

ASS. REC. BY:

REF: SMO/23.004543/Kew

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s LH Express

of 568F

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

Bal. or Market Value: 852k

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 08 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: SLD 8813 E Yr Regn: 06, 16

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

Truck / Trailer or

Make: Toy Wish c.c. 1798

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

Sp. Reading: 125216 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGG20W00J004280

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRIm / STD A/RIm or

Tyre Size: F: _____

R: 225/452R17

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 27/4/23

Survey held at

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 5/5/2023

Des. of Damages: Frt / 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?

: Prell. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation:

S - RS SI

FINALS

Others

TOTAL

Report Format :

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

L H Express Motor Trading

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
Tel : 64817221

Oh Hang Khim
Blk 436 Choa Chu Kang Ave 4
#10-505
Singapore 680436

Vehicle No : SLD 8813 E
Make : Toyota Wish
Year : 2016

NOT Authorized
L1 Pump &
Resurvey After Paint
Selaras

Qty	Description	Unit Price	Amount
Estimate Cost Of Repair			
1 pc	Rear tail-gate assy		<i>By</i> \$1,275.60 ✓
1 pc	Rear windscreen moulding		<i>au</i> \$115.60 ✓
1 pc	Rear tail-gate outer chrome garnish		<i>CM</i> \$355.10 ✓
1 pc	Rear wiper motor		\$487.60 ?
1 pc	Rear tail-gate emblem " Logo "		<i>na</i> \$55.60 ✓
1 pc	Rear tail-gate emblem " Elegance "		<i>na</i> \$45.20 ✓
1 pc	Rear tail-gate emblem - Badge		<i>na</i> \$48.70 ✓
1 pc	Rear tail-gate inner trim board		\$680.10 ?
1 pc	Rear tail-gate inner lock		<i>na</i> \$359.10 ✓
1 pc	Rear tail-gate inner lock sensor		\$291.50 ?
2 pcs	Rear tail-gate lamp	<i>n/s for disem</i>	\$487.10 ✓
2 pcs	Rear tail-lamp		\$550.20 \$974.20 ✓
2 pcs	Rear no plate lamp		\$47.10 \$1,100.40 ?
1 pc	Rear boot rubber		<i>su</i> \$94.20 X
1 pc	Rear end panel (outer)		<i>su</i> \$269.70 X
1 pc	Rear end panel inner garnish		\$577.10 ?
1 pc	Rear bumper		\$284.90 ?
2 pcs	Rear bumper side retainer	<i>ols dis</i>	<i>Br</i> \$684.20 ✓
2 pcs	Rear bumper bracket		\$75.10 \$150.20 ✓
2 pcs	Rear bumper reflector		\$105.10 \$210.20 ?
1 pc	Rear o/s fender		\$65.10 <i>su</i> \$130.20 X
2 pcs	Rear fender inner trim board	<i>n/s su x</i>	<i>Br</i> \$1,355.60 ✓
1 pc	Rear exhaust silencer	<i>ols ?</i>	\$550.10 \$1,100.20
			\$655.70 ?
			\$12,401.30
		Less 25 %	\$3,100.33
			\$9,300.97
		balance c/f	\$9,300.97

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:

SLD 8813 E

balance b/f \$9,300.97

S. Nett Item

1 pc Rear reverse camera
1 pc Rear reverse sensor
1 pc Rear windscreen sealant
20 pcs Bumper clip

Sm \$400.00 X
short \$200.00 ✓
na \$55.00 *405a*
\$2.00 *na* \$40.00 ✓
\$695.00

Labour Charges

Remove/renew the above parts including knocking, welding & cutting. \$1,500.00 *1200*

To putty & spray paint on rear accident affected portion. \$1,500.00 *900*

Check/reconnect wiring. \$45.00 *201*

To spray anti rust on accident affected portion. \$120.00 *601*

Remove/renew rear windscreen glass \$120.00 ✓

Remove/refit rear boot lid lock mechanism, inner trim to new lid.. \$100.00 *601*

Remove/renew rear exhaust silencer \$150.00 *601*

Total \$13,530.97

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 28/04/2023 18:07 (SGT)
Reported by Actual Driver
Date of Accident 27/04/2023 16:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information COMMONWEALTH AVE W
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD8813E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner OH HANG KHIM
NRIC No SXXXX568F
Email Address EDWIN-OH@HOTMAIL.COM
Mobile Phone No (Phone) +65-90122719
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 0

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5127144553

DRIVER

Name of Driver EDWIN OH QING KANG
NRIC No SXXXX825B
Date Of Birth 17/11/1995
Occupation Indoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 reappraise 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/airmail 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.

28 Oct 2013

YVONNE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A- SLD 8813E
 B- GBK 3296K
 C- SNH 2067L

