ASS. REC. BY: Kenneth

REF: AGL/2300467/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s TSR

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.

N/S	O/S

Bal. or Market Value: $84K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Ryan Vehicle: IN / OUT

Veh No: SJY 5680 Yr Regn: 10 / 18

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

Make: Honda Civic c.c 1597

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

Sp.Reading 60150 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHFC5650JT001655

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/45R17

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	7/5/23	D.O.I.	9/5/2023

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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: ___$ x RS___$I

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

TOTAL

TSR AUTOMOTIVE PTE LTD
160, SIN MING DRIVE
SIN MING AUTOCITY # 06-15
EMAIL : tsrteamworks2022@gmail.com H.P 93825367

Not Authorise L/Sup & Refund After Paint 5days

DATE : 9 May 2023

BUDGET DIRECT INSURANCE

CLAIM : THIRD PARTY CLAIM
VEH. No : SJY 568 D / HONDA CIVIC
INSURE : EQ INSURANCE

ACCIDENT DATE : 4/5/2023

THIRD PARTY VEHICLE : SLZ 3553 Y

QTY	ITEM		AMOUNT	CONDITION
1	BOOTLID	$	1,280.00	
1	BOOTLID LOCK	$	385.00	
1	BOOTLID INSULATOR	$	558.00	X
1	BOOTLID CENTER LOGO	$	68.00	
1	BOOTLID CIVIC EMBLEM	$	58.00	
2	TAILLAMPS	$	1,240.00	
2	TAILLAMP PANELS	$	480.00	X
2	TAILLAMP LOWER BRACKETS	$	280.00	X
1	REAR BUMPER	$	820.50	
1	REAR BUMPER REINFORCEMENT	$	480.00	
1	REAR BUMPER SPONGE	$	385.00	
2	REAR BUMPER BRACKETS	$	240.00	
2	REAR BUMPER SIDE RETAINERS	$	180.00	X
1 2	REAR BUMPER SENSORS	$	Short 598.00	
1SET	REAR BUMPER SENSOR CABLES	$	442.00	
1	REAR EXHAUST PIPE	$	859.00	X
1	END PANEL	$	485.00	
1	END PANEL TOP GARNISH	$	338.00	
1	END PANEL TOP LATCH	$	65.00	X
1	SPARE TYRE PANEL	$	1,285.00	X
1	SPARE TYRE TOP BOARD	$	580.00	
	TOTAL PARTS :	$	11,106.50	
	LESS 20%	$	2,221.30	
	TOTAL LIST PARTS :	**$**	**8,885.20**	

SPECIAL / NETT PARTS

1SET	REAR NO.PLATE WITH FRAME	$	60.00	X
10	REAR BUMPER CLIPS	$	45.00	
1	REAR BUMPER LOWER GARNISHS	$	980.00	
1	REAR EXHAUST CHROME END	$	280.00	X
	TOTAL S/N PARTS :	**$**	**1,365.00**	
	TOTAL PARTS PRICE :	**$**	**10,250.20**	

LABOUR CHARGES	AMOUNT	CONDITION
Labour charges to replace repair align adjust on accident affected area	$ 1,200.00	?
To remove refix garnish, side trim, car seat , seat belt , garnish, upholstery etc	$ 350.00	601
Replace sensor, cables, check wiring system etc	$ 150.00	501
Transfer bootlid parts to another bootlid	$ 120.00	601
To do anti rust	$ 120.00	?
To do computer setting after repair	$ ~~na~~ 250.00	X
To do sealant , seal gap., water proofing on cut welding accident affected area	$ 200.00	?
To replace rear exhaust	$ ~~na~~ 150.00	X
To do spray painting on accidnt affected area inner and outer	$ 1,000.00	6601
TOTAL LABOUR :	**$ 3,540.00**	
GRAND TOTAL PARTS & LABOUR :	**$ 13,790.20**	

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:

SA1B23580005 / AH LIM MOTOR COMPANY (BRANCH)
ENTRY DATE & TIME: 08/05/2023 19:38 (SGT)
SUBMITTED BY: MEILI TAN
VERSION: 1 (08/05/2023 19:38 (SGT))

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	08/05/2023 19:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/05/2023 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG EAST AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY568D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEE YANG TIM
NRIC No	S8029765C
Email Address	mindphaser06@gmail.com
Mobile Phone No	(Phone) +65-92269926
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1600

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-007625

DRIVER

Name of Driver	CHEE YANG TIM
NRIC No	S8029765C
Date Of Birth	29/09/1980
Occupation	Indoor

Insurer: EQ
Vehicle - SJY 568D

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claim 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 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 and the [illegible] 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 the Insurer(s) who have insured vehicle(s) involved in the 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

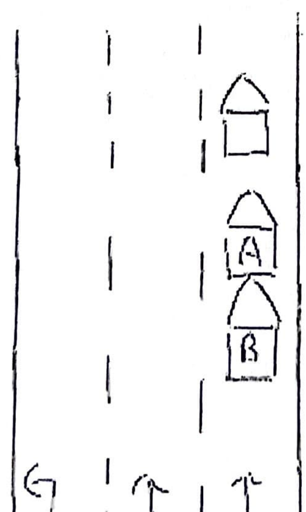
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

Sketch Plan



A - SJY 568 D

B - SLZ 3553 Y

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Mei Li
8/5/23

(AH LIM MOTOR CO. [illegible])

[Affix workshop stamp]