

ASS. REC. BY:

REF:

LIP/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Carworkz Auto

of _____

Insured: _____

Policy No. _____

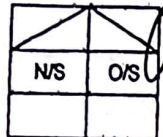
Claims No. _____

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: \$34K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 09 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNG 1901L Yr Regn: 11, 13Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Lexus ES250 c.c. 2494Colour: M.P. Brown A/C: Insured / Std / Nil / NASp. Reading: 85693 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JT14BJ1G650 2035389Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/55R17

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 19/3/23 D.O.I. 5/4/2023

Survey held at _____

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

O/S R & UIC

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

S - RS. SI

Fees

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

TOTAL

Report Format :

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

**CARWORKZ SG PTE LTD**

10 SIN MING IND EST SECTOR C, #01-06, SINGAPORE 575645

H/p: 81184734 (Soon Ng) / 98766876 (Anna Chua)

Co. Reg. No: 202039874Z GST No: 202039874Z

Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS

ACC-23-0016

To: LIBERTY INSURANCE PTE LTD
51 CLUB STREET
03-00 LIBERTY HOUSE
SINGAPORE 069428

Date: 04/04/2023

Vehicle No.: SGN-1901-L

Make: TOYOTA

Model: LEXUS ES250

Attention: Motor Claim Department

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
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List Item

1	FRONT FENDER RH	Per \$915.30	✓
1	FRONT FENDER INNER SHIELD RH	\$225.00	?
10	FRONT FENDER INNER SHIELD CLIPS RH	Per \$100.00	✓
1	FRONT DOOR RH	Per \$1,898.30	X
1	FRONT DOOR LOWER HINGE RH	Per \$128.00	X
1	LOWER SIDE SKIRT RH	\$480.70	?
10	LOWER SIDE SKIRT CLIPS RH	\$100.00	?
1	FRONT WINDSCREEN PILLAR RH - REPAIR	-	
1	FRONT ABSORBER RH	Per \$661.70	✓
1	FRONT ABSORBER TOP MOUNTING RH	\$216.40	?
1	FRONT LOWER ARM RH	Per \$538.80	✓
1	FRONT LOWER BALL JOINT RH	Per \$187.60	✓
1	FRONT DRIVESHAFT RH	\$869.40	?
1	FRONT KNUCKLE ARM RH	Per \$569.70	✓
1	FRONT WHEEL BEARING RH	Per \$286.40	✓
1	FRONT ANTI ROLL BAR LINKAGE RH	Per \$276.90	✓
1	STEERING RACK	\$2,860.00	?
1	STEERING RACK END	\$270.60	?
1	STEERING TIE ROD END RH	\$226.40	?
1	ABS SENSOR	\$176.40	?
1	FRONT SPORTS RIM RH - 17"	Per \$1,680.00	X
Sub Total		\$12,667.60	
Discount 25% on Parts		(\$3,166.90)	
		\$9,500.70	

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Email: carworkzws@gmail.com

ESTIMATED REPAIR COST DETAILS**ACC-23-0016****Special Nett**

1	TOWING FEE	\$80.00	501
1	FRONT TYRE RH (215/55R17)	\$480.00	7
	Sub Total	\$560.00	

Labour & Misc

LABOUR TO FACILITATE REPAIR	\$1,000.00	400
R & R RHF DOOR COMPONENTS	~ \$180.00	X
R & R RHF UNDERCARRIAGE PARTS	\$280.00	} 2401
R & R STEERING RACK	\$350.00	
R & R RHF SPORTS RIM INCLUDING TYRE BALANCING	~ \$20.00	X
CHECK & RECONNECT WIRING	\$60.00	201
WHEEL ALIGNMENT	\$60.00	✓
RUST PROOF ON AFFECTED AREA	\$180.00	301
LABOUR TO SPRAY PAINT AFFECTED AREAS	\$1,000.00	440
Sub Total	\$3,130.00	

Sub Total **\$13,190.70****GST 8%** **\$1,055.26****Total** **\$14,245.96****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 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	20/03/2023 15:41 (SGT)
Reported by	Owner
Date of Accident	19/03/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER THOMSON ROAD INFRONT OF 215P FUR KIDS SHOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGN1901L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SEUNG PO
NRIC No	S0005294I
Email Address	ECKHENG@YAHOO.COM
Mobile Phone No	(Phone) +65-82839296
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DH0M120025451603

DRIVER

Name of Driver	TAN PEI CHAY DEBORAH
NRIC No	S9032479I
Date Of Birth	04/09/1990
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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

shop houses



A - BEN 19012

B - BEN 87435