ASS. REC. BY: Kenneth | REF: AWN 2300581 IKQ

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s City Auto

of S/M 8

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10Cr

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $ 60k

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: 06/7 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKK 6246 E Yr Regn: 08, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (4) : Wagon

Make: Toy ISIS c.c 1794

Colour M Blue A/C: Insured / Std / NI / NA

Sp.Reading 321480 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZNM10 - 0054908

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	31/5/23	D.O.I.	20/6/2023

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: ___ $ - RS. ___ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Weekend ($

CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Estimate : QUOT202306-000149(00)

ALLIED WORLD ASSURANCE COMPANY, LTD
NO. 60
ANSON RD
#09-01 MAPLETREE ANSON
SINGAPORE 079914

Not Workshop
C/Slip 8

Contact : -

Fax No. : 6423 0798

Resurvey After Paint
5 days

Date : 06/06/2023
Vehicle No. : SKK6246B
Make/Model : TOYOTA ISIS 1.8LX A

Mileage (km) : 0
Chassis No. : ZNM100054908
Accident Date : 31/05/2023 00:00:00
Claim No. : GBM1192E
Reference : JO202306-0200
Policy No. : DMPPHQ22-006498

S/No	Particular	Quantity	Unit Price	Amount S$
	LIST ITEMS :			
1	Tailgate	1.0	2,027.80	2,027.80
2	Tailgate absorber	1.0	389.60	389.60
3	Tailgate hinge	2.0	175.60	351.20
4	Tailgate windscreen glass moulding	1.0	133.80	133.80
5	Tailgate wiper motor	1.0	857.90	857.90
6	Tailgate rubber	1.0	158.20	158.20
7	Tailgate number lamp	1.0	98.20	98.20
8	Tailgate number chrome handle	1.0	387.60	387.60
9	Tailgate trimboard	1.0	755.95	755.95
10	Rear bumper	1.0	1,415.60	1,415.60
11	Rear bumper reinforcement	1.0	377.80	377.80
12	Rear bumper retainer	2.0	125.60	251.20
13	Rear bumper reverse sensor	~~4.0~~ 2	350.00	1,400.00
14	Rear end panel	1.0	789.60	789.60
15	Rear end panel garnish	1.0	285.40	285.40
16	Rear end rubber	1.0	198.20	198.20
17	Tailgate lock	1.0	601.95	601.95
	List Total :			10,480.00
	25% Discount S$			2,620.00
				7,860.00
	SPECIAL NET :			
1	Windscreen sealant		40.00	40.00
	SPECIAL NET Total S$:			40.00
	LABOUR :			
	* To remove and refit rear windscreen glass	1.0	120.00	120.00
	-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	850.00	850.00
	- Spray painting on affected & replace parts	1.0	900.00	900.00
				1,870.00

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 [illegible] resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

CONTINUE NEXT PAGE

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 witholding 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	01/06/2023 09:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/05/2023 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE X GAMBAS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6246E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG YONG
NRIC No	S7672421J
Email Address	WANGYONG2005@GMAIL.COM
Mobile Phone No	(Phone) +65-98341388
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Isis
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	1800

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-006498

DRIVER

Name of Driver	WANG YONG
NRIC No	S7672421J
Date Of Birth	11/02/1976
Occupation	Indoor

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 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 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 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) [illegible]

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which may lead to the 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.

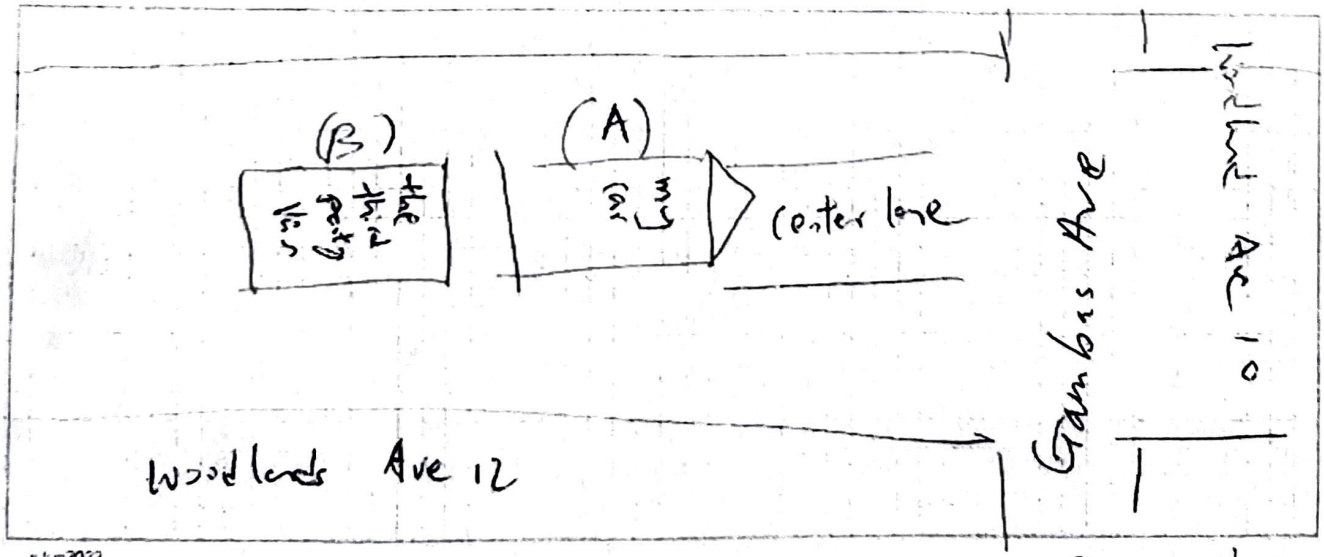
1 June 2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel: S Rama Moorthy
(Name as in NRIC/ID card)

Sketch Plan



v.Jun2022