

ASS. REC. BY:

REF:

ICS/ 23004112/KV

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: _____

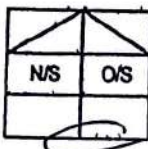
Excess: _____

(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: _____

4-5 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: _____

SKQ 7488K

Yr Regn: 12, 14

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

Truck / Trailer or _____

Make: _____

Toy Alphard

Wagon

c.g

2362

Colour _____

M. Grey

AC: Insured / Std / NI / NA

Sp. Reading _____

151913

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

AN1420 8348873

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm or

Tyre Size: _____

F: B.S

235/50R18

R: Kumho

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

7

mm

L/Bal. _____

9

mm

L/Bal. _____

7

mm

D.O.A. _____

19/4/23

D.O.I. _____

28/4/2023

Survey held at _____

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

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. \$ _____

: Fuel \$ _____

: Others \$ _____

TOTAL

Report Format:

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



Sin Ming Autocare BFG Pte Ltd

176 Sin Ming Drive

#02-05 Sin Ming Autocare

Singapore 575721

Tel : 6455 0600 I Fax : 6455 6192

Website: www.autocare.com.sg

GST Reg. No: 20-0210033-N

ECICS Limited

10

Eunos Road 8

#09-

04A Singapore Post Centre, Spore 408600

ESTIMATE

Attn: Motor Claim Dept

Not with claim

VEHICLE NO: SKQ7488K

11 Day &

MAKE/MODEL: TOTOYA

ALPHARD

CHASSIS NO: ANH208348873

Money After Paim

DOA: 19.04.2023

4-5 days

No.	Descriptions	Qty	List Price	Amount
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LIST ITEM:

1	BUMPER (REAR)	1	\$ 1,037.40	\$ <i>Sm</i> 1,037.40 ✓
2	BUMPER RETAINER (RLH)	1	\$ 95.00	\$ <i>Sm</i> 95.00 X
3	BUMPER RETAINER (RLR)	1	\$ 95.00	\$ <i>Sm</i> 95.00 X
4	BUMPER (REAR BRACKET LH)	1	\$ 85.60	\$ <i>Sm</i> 85.60 X
5	BUMPER (ERAR BRACKET RH)	1	\$ 85.60	\$ <i>Sm</i> 85.60 X
6	BUMPER REFLECTOR LH	1	\$ 108.35	\$ <i>Sm</i> 108.35 X
7	BUMPER REFLECTOR RH	1	\$ 108.35	\$ <i>Sm</i> 108.35 X
8	BUMPER (REAR CLIPS)	10	\$ 5.00	\$ <i>Sm</i> 50.00 —
9	TAIL GATE (REAR)	1	\$ 2,522.00	\$ <i>Sm</i> 2,522.00 ✓
10	TAIL GATE CENTRE LOGO (REAR)	1	\$ 178.15	\$ <i>Sm</i> 178.15 ✓
11	TAILGATE OUTER CHROME HANDLE (REAR)	1	\$ 485.15	\$ <i>Sm</i> 485.15 X
12	TAIL LOCK GATE LOCK (REAR)	1	\$ 561.30	\$ <i>Sm</i> 561.30 X
13	TAILGATE OUTER GARNISH (REAR)	1	\$ 1,990.00	\$ <i>Sm</i> 1,990.00 X
14	TAILGATE EMBLEM ALPHARD (REAR)	1	\$ 115.35	\$ <i>Sm</i> 115.35 ✓
15	TAILGATE DAMPER (REAR RH)	1	\$ 392.30	\$ <i>Sm</i> 392.30 X
16	TAIL GATE DAMPER (REAR LH)	1	\$ 392.30	\$ <i>Sm</i> 392.30 X
17	TAILGATE INNER TRIM BOARD (REAR)	1	\$ 985.15	\$ 985.15 7
18	TAIL LAMP LH	1	\$ 500.00	\$ <i>Sm</i> 500.00 X
19	TAIL LAMP RH	1	\$ 500.00	\$ <i>Sm</i> 500.00 X
20	END PANEL TOP GARNISH (REAR)	1	\$ 235.15	\$ 235.15 7
21	END PANEL (REAR)	1	\$ 915.00	\$ 915.00 7
22	CORNER GARNISH (REAR) RH	1	\$ 365.15	\$ <i>Sm</i> 365.15 X
23	BEZA SENSOR (REAR)	1	\$ 265.15	\$ 265.15 7
24	ANTENNA SENSOR (REAR)	1	\$ 285.15	\$ 285.15 7
25	CONRNER GARNISH (REAR) LH	1	\$ 365.15	\$ <i>Sm</i> 365.15 X
26	TAIL GATE RUBBER (REAR)	1	\$ 395.00	\$ <i>Sm</i> 395.00 X
27	BUMPER REVESOR (REAR) RH	1	\$ 425.15	\$ 425.15 7
28	BUMPER REVESOR (REAR) LH	1	\$ 425.15	\$ <i>Sm</i> 425.15 X

259

Sub Total (SGD) .

NETT ITEMS

1	NUMBER PLATE (REAR)	1	\$	50.00	\$	<i>Pr</i>	50.00	<i>X</i>
2	GLASS SEALANT (REAR)	1	\$	50.00	\$	<i>Me</i>	50.00	<i>40.00</i>
3	NUMBER PLATE HOLDER (REAR)	1	\$	30.00	\$	<i>Pr</i>	30.00	<i>X</i>
4	SEALANT END PANEL AND REAR BOARD	1	\$	80.00	\$		80.00	<i>7</i>

LABOUR:

1	To dismantle & replace damaged parts, panel beat where necessary	\$	1,800.00	<i>7</i>
2	To apply rust-proofing on repaired/repalce panel	\$	200.00	<i>30.00</i>
3	To remove/transfer tailgate mechanism	\$	180.00	<i>60.00</i>
4	To remove/ refit rear tail gaty glass	\$	180.00	<i>120.00</i>
5	To putty, apply primer & spray-paint on the effected	\$	1,200.00	<i>660.00</i>
6	portion.	\$	100.00	<i>20.00</i>
7	To check wiring functions			
		\$	3,660.00	



for Sin Ming Autocare BFG Pte Ltd

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	19/04/2023 11:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/04/2023 07:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Orchard Blvd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7488K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANG WAI WAH RICK
NRIC No	S7174430B
Email Address	rickchangww@gmail.com
Mobile Phone No	(Phone) +65-98254388
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	5069315005-08

DRIVER

Name of Driver	CHANG WAI WAH RICK
NRIC No	S7174430B
Date Of Birth	20/09/1971
Occupation	Indoor

IMPORTANT NOTICE

SKETCH PLAN

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 repealate 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)

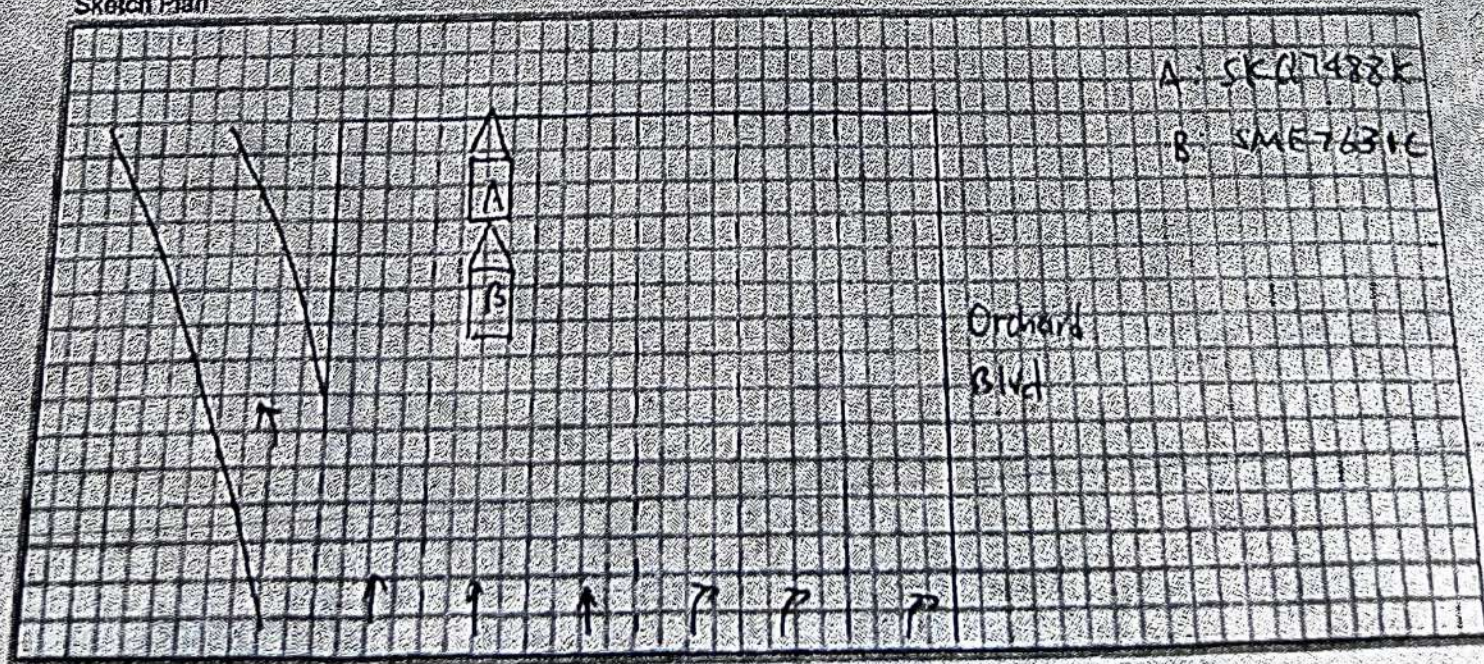
I understand, acknowledge, agree and consent that:

- (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.

Ricard
Policyholder's Signature / Date & Time
19/04/2023 1100 hrs
Sketch Plan

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

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



A: SKA7488K

B: SME7631C

Orchard
Blvd