ASS. REC. BY: Kenneth

REF: SMO/2300314 9/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s ARC

of 05-18 5228

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: $18K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 10/24 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNP 2590A Yr Regn: 10/09

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

Make: Toy Vios c.c 1497

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

Sp.Reading 84540 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053HY930 5128351

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: 185/60R15

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	26/3/23	D.O.I.	28/3/2023

Survey held at _____ 12pm

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
1)	
2)	

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

ARC **Automotive Repair Centre Pte Ltd**
CO. Reg. No. : 201312913C

Estimate

38 Woodlands Industrial Park E1
#05-18, Singapore 757700
Tel: 64688834 Fax: 64622278
E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST2303-202
DATE : 27-Mar-2023
POLICY NO. : DA MT/00917856/01
VEHICLE REG. NO. : SMD2590A
VEHICLE MAKE : TOYOTA VIOS 1.5 E (AUTO)

Not Authorise
U/Sup &
Recovery After Paying
5days

TO Motor Claim Department
Sompo Insurance Singapore Pte Ltd
50 Raffles Place
#05-01/06 Singapore Land Tower
Tel: 6221 2211, Fax: 6221 3147

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	SPARE PARTS			
1	Rear Bumper	1	$ 680.00	$ 680.00
2	Rear Bumper Clips	10	$ 5.00	$ 50.00
3	Rear Bumper Retainer LH	1	$ 180.00	$ 180.00
4	Rear Bumper Retainer RH	1	$ 180.00	$ 180.00
5	Rear Reinforcement	1	$ 380.00	$ 380.00
6	Rear Toyota Emblem	1	$ 60.00	$ 60.00
7	Rear Vios Emblem	1	$ 60.00	$ 60.00
8	Rear E Emblem	1	$ 50.00	$ 50.00
9	Tail Lamp LH	1	$ 480.00	$ 480.00
10	Tail Lamp RH	1	$ 480.00	$ 480.00
11	Rear End Panel	1	$ 800.00	$ 800.00
12	Rear End Panel Garnish	1	$ 280.00	$ 280.00
13	Rear Spare Tyre Board	1	$ 420.00	$ 420.00
14	Rear Floor Panel	1	$ 980.00	$ 980.00
15	Rear Bootlid	1	$ 800.00	$ 800.00
16	Rear Bootlid Lock	1	$ 400.00	$ 400.00
17	Rear Bootlid Lower Latch	1	$ 50.00	$ 50.00
18	Rear Bootlid Weatherstrip	1	$ 200.00	$ 200.00
19	Rear Bootlid Outer Garnish	1	$ 400.00	$ 400.00
20	Rear Bootlid Hinge RH	1	$ 100.00	$ 100.00
21	Rear Bootlid Hinge LH	1	$ 100.00	$ 100.00
			Total Spare Parts	$ 7,130.00
	SPECIAL NETT			
22	Rear Licence Plate	1	$ 35.00	$ 35.00
23	Reverse Sensor	1	$ 200.00	$ 200.00
			Total Special Nett	$ 200.00
	LABOUR			
24	Spray Paint Rear Bumper, Rear Bootlid Including Blending	1	$ 500.00	$ 500.00
25	Repair, Replace and Refill Affected Accident Area	1	$ 500.00	$ 500.00
26	Remove and Refit Rear Bumper Reverse Sensor	1	$ 100.00	$ 100.00
27	Remove and Refit Rear Exhaust Pipe and Silencer, Re-align	1	$ 80.00	$ 80.00
28	Apply Rust Proofing on Replaced/Repaired Panel	1	$ 100.00	$ 100.00

ARC **Automotive Repair Centre Pte Ltd**
CO. Reg. No. : 201312913C

Estimate

38 Woodlands Industrial Park E1
#05-18, Singapore 757700
Tel: 64688834 Fax: 64622278
E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST2303-202
DATE : 27-Mar-2023
POLICY NO. : DA MT/00917856/01
VEHICLE REG. NO. : SMD2590A
VEHICLE MAKE : TOYOTA VIOS 1.5 E (AUTO)

TO Motor Claim Department
Sompo Insurance Singapore Pte Ltd
50 Raffles Place
#05-01/06 Singapore Land Tower
Tel: 6221 2211, Fax: 6221 3147

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
29	Check and Rectify Electrical Wiring	1	$ 30.00	$ 30.00
			Total Labour	$ 1,310.00
			Amount Before Excess	$ 8,640.00
			Add GST @ 7%	604.80
			Total Amount Payable	$ 9,244.80

201

Estimate prepared by: Oscar Pong
The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed.

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:

SA1T233R0001 / Automotive Repair Centre Pte Ltd
ENTRY DATE & TIME: 27/03/2023 10:58 (SGT)
SUBMITTED BY: PONG JIA JUN OSCAR
VERSION: 1 (27/03/2023 10:58 (SGT))

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	27/03/2023 10:58 (SGT)
Reported by	Actual Driver
Date of Accident	26/03/2023 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTHPOINT EXIT SOUTH WING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2590A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG ZI YA (HONG ZIYA)
NRIC No	SXXXX522B
Email Address	ziya.kianshin@gmail.com
Mobile Phone No	(Phone) +65-87191819
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00917856/01

DRIVER

Name of Driver	NG KIAN SHIN, BRANDON
NRIC No	SXXXX573J

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) 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.

09:43
21-03-2023.

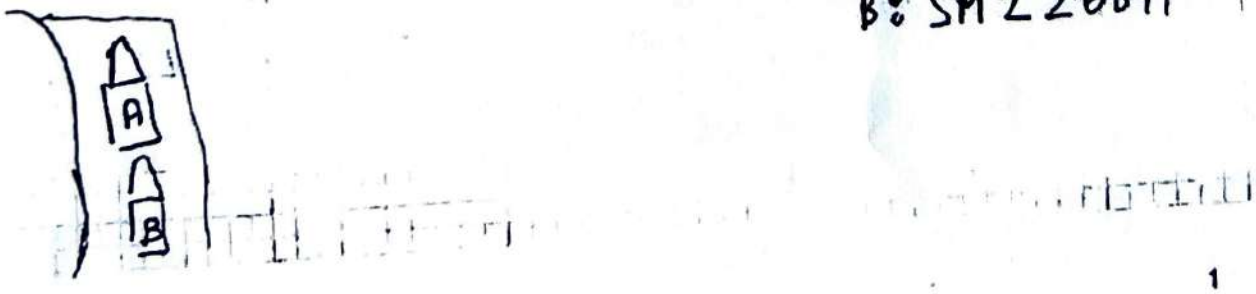
Policyholder's Signature / Date & Time

0943
270323

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

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

Sketch Plan



North point

South wing Exit