓
20	BOOTLID CATCH	1.00	42.00	25.00	31.50	Y	✗
21	BOOTLID EMBLEM - COROLLA	1.00	68.00	25.00	51.00	Y	✓
22	BOOTLID EMBLEM - ALTIS	1.00	68.00	25.00	51.00	Y	✓
25	BOOTLID LOGO	1.00	50.00	25.00	37.50	Y	✓
26	BOOTLID LAMP LH	1.00	529.70	25.00	397.28	Y	✓

27	BOOTLID LAMP RH		1.00	529.70	25.00	397.28	Y	—
28	BOOTLID OUTER CHROME MOULDING		1.00	255.70	25.00	191.78	Y	X
29	BOOTLID NUMBER PLATE LAMP		2.00	136.80	25.00	102.60	Y	X
30	REVERSE SENSOR 2PCS WITH HOLDER		1.00	780.00	25.00	585.00	Y	2 ouse
31	KEYLESS SENSOR		1.00	680.00	25.00	510.00	Y	X
32	SPARE TYRE BOARD		1.00	380.00	25.00	285.00	Y	X
	TOTAL (PARTS) :			9712.12		7284.09		

SPECIAL NETT ITEM

1	REAR BUMPER CLIPS(1 SET)	1.00	50.00	0.00	50.00	Y	—
2	REAR END PANEL SEALANT	1.00	50.00	0.00	50.00	Y	X
3	REAR NUMBER PLATE	1.00	50.00	0.00	50.00	Y	45 ouse
4	REAR END PANEL TOP GARNISH CLIPS (1SET)	1.00	50.00	0.00	50.00	Y	X
5	TAILLAMP PANEL HOLDER (2 SET)	1.00	50.00	0.00	50.00	Y	X
6	REVERSE CAMERA	1.00	380.00	0.00	380.00	Y	X
7	REAR WINDSCREEN SEALANT	1.00	50.00	0.00	50.00	Y	X
8	REAR WINDSCREEN INNER SEAL	1.00	50.00	0.00	50.00	Y	X
9	REAR WINDSCREEN CLEANER & PRIMER	1.00	50.00	0.00	50.00	Y	X
	TOTAL (PARTS) :		780.00		780.00		

LABOUR

550

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	1200.00	0.00	1200.00	Y	600
2	SPRAY PAINTING ON AFFECTED AREA	1.00	1600.00	0.00	1600.00	Y	600
3	CHECK WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	20
4	RESPRAY TUFF KOTE ON ACCIDENT AREAS	1.00	120.00	0.00	120.00	Y	X
5	R&R CARPET, INNER TRIM TO ASSIST REPAIR	1.00	180.00	0.00	180.00	Y	X
6	R&R REVERSE SENSOR & RESETTING	1.00	120.00	0.00	120.00	Y	50
7	R&R BOOTLID COMPONENTS	1.00	120.00	0.00	120.00	Y	X
8	R&R REAR WINDSCREEN GLASS	1.00	180.00	0.00	180.00	Y	X
	TOTAL (LABOUR) :		3640.00		3640.00		
	TOTAL PARTS & LABOUR		14132.12		11704.09		

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:

Your NCD will be affected due to late reporting

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 witholding 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	21/03/2023 10:20 (SGT)
Reported by	Driver
Date of Accident	19/03/2023 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG KIM KEAT LINK JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8552U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE SEOK HOON
NRIC No	SXXXX002C
Email Address	SECKLEONGLEE@GMAIL.COM
Mobile Phone No	(Phone) +65-96799679
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 hire
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133623314

DRIVER

Name of Driver	LEE SECK LEONG
NRIC No	SXXXX480F
Date Of Birth	03/07/1960
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

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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 enquiry 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.

+李淑芬

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 575640
Tel: 6453 1235 Fax: 6453 7544
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan