

ASS. REC. BY:

REF:

SMRT/ 23 003381/kw

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / IP / 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.

N/S	O/S

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:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLE 60736 Yr Regn: 071 16

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

Truck / Trailer or

Make:

Toy A1715

C.C

1598

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

428758

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NRO 53REH 104555901

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: WESTAK

R:

205/55R16

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

TOYO / YOKO or

FINA89

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

28/3/23

D.O.I.

31/3/2023

Survey held at

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

C/S RM

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee:

☐ : Site Insp (\$  
☐ : Interview (\$  
☐ : Tech Invs (\$  
☐ : Weekend (\$

Site Insp (\$

Interview (\$

Tech Invs (\$

Weekend (\$

Transportation

S - RS. SI

F. P. MS

Others

TOTAL

Report Format :

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



# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE 05-68 S737896

HP: 98888885

## Estimation

Date: 30/3/2023  
Vehicle: SLE6073G  
Make / Model: TOYOTA ALTIS  
INS: FIRST CAPITAL

Not Authored  
11/3/23  
Merry After Paint  
4 days

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	SIDE MIRROR <i>Bro</i>	1	\$ 685.00	\$ 685.00 ✓
2	FRONT FENDER RH <i>R</i>	1	\$ 698.00	\$ 698.00 X
3	FRONT FENDER COWLING RH <i>R</i>	1	\$ 159.00	\$ 159.00 X
4	FRONT FENDER EMBLEM 'HYBRID' <i>mu</i>	1	\$ 62.00	\$ 62.00 ✓
5	FRONT DOOR RH <i>R</i>	1	\$ 1,398.00	\$ 1,398.00 X
6	FRONT DOOR OUTER MOULDING RH <i>R</i>	1	\$ 159.00	\$ 159.00 X
7	FRONT BUMPER <i>R</i>	1	\$ 687.00	\$ 687.00 X
TOTAL PART				\$ 3,848.00
LIST DOWN			25%	\$ 962.00
AFTER LIST DOWN				\$ 2,886.00
SPECIAL NETT				
1	FRT FENDER INNERSHIELD CLIP SET LH <i>mu</i>	1	\$ 50.00	\$ 50.00 X
2	FRT FENDER QUARTER GLASS SEALANT LH <i>mu</i>	1	\$ 80.00	\$ 80.00 X
3	FRONT DOOR INNER TRIM CLIPS <i>mu</i>	1	\$ 50.00	\$ 50.00 X
TOTAL AMOUNT				\$ 180.00
LABOUR				
1	CHECK WIRING	1	\$ 100.00	\$ 100.00 200
2	R+R FRONT DOOR MECHANISM <i>mu</i>	1	\$ 200.00	\$ 200.00 X
3	WHEEL ALIGNMENT <i>mu</i>	1	\$ 120.00	\$ 120.00 X
4	R+R FRT FENDER QUARTER GLASS LH <i>mu</i>	1	\$ 120.00	\$ 120.00 X
5	RESET TROUBLE CODE <i>mu</i>	1	\$ 200.00	\$ 200.00 X
6	KNOCK	1	\$ 500.00	\$ 500.00 3000
7	SPRAY	1	\$ 800.00	\$ 800.00 6000
TOTAL AMOUNT				\$ 2,040.00
Parts Replacement Amount				\$ 3,653.25
Total Amount for Labour				\$ 2,040.00
Total Amount				\$ 5,693.25

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	29/03/2023 16:01 (SGT)
Reported by	Actual Driver
Date of Accident	28/03/2023 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI AVE 6 AFTER AYE / CITY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE6073G

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KINTO SINGAPORE PTE LTD
Company Reg No	202121445H
Email Address	kokhow.tay@lumens.sg
Mobile Phone No	(Phone) +65-87781765
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1598

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126757065

#### DRIVER

Name of Driver	TAY CHUAN LONG, DENNIS
NRIC No	S8901635E
Date Of Birth	17/01/1989
Occupation	Outdoor

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

CITY AUTO PTE LTD  
Blk 6 Sin Ming Road  
#01-53/60/62 Sin Ming Ind Est  
Singapore 570643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

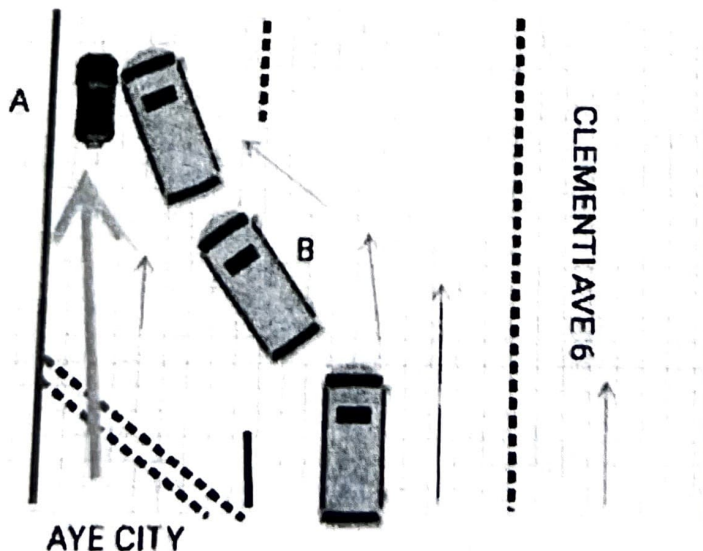
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

28/03/2023-1940HRS



A-SLE6073G

B-SMB346M