

ASS. REC. BY:

REF:

TV / 230045401kg43

C

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:

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 9448T Yr Regn: 07.18

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

Truck / Trailer or

Make:

Hyundai Accent C.C. 1368

Colour

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

2109/84

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHCU 413TKU 440122

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: 17x188 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: Fnt / 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

17/5 11:50 @ 48000 Cashed Cred to (4494.48, 75%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 23/5 11:50

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

6

Resurvey No. of Trlp:

2

Survey Fee:

Transportation

S + RS. SI

Fuel

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

MEM-TP

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

4800

Not Authorized
61 Bnp 8480ck
Kenny After Paint
6 days

TO :
ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SNJ2785L

ESTIMATE REPORT 1st QUOTATION

OWNER'S PARTICULAR

NAME : LIANG TACK THONG

ADDRESS :

LICENSE NO. SMC9446T

TRANS. :

MAKE / MODEL : HYUNDAI ACCENT

OWNER'S INSURER INCOME INSURANCE LIMITED

JOB-CODE : TP

S/A :

JOB NO. :

CONTACT :

CHASSIS NO. :

ENGINE NO. :

ACCIDENT DATE : 28-Apr-23

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:

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1 WING MIRROR ASSY RH	1.00	587.40	20.00	600.00	Y	✓
2 FRONT DOOR RH	1.00	1165.20	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	406.90	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	483	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	352	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	1.00	Pr?	20.00	1344.00	Y	✓ 2805N
20 REAR DOOR RH	1.00	896.40	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	<i>R</i>	195.00	20.00	156.00	Y	<u>X</u>
28	REAR DOOR CHECK LINK	1.00	<i>Sn</i>	135.00	20.00	108.00	Y	<u>X</u>
29	REAR FENDER WHEEL PROTECTOR RH	1.00	<i>nsp</i>	350.00	20.00	280.00	Y	<u>X</u>
30	REAR FENDER INNER SHIELD RH	1.00	<i>Sn</i>	135.00	20.00	108.00	Y	<u>X</u>
31	REAR SHOCK ABSORBER RH	1.00	<i>Sn</i>	336.70	20.00	269.36	Y	<u>X</u>
32	REAR KNUCKLE ARM RH	1.00	<i>Sn</i>	528.30	20.00	422.64	Y	<u>X</u>
33	REAR LOWER ARM RH	1.00	<i>Sn</i>	433.30	20.00	346.64	Y	<u>X</u>
34	REAR KNUCKLE ARM BEARING RH	1.00	<i>nn</i>	198.20	20.00	158.56	Y	<u>X</u>
35	REAR BUMPER	1.00	<i>Sn</i>	673.10	20.00	538.48	Y	<u>X</u>
36	REAR SPORT RIM RH <i>Pr?</i>	1.00	<i>Pr</i>	1680.00	20.00	1344.00	Y	<u>✓ 280sn</u>

TOTAL (PARTS) :

18376.50

12754.48

SPECIAL NETT ITEM

1	FRT DOOR BOTTOM GARNISH CLIPS (1 SET)	<i>nn</i> 1.00	50.00	0.00	50.00	Y	<u>X</u>
2	FRT DOOR TRIM BOARD CLIPS (1 SET)	<i>nn</i> 1.00	50.00	0.00	50.00	Y	<u>X</u>
3	FRT DOOR INNER INSULATOR PAD	<i>nn</i> 1.00	280.00	0.00	280.00	Y	<u>X</u>
4	FRONT DOOR BLACK STICKER <i>28.60</i>	<i>nn</i> 1.00	120.00	0.00	120.00	Y	<u>✓</u>
5	FRONT FENDER ARCH PROTECTOR CLIPS	<i>nn</i> 1.00	50.00	0.00	50.00	Y	<u>X</u>
6	FRONT TYRE RH	<i>Sn</i> 1.00	380.00	0.00	380.00	Y	<u>X</u>
7	REAR DOOR PROTECTOR CLIPS RH	<i>nn</i> 1.00	50.00	0.00	50.00	Y	<u>X</u>
8	REAR DOOR TRIM BOARD CLIPS	<i>nn</i> 1.00	50.00	0.00	50.00	Y	<u>X</u>
9	REAR DOOR INSULATOR PAD	<i>nn</i> 1.00	280.00	0.00	280.00	Y	<u>X</u>
10	REAR DOOR BLACK STICKER <i>28.60</i>	<i>nn</i> 1.00	120.00	0.00	120.00	Y	<u>✓</u>
11	REAR FENDER ARCH PROTECTOR CLIPS	<i>nn</i> 1.00	50.00	0.00	50.00	Y	<u>X</u>
12	REAR TYRE RH	<i>Sn</i> 1.00	380.00	0.00	380.00	Y	<u>X</u>

TOTAL (PARTS) :

1860.00

1860.00

LABOUR

1	STRENGTHEN & PANEL BEAT ACCIDENT AREA	1.00	1600.00	0.00	1600.00	Y	<u>6001</u>
2	RESpray PAINTING ON ACCIDENT AREA	1.00	1600.00	0.00	1600.00	Y	<u>8001</u>
3	R&R FRT DOOR COMPONENTS RH	1.00	120.00	0.00	120.00	Y	<u>601</u>
4	R&R REAR DOOR COMPONENTS RH	1.00	120.00	0.00	120.00	Y	<u>601</u>
5	CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	<u>201</u>
6	R&R SEATS & CARPET TO ASSIST REPAIR	1.00	120.00	0.00 <i>nn</i>	120.00	Y	<u>X</u>
7	R&R REAR UNDERCARRIAGE SYSTEM RH	1.00	380.00	0.00 <i>nn</i>	380.00	Y	<u>X</u>
8	R&R FRONT UNDERCARRIAGE SYSTEM RH	1.00	380.00	0.00	380.00	Y	<u>1601</u>
9	RESpray TUFF KOTE ON ACC AREAS	1.00	120.00	0.00	120.00	Y	<u>601</u>
10	CONDUCT FULL WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	Y	<u>601</u>

TOTAL (LABOUR) :	4680.00	4680.00
TOTAL PARTS & LABOUR	24916.50	19294.48

EXCESS : : S\$ _____

NO. OF DAY : _____ 6 days

RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING

~~PART-BY~~-PART OR LUMP-SUM : S\$ _____

DATE OF SURVEY : 4 / 5 / 23

SURVEY BY : Kenneth

CONTACT NO: _____ FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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	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

Date Of Driving Pass	28/01/1999
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96877823
Alt. Phone Number	-
Email Address	FUNMENTIONBLOG@GMAIL.COM
Address	BLK 688D WOODLANDS DR 75, #15-52
Address complement	-
Postcode	734688
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ2785L
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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.

Policyholder's Signature / Date & Time

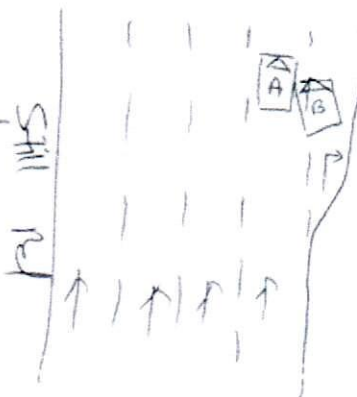
Sketch Plan

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-86/80/82 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7844
Witnessed by Reporting Centre Personnel

A - SM C9446T

B - SN J27832




Describe Circumstances of the Accident

While driving straight along still red, vehicle B which was on my right lane, suddenly filter out to his left left and grazed the right portion of my vehicle. I had video footage captured during the accident.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
64, 3 Sun King Road
Unit 48/50/52 Sun King Ind Est
Singapore 675613
Tel: 6453 1235 Fax: 6453 7944
Claims Section
Witnessed by Reporting Centre Personnel

Work Order: R060044
 /IN: SMC9446T
 Year: 17
 Date: 5.5.23 13:46



SMC9446T

Hyundai (USA) : Accent : 2015-17

Front : Left

Actual	Before	Specified Range
-0°35'	-0°35'	-1°00' 0°00'
5°25'	5°25'	3°36' 4°36'
0°07'	0°07'	-0°03' 0°09'
11°39'	11°39'	13°18' 14°18'
11°04'	11°04'	12°18' 14°18'

Camber
 Caster
 Toe
 SAI
 Included Angle
 Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-1°37'	-1°37'	-1°00' 0°00'
5°31'	5°31'	3°36' 4°36'
-0°14'	-0°14'	-0°03' 0°09'
13°05'	13°05'	13°18' 14°18'
11°28'	11°28'	12°18' 14°18'

Front

Cross Camber
 Cross Caster
 Cross SAI
 Total Toe
 Cross Turn Diff.

Actual	Before	Specified Range
1°02'	1°02'	
-0°06'	-0°06'	
-1°27'	-1°27'	
-0°07'	-0°07'	-0°06' 0°18'

Rear : Left

Actual	Before	Specified Range
-0°31'	-0°32'	-2°00' -1°00'
0°06'	0°06'	0°03' 0°24'

Camber
 Toe

Rear : Right

Actual	Before	Specified Range
-0°32'	-0°31'	-2°00' -1°00'
0°08'	0°08'	0°03' 0°24'

Rear

Cross Camber
 Total Toe
 Thrust Angle

Actual	Before	Specified Range
0°00'	-0°01'	
0°14'	0°14'	0°06' 0°48'
-0°01'	-0°01'	