

ASS. REC. BY:

REF:

AGW 230038511kg

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 Rpt:

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

Date / Time

Action / Instruction

Veh No:

STR 1746L

Yr Regn:

06.09

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

Truck / Trailer or

Make:

Toy Altis

C.C.

1598

Colour

M. Gold

A/C:

Insured / Std / NI / NA

Sp. Reading

161330

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053 EEE106147140

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRM / STD A/RM or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

5/4/23

D.O.I.

14/4/2023

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prel. 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

) Fixing

) Others

Report Format:

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

TOTAL



方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

Evergreen Rent A Car Pte Ltd
Blk 159 Sin Ming Road
#01-07 Amtech Building
Singapore 575825

*Not Authorized
L1 Sing B
Returning After Repair
6 days*

Dear sir

Estimate cost of repair to vehicle no. SJR1746L

To supply

1. Front fender	<i>As</i>	358.00	✓
2. Front fender garish	<i>Dis</i>	126.00	✓
3. Front fender badge	<i>As</i>	50.00	✓
4. Front door	<i>As/warp</i>	966.30	✓
5. Front door protector	<i>As</i>	125.00	✓
6. Front door hinge x2	<i>As</i>	140.40	X
7. Front door black sticker x3	<i>As</i>	98.00	✓
8. Front door power motor	<i>As</i>	350.00	X
9. Rear door	<i>As</i>	966.30	X
10. Rear door hinge x2	<i>As</i>	140.40	X
11. Rear door protector	<i>As</i>	125.00	✓
12. Rear door sticker x3	<i>As</i>	98.00	X
13. Rocker panel garish	<i>As/warp</i>	450.00	✓
14. Rear bumper	<i>As</i>	501.80	X
15. Wheel rim x2	<i>As</i>	900.00	✓
16. Lower arm		361.60	?
17. Knuckle arm		371.90	?
18. Shock absorber		288.30	?
19. Bearing	<i>258</i>	240.00	?

Labour charges		
Rust proofing	100.00	<i>600</i>
Panel beating	1,000.00	<i>700</i>
Spray panting	1,200.00	<i>1000</i>
To remove and refit undercarriages		
and wheel alignment	350.00	?
Total	9,304.30	

Your faithfully

ALBERT POON

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	06/04/2023 16:43 (SGT)
Reported by	Actual Driver
Date of Accident	05/04/2023 22:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF UPPER SERANGOON ROAD/FLOWER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1746L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EVERGREEN RENT A CAR PTE LTD
Company Reg No	200614077H
Email Address	TECHNICALSUPPORT@EVERGREENRENTACAR.COM
Mobile Phone No	(Phone) +65-97102900
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1500

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V15018/VPZ/R01

DRIVER

Name of Driver	LEROY CHARLES MORTIMER
NRIC No	S7712731C
Date Of Birth	13/05/1977
Occupation	Outdoor

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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:

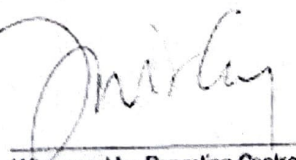
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

Sketch Plan

