

ASS. REC. BY:

REF:

PCZ/ 23 003281kv

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Pin mty BPL

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:

£73k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

05/28

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

STG 6858U Yr Regn: 05,09

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

Truck / Trailer or

Make:

Toy Pitar

c.c 1998

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

155P56

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTEGH 23 B 200026546

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

225/45R18

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

7 mm

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

28/3/23

D.O.I.

30/3/2023

Survey held at

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

N/S Rear

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

P. A. S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL



Sin Ming Autocare BFG Pte Ltd
 176 Sin Ming Drive
 #02-05 Sin Ming Autocare
 Singapore 575721
 Tel : 6455 0600 | Fax : 6455 6192
 Website: www.autocare.com.sg
 GST Reg. No: 20-0210033-N

MS First Capital Insurance Limited

Attn: Motor Claim Dept

CHASSIS : JTEGH23B200026546

Not Authorised
6 days
6 days

ESTIMATE

VEHICLE NO: **SJQ6858U**

MAKE/MODEL: **TOYOTA PICNIC**

DATE: **29.03.2023**

No.	Descriptions	Qty	Unit Price	Amount S\$
LIST ITEM:				
1	REAR BUMPER	1	898.00	898.00 ✓
2	REAR BUMPER CLIPS	5	8.00	40.00 ✓
3	BUMPER RETAINER REAR LEFT	1	85.60	85.60 ✓
4	FENDER REAR LEFT	1	1,515.36	1,515.36 ✓
5	FENDER QUARTER GLASS MOULDING	1	171.25	171.25 ✓
6	DOOR REAR LEFT	1	1,211.50	1,211.50 X
7	DOOR BLACK TAPE LEFT	1	70.15	70.15 A
8	DOOR HANDLE OUTER REAR LEFT	1	198.35	198.35 X
9	DOOR HANDLE INNER REAR LEFT	1	171.15	171.15 X
10	DOOR INNER RUBBER REAR LEFT	1	189.35	189.35 X
11	DOOR INNER LOCK REAR LEFT	1	258.15	258.15 A
12	REAR LEFT WHEEL RIM	1	600.00	600.00 ✓
13	REAR AXLE BEAN	1	2,410.20	2,410.20 X
14	WHEEL BEARING REAR LEFT	1	1,627.70	1,627.70 ✓
15	SHOCK ABSORBER REAR LEFT	1	288.35	288.35 X
16	FUEL TANK COVER	1	198.15	198.15 A
17	REAR TAIL LAMP LH	1	249.60	249.60 ✓
18	TYRE REAR LH (BET)	1	280.00	280.00 60W
19	REAR DOOR PROTECTOR LH	1	198.35	198.35 ✓

Sub Total (S\$) : 10,661.21

Discount (25%) : 2,665.30

Total Parts (S\$) : **7,995.91**

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:

LABOUR:

1	TO DISMANTLE & REPLACE DAMAGED PARTS,PANEL BEAT WHERE NECESSARY	2,200.00	700h
2	TO PUTTY,APPLY PRIMER & SPRAY PAINT ON THE AFFECTED PORTION	1,800.00	660l
3	TO APPLY RUST PROOFING ON REPAIRED,REPLACE PANEL	180.00	30l
4	TO REMOVE/REFIT WINDSCREEN TO FACILITATE REPAIRS	120.00	60l
5	TO REMOVE/REFIT REAR CUSHION SEAT,FENDER TRIM TO FACILITATE REPAIRS	350.00	150l
6	TO REMOVE/REFIT FUEL TANK TO FACILITATE REPAIRS	250.00	80l
7	WHEEL ALIGNMENT	120.00	60l
8	TO REMOVE/REPLACE REAR UNDERCARRIAGE	400.00	7
9	TO CHECK WIRING FUNCTIONS	80.00	20l

Total Labour (S\$) :

5,500.00

Total Amount (S\$) :

13,495.91

for Sin Ming Autocare BFG Pte Ltd

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	28/03/2023 17:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/03/2023 09:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS ST 51
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6858U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SADIKIN BIN CHEKMAN
NRIC No	S7400824J
Email Address	SADIKINC2031@GMAIL.COM
Mobile Phone No	(Phone) +65-98778660
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Picnic
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	1998

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00792925/02

DRIVER

Name of Driver	SADIKIN BIN CHEKMAN
NRIC No	S7400824J
Date Of Birth	08/01/1974
Occupation	Indoor

SKETCH PLAN

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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.

Salda 28/3 1152409.

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

