

ASS. REC. BY: Tauph

REF: CS/TP23005276/Trp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/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.

N/S	O/S

Bal. or Market Value: 965K

IDAC Accident Rpt: _____ 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 WP

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

Veh No: SLP2722K Yr Regn: 2017 May

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

Truck / Trailer or _____

Make: Plymouth Elantra c.c. 1591

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 133381 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HD 241 CMM 4461343

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mod: NIT / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: 1 -

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

TOYO / YOKO or _____

Front R/Bal. 6 mm

Rear R/Bal. 6 mm

L/Bal. 6 mm

U/Bal. 6 mm

D.O.A. _____ D.O.I. 26/5/23

Survey held at Auto 101

Des. of Damages: Fnt / Rear / O/S / N/S / U/G / Rooftop or Rt NS, 4/C

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

Date / Time	Acción / Instruction

Date/Time, File Pass to? : Prell. Report

i) : Final Report

Date/Time, File Return to? _____

2) _____

Rep. Format: _____

Lump Sum / L.S.: (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

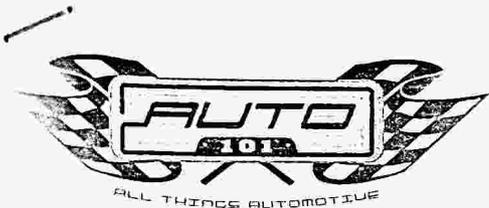
Survey Fee: _____

Transportation: _____ \$ + RS. SI

Photos _____

Others _____

TOTAL _____



Auto 101 LLP

No. 2 Yishun Industrial St 1
Northpoint Bizhub, #02-01

Singapore 768159

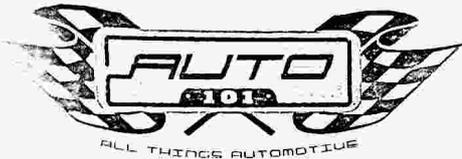
Tel: 67545101

DATE: 26-5-2023

REPAIR ESTIMATE

VEHICLE: SLP2722K
MODEL: Hyundai Elantra

S/n	Description of part	Qty	Estimate
1	Front bumper	1	794.00 <i>tu</i>
2	Front bumper clip set	1	30.00 <i>ng</i>
3	Front bumper side retainer LH/RH	2	<i>RH x</i> 76.00 <i>LH de</i>
4	Front grille assy	1	557.00 <i>cut</i>
5	Front bumper lower garnish	1	173.00 <i>cut</i>
6	Front bumper reinforcement	1	695.00 <i>bt</i>
7	Front bumper sponge	1	139.00 <i>even</i>
8	Front fender LH	1	927.00 <i>bt</i>
9	Front fender inner water shield LH	1	86.00 <i>de</i>
10	Front fender inner water shield clip - set	1	30.00 <i>zone</i>
11	Front wheel house panel LH	1	756.00 <i>x</i>
12	Front bonnet	1	984.00 <i>Ry</i>
13	Front support panel top cover	1	94.00 <i>cll</i>
14	Front support panel top cover clip - set	1	30.00 <i>ng - 20</i>
15	Front support panel	1	949.00 <i>cut</i>
16	Front headlamp LH	1	1,756.40 <i>cut</i>
17	Front headlamp lower bracket LH	1	72.00 <i>cut</i>
18	Front fog lamp LH	1	265.10 <i>x</i>
19	Front fog lamp cover LH	1	149.00 <i>x</i>
20	Front door lower hinge LH	1	74.30 <i>x</i>
21	Front side mirror LH	1	638.30 <i>x cut</i>
22	Front side mirror cover LH	1	98.30 <i>x R</i>
23	Front side mirror LED light LH	1	124.60 <i>x cut</i>
24	Front absorber LH	1	372.50 <i>x</i>
25	Front absorber mounting LH	1	126.60 <i>x</i>
26	Front absorber bearing LH	1	69.00 <i>x</i>
27	Front stabiliser linkage LH	1	89.00 <i>x</i>
28	Front lower arm LH	1	296.40 <i>x</i>
29	Front knuckle LH	1	390.00 <i>?</i>
30	Front knuckle bearing LH	1	452.00 <i>?</i>
		Sub-total 2	11,293.50
		Discount 20%	9,034.80



Auto 101 LLP

No. 2 Yishun Industrial St 1
 Northpoint Bizhub, #02-01
 Singapore 768159
 Tel: 67545101

31 Sports rim	1	850.00 <i>dd 800</i>
32 Tyre	1	<i>80%</i> 250.00 <i>putrol 180</i>
33 Number plate	1	50.00 <i>v</i>
34 Coolant fluid	1	80.00 <i>rel 50</i>
Sub-total 1		1,230.00
Parts total		10,264.80

Labour

35 To straighten and panel beating front frame members. To remove and refit above parts.		1,200.00 <i>700</i>
36 To putty, re-spray painting and polish affected areas.		1,400.00 <i>900</i>
37 To remove and refit radiator to facilitate repair		120.00 <i>700</i>
38 To remove and refit condensor to facilitate repair		120.00 <i>500</i>
39 To remove and replace front under carriage		150.00 <i>?</i>
40 To vacuum and recharge A/C system		120.00 <i>100</i>
41 To conduct electronic alignment		<i>Report -</i> 80.00 <i>✓</i>
42 To check and rectify wiring system.		80.00 <i>30</i>
43 To rust proof affected areas.		120.00 <i>30</i>
Labour total		3,390.00
Parts & Labour total		13,654.80

Tanjiun 97495749
WPI 26/5/23 @ 320 pm
L/S Resurvey after repair
Tanjiun @ lkhauto.com
627d
6-7 days

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:

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 17:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/05/2023 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BISHAN RD TURNING RIGHT TO ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2722K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG WAN QING(HUANG HUANQING)
NRIC No	S8107609Z
Email Address	wong_wan_qing81@hotmail.com
Mobile Phone No	(Phone) +65-97418704
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	ELANTRA AD 1.6 GLS AT
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	1591

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP002374

DRIVER

Name of Driver	WONG WAN QING(HUANG HUANQING)
NRIC No	S8107609Z
Date Of Birth	17/03/1981

Occupation	Indoor
Date Of Driving Pass	02/03/2004
Driving experience	19 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97418704
Alt. Phone Number	-
Email Address	wong_wan_qing81@hotmail.com
Address	742 YISHUN AVE 5 #04-466
Address complement	-
Postcode	760742
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	Clear
Road Surface	Dry

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)	3
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	FRIEND
Gender	Female

PASSENGER 2

Name	FRIEND
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

ATTACHMENT(S)

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5433R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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

SLP 2722K
TOKIO
DATE OF ACC 14/03/23 @ 1430

IMPORTANT NOTICE

1. This report is strictly for the use of the insurer and his/her policy claimant(s) only.
2. This report must be completed by the policyholder or the A. Tail Driver.
3. Information provided must be as factual and accurate as possible. Any willful misrepresentation or withholding of material facts may constitute an offence to report truthfully.
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 Traffic Police Department for investigation.**
6. This 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 lodging of this report to the insurers, you hereby consent to the archiving of this report at their office 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 an 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 making 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/small packages) and/or
 - (v) complying with applicable law or administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")

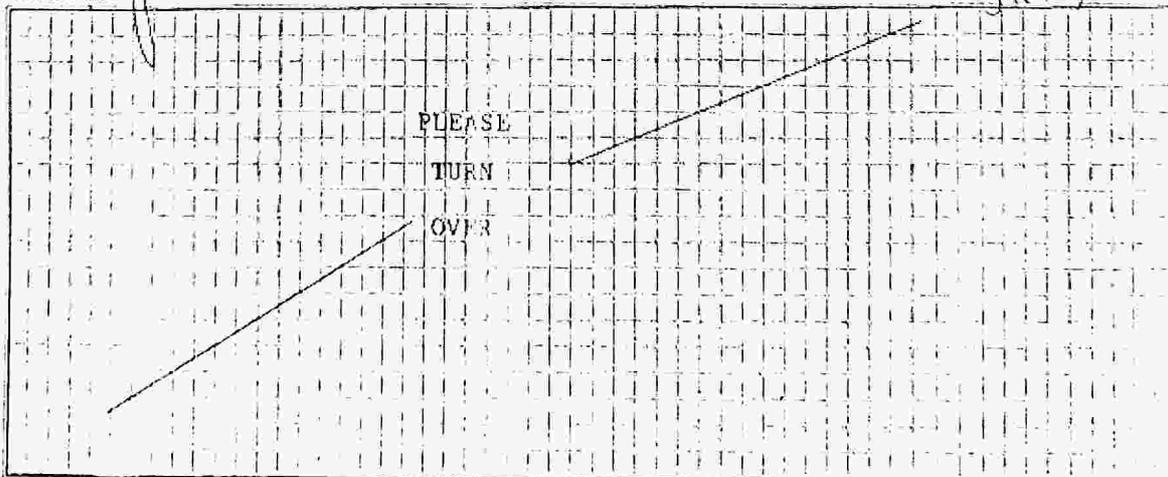
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

15.3.23
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
 DUNGAN (YS) 15/03/23

Sketch Plan



Describe Circumstance of the Accident

PLEASE TAKE NOTE THAT YOUR INSURER MAY ONLY BE HELD LIABLE TO PAY FOR DAMAGE
 Claim under your Own Comprehensive policy. Pls check your policy for more information.

Claim Own Policy Claim Third party Reporting Only
 Claim OD (P) at other workshop (Auto. / O)

Refer to sketch

Vehicle No: SLP 2722K (TOKIO)
 Date & Time: 14/03/23 @ 1430 (clearing)
 Refer to police report.

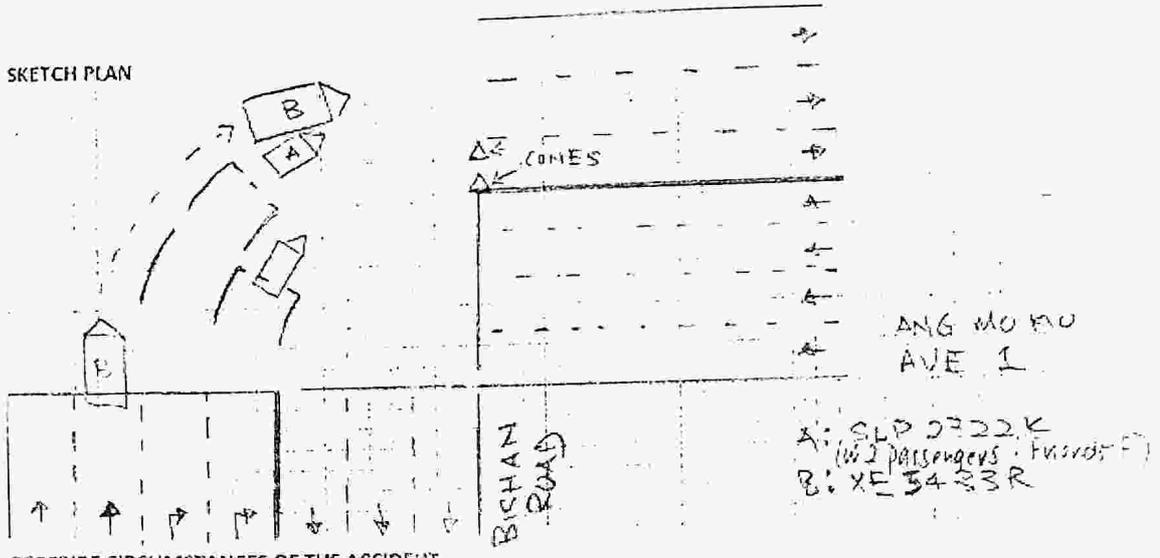
Declaration
 I/we declare the foregoing particulars are true in every respect

 15/3/23
 Policyholder's Signature Date & Time

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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) (YS)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Large empty rectangular area for describing the accident circumstances.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time: 15. 5. 23

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: