

ASS. REC. BY:

REF:

VIP / 23 003597 / Kw

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / 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.

Bal. or Market Value:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S2A 673K

Yr Regn:

11. 06

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

Truck / Trailer or

Make:

Toy Esting X

c.c.

2362

Colour

h. Gold

A/C:

Insured / Std / NI / NA

Sp. Reading

242300

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACR50 7014638

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:

215/55R17

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

3/4/23

D.O.I.

6/4/2023

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?



Prell. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

S - RS, SI

Fees

Others

TOTAL

Report Format:

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

RIVERVIEW AUTO SERVICES PTE LTD

10 ANG MO KIO INDUSTRIAL PARK 2A

#04-07/#04-16 AMK AUTOPOINT

SINGAPORE 568047

Tel : 6481 2025 / 6481 5797 Fax : 6481 8715

Email : service@riverviewauto.com.sg

Website : www.riverviewauto.com.sg

Co.Reg No: 200800062E GST.Reg No: 200800062E

Lump Sum Repair
Less 20%

SLA673K
parts

Toyota Estima 2.4

List Price
Toyota Less 25%

Tailgate	Rm 1785.80 ✓
Tailgate Toyota Logo	Rm 68 ✓
Tailgate Estima emblem	Rm 88 —
Tailgate 'X' Badge	Rm 80 —
Tailgate no plate chrome garnish	Rm 296.90 X
Tailgate inner lock	Rm 378.90 ✓
Tailgate inner trim board	Rm 576.90 X
Tailgate handle cover	Rm 70 X
Tailgate wiper motor	Rm 525 X
Tailgate shock absorbers X 2pc @ 275.40 X 2pc	= 550.80 X
Tailgate rear windscreen moulding	Rm 122.80 ✓
Rear Bumper	Rm 1041.70 ✓
Rear Bumper reflectors X 2pc @ 77 X 2pc	= 154 Rm X
Rear Bumper side retainer (outer) X 2pc @ 55.20 X 2pc	= 110.40 X
Rear Bumper side retainer (inner) X 2pc @ 48.30 X 2pc	= 96.60 X
Boot weatherstrip	Rm 252 X
Rear end panel top garnish	Rm 272.60 ✓
end panel lock catch	Rm 60 X
Rear end panel	Rm 625.50 ✓
Lock Actuator electrical Key	Rm 345 X

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:

Not Authorized

6/1/11

Money After Paint
6 days

P81

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Lump Sum Repair
less 20%

SLA673K

Toyota Estima 2.4

special nett items

nett Price \$

Tailgate inner trim board clips (1set)	ea 50	X
Rear Bumper clips (1set)	ea 45	✓
Tailgate Reverse Camera	ea 480	X
Reverse parking sensors	shot 250	200ea
Rear end panel for garnish clips (1set)	ea 45	✓
Rear License plate with holder	ea 50	45ea
Rear windscreen sealant	ea 80	4ea
Rear end panel sealant	ea 80	3ea

Labour charges \$

- 1) To Renew damaged parts, To cut & weld Rear end panel and to repair the accident Area. 80ea
\$1500
- 2) To Remove & Refit Rear windscreen 12ea
\$200
- 3) To Renew Tailgate Reverse Camera and Reverse parking sensors, To assemble wiring and check for proper functions. 8ea
\$120
- 4) To spray paint Tailgate, Rear Bumper, rear end panel and spare tyre panel. 6ea
\$1200
- 5) To carry out anti-rust treatment at the panels of the accident area. 6ea
\$120

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	04/04/2023 11:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/04/2023 17:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Sengkang West Road slip road into Sengkang West Way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA673K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG SZE LIANG
NRIC No	S7027208C
Email Address	angszeliang@gmail.com
Mobile Phone No	(Phone) +65-97595495
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5086355594-06

DRIVER

Name of Driver	ANG SZE LIANG
NRIC No	S7027208C
Date Of Birth	10/08/1970
Occupation	Indoor

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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.

6. 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

04/04/2023 1100 hrs

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

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

Sketch Plan

