ASS. REC. BY: Kenneth | REF: TU /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s S Three

of _____ 1330

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: 860k

IDAC Accident Rport: _____ 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: SMC 9446T Yr Regn: 07, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Hyundai Accent c.c 1368

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 210960 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCU41BTKU440122

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: Hunter 195/55R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	3 mm	R/Bal.	6 mm
L/Bal.	3 mm	L/Bal.	6 mm
D.O.A.	28/4/23	D.O.I.	4/5/2023

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or o/s body

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: ___S + RS___SI

Parking: _____

Others: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL: _____

Report Format :

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

Not Authorised
L/Strip &
Recovery After Paint
6 days

S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :

ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SNJ2785L

ESTIMATE REPORT 1st QUOTATION

OWNER'S PARTICULAR

NAME : LIANG TACK THONG

ADDRESS :

JOB NO :

CONTACT :

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:

LICENSE NO SMC9446T

TRANS. :

CHASSIS NO :

MAKE / MODEL : HYUNDAI ACCENT

ENGINE NO :

OWNER'S INSURER INCOME INSURANCE LIMITED

JOB-CODE : TP

S/A :

ACCDENT DATE : 28-Apr-23

CLAIM DETAIL

MATERIALS

		QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	WING MIRROR ASSY RH	1.00	750.00	20.00	600.00	Y	
2	FRONT DOOR RH	1.00	1546.50	20.00	1237.20	Y	
3	FRONT DOOR MOULDING RH	1.00	116.20	20.00	92.96	Y	X
4	FRONT DOOR TRIM BOARD RH	1.00	1068.00	20.00	854.40	Y	X
5	FRONT DOOR REGULATOR MOTOR	1.00	690.00	20.00	552.00	Y	
6	FRONT DOOR PROTECTOR RH	1.00	230.00	20.00	184.00	Y	X
7	FRONT DOOR OUTER HANDLE	1.00	360.00	20.00	288.00	Y	X
8	FRONT DOOR LOCK	1.00	380.00	20.00	304.00	Y	X
9	FRONT DOOR HINGE TOP	1.00	95.00	20.00	76.00	Y	X
10	FRONT DOOR HINGE BOTTOM	1.00	95.00	20.00	76.00	Y	X
11	FRONT DOOR CHECK LINK	1.00	135.00	20.00	108.00	Y	X
12	FRONT DOOR RUBBER BEADING RH	1.00	215.00	20.00	172.00	Y	X
13	FRONT FENDER	1.00	890.00	20.00	712.00	Y	
14	FRONT FENDER INNER SHIELD	1.00	185.00	20.00	148.00	Y	X
15	FRONT SHOCK ABSORBER RH	1.00	388.00	20.00	310.40	Y	
16	FRONT KNUCKLE ARM RH	1.00	588.00	20.00	470.40	Y	
17	FRONT KNUCKLE ARM BEARING RH	1.00	198.00	20.00	158.40	Y	
18	FRONT LOWER ARM RH	1.00	418.00	20.00	334.40	Y	X
19	FRONT SPORT RIM RH Pr?	1.00	1680.00	20.00	1344.00	Y	
20	REAR DOOR RH	Rt/wrap 1.00	1620.00	20.00	1296.00	Y	
21	REAR DOOR MOULDING RH	1.00	116.20	20.00	92.96	Y	X
22	REAR DOOR REGULATOR MOTOR	1.00	690.00	20.00	552.00	Y	X
23	REAR DOOR TRIM BOARD RH	1.00	1068.00	20.00	854.40	Y	X
24	REAR DOOR OUTER HANDLE RH	1.00	365.00	20.00	292.00	Y	X
25	REAR DOOR LOCK RH	1.00	380.00	20.00	304.00	Y	X
26	REAR DOOR HINGE TOP	1.00	195.00	20.00	156.00	Y	X

27	REAR DOOR HINGE BOTTOM	1.00	R	195.00	20.00	156.00	Y	X
28	REAR DOOR CHECK LINK	1.00	Sn	135.00	20.00	108.00	Y	X
29	REAR FENDER WHEEL PROTECTOR RH	1.00	NSP	350.00	20.00	280.00	Y	X
30	REAR FENDER INNER SHIELD RH	1.00	Sn	135.00	20.00	108.00	Y	X
31	REAR SHOCK ABSORBER RH	1.00	Sn	336.70	20.00	269.36	Y	X
32	REAR KNUCKLE ARM RH	1.00	Sn	528.30	20.00	422.64	Y	X
33	REAR LOWER ARM RH	1.00	Sn	433.30	20.00	346.64	Y	X
34	REAR KNUCKLE ARM BEARING RH	1.00	NN	198.20	20.00	158.56	Y	X
35	REAR BUMPER	1.00	Sn	673.10	20.00	538.48	Y	X
36	REAR SPORT RIM RH Pr?	1.00	Dl	1680.00	20.00	1344.00	Y	✓
	TOTAL (PARTS) :			18376.50		12754.48		

SPECIAL NETT ITEM

1	FRT DOOR BOTTOM GARNISH CLIPS (1 SET)	NN	1.00	50.00	0.00	50.00	Y	X
2	FRT DOOR TRIM BOARD CLIPS (1 SET)	NN	1.00	50.00	0.00	50.00	Y	X
3	FRT DOOR INNER INSULATOR PAD	NN	1.00	280.00	0.00	280.00	Y	X
4	FRONT DOOR BLACK STICKER	M	1.00	120.00	0.00	120.00	Y	✓
5	FRONT FENDER ARCH PROTECTOR CLIPS	NN	1.00	50.00	0.00	50.00	Y	X
6	FRONT TYRE RH	Sn	1.00	380.00	0.00	380.00	Y	X
7	REAR DOOR PROTECTOR CLIPS RH	NN	1.00	50.00	0.00	50.00	Y	X
8	REAR DOOR TRIM BOARD CLIPS	NN	1.00	50.00	0.00	50.00	Y	X
9	REAR DOOR INSULATOR PAD	NN	1.00	280.00	0.00	280.00	Y	X
10	REAR DOOR BLACK STICKER	M	1.00	120.00	0.00	120.00	Y	✓
11	REAR FENDER ARCH PROTECTOR CLIPS	NN	1.00	50.00	0.00	50.00	Y	X
12	REAR TYRE RH	Sn	1.00	380.00	0.00	380.00	Y	X
	TOTAL (PARTS) :			1860.00		1860.00		

LABOUR

1	STRENGTHEN & PANEL BEAT ACCIDENT AREA	1.00	1600.00	0.00	1600.00	Y	600
2	RESPRAY PAINTING ON ACCIDENT AREA	1.00	1600.00	0.00	1600.00	Y	800
3	R&R FRT DOOR COMPONENTS RH	1.00	120.00	0.00	120.00	Y	60
4	R&R REAR DOOR COMPONENTS RH	1.00	120.00	0.00	120.00	Y	60
5	CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	20
6	R&R SEATS & CARPET TO ASSIST REPAIR	1.00	120.00	0.00	NA 120.00	Y	X
7	R&R REAR UNDERCARRIAGE SYSTEM RH	1.00	380.00	0.00	NN 380.00	Y	X
8	R&R FRONT UNDERCARRIAGE SYSTEM RH	1.00	380.00	0.00	380.00	Y	7
9	RESPRAY TUFF KOTE ON ACC AREAS	1.00	120.00	0.00	120.00	Y	60
10	CONDUCT FULL WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	Y	60

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 witholding 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	29/04/2023 09:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/04/2023 13:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STILL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9446T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIANG TACK THONG
NRIC No	SXXXX133D
Email Address	FUNMENTIONBLOG@GMAIL.COM
Mobile Phone No	(Phone) +65-96877823
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122523643-01

DRIVER

Name of Driver	LIANG TACK THONG
NRIC No	SXXXX133D
Date Of Birth	23/09/1974
Occupation	Indoor

SKETCH PLAN

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 Authorised 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. 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 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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01 [illegible] Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
[illegible]

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan