

ASS. REC. BY:

REF:

VIP / 23005021/kw

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLE 3473E Yr Regn: 07, 16

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

Truck / Trailer or

Make:

Toy Prius c.c. 1797

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

240410

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZVW50 6016584

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

The UIC / Chassals frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S - RS. \$

: P.A.D.S

: Others

TOTAL

Report Format:

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

GUAN HIN MOTOR WORKSHOP

NO 10 ANG MO KIO INDUSTRIAL PARK 2A

#02-03 AMK AUTOPOINT 568047

Tel No. : 64837111 Fax No. : 64837221

E-Mail : guanhinmotor@yahoo.com

Buss. Reg. No. : 06035200X PAYNOW

LIBERTY INSURANCE PTE LTD

51 CLUB STREET

#03-00 LIBERTY HOUSE SINGAPORE 069428

Attention : Motor Claim Department

Contact : 62218611 WENDY Fax No. : 62241047

Estimate : ES000979

Date : 19/05/2023

Vehicle Num. : SLE 3473 E

Make/Model : TOYOTA PRIUS-2016

Chassis/Eng# : ZVW506016584/2ZR6705321

Accident Date : 19/05/2023

Claim No. :

Reference :

Policy No. : (18/07/2016)

*NOT AUTHORIZED
11 Day @
Morning After Repair
5 days*

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|------------|------------|------------|
|-----|----------|------------|------------|------------|

LIST ITEMS :

- | | | | | |
|----|---|----------------------------|--|--|
| 1. | 1 | FRONT LH DOOR | | |
| 2. | 1 | FRONT LH DOOR WEALTHSTRIP | | |
| 3. | 1 | LH SIDE MIRROR | | |
| 4. | 1 | FRONT LH DOOR OUTER HANDLE | | |
| 5. | | | | |

List Total S\$:

LABOUR :

REMOVE & FIX BACK FRONT LH DOOR
REPAIR REAR LH DOOR & FENDER

REMOVE & FIX BACK FRT LH DOOR MECHANISM

REMOVE & FIX BACK SIDE MIRROR

SPRAY PAINTING

Labour Total S\$:

W8 / R1
1,407.80 ✓
in 250.70 X
not 1,399.60 ✓
R2 423.20 X

251

3,481.30

500
800.00

100.00 *601*

na 100.00 X

1,000.00 *900*

2,000.00

E. & O.E.

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

Total S\$: 5,481.30

Acknowledged by Repairer

Signature:

Date:

GUAN HIN MOTOR WORKSHOP

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 | 15/05/2023 18:17 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 14/05/2023 20:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BLK 236 HOUGANG AVE 1 OPEN SPACE CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLE3473E |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | CHIAU FONG WE |
| NRIC No | S1206143I |
| Email Address | CHIAUDAVID@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91503750 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Prius |
| 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 hire |
| Transmission | Auto |
| CC | 1800 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNA00001722301 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | CHIAU FONG WE |
| NRIC No | S1206143I |
| Date Of Birth | 22/12/1956 |
| Occupation | Outdoor |

SKETCH PLAN

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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.

chian fong we (S12081433)

15/5/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Sketch Plan

