

ASS. REC. BY:

REF:

SPF/ 2300 5896/Kn

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

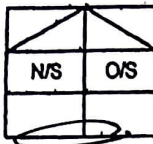
Excess:

(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:

4-5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

STM 9032L Yr Regn: 01, OP

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

Truck / Trailer or

Make:

Toy Vias

C.C.

1497

Colour

M. Beige

A/C:

Insured / Std / NI / NA

Sp. Reading

229300

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR053HY9305096103

Gen. Cond: 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: Mic 195/55R15

Blackliq:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

7/6/23

D.O.I.

12/6/2023

Survey held at

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

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format:

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

# AUTHORIZE WORKSHOP PTE LTD

160, Sin Ming Drive, #03-19, Sin Ming Autocity, Singapore 575722

Tel: 64560226 Fax: 64584500

Registration No: 201603203R

*Not Notarized*

<b>Mr Liew Fook Cheong</b> Blk 50 Telok Blangah Dr. #06-96 Singapore 100050		<b>ESTIMATE</b> Date : 9th June 2023 Veh No : <b>SJM 9032L</b> Make/Model : <b>Toyota Vios</b> Chassis No : <b>MR053HY9305096103</b> Date of Acc : <b>07.06.23</b> TP Veh No : <b>GZ 3263T</b>
<b>Attn:</b>		

S/No	Qty	Description	Unit Price	Amount
<b>Materials</b>				
1	1 pc	Rear Boot Lid		\$ 771.40 ✓
2	1 pc	Rear Boot Lid Vios Emblem		\$ 36.60 ✓
3	1 pc	Rear Boot Lid E Emblem		\$ 36.70 ✓
4	1 pc	Rear Boot Lid Toyota Logo		\$ 33.70 ✓
5	1 pc	Rear Boot Lid Outer Garnish		\$ 102.40 X
6	1 pc	Rear Boot Lid Lock		\$ 165.90 ✓
7	1 pc	Rear Boot Lid Hinge L/R	87.1	\$ 174.20 X
8	1 pc	Rear Boot Weatherstrip		\$ 147.60 ?
9	1 pc	Rear End Panel Top Garnish		\$ 96.20 ✓
10	1 pc	Rear End Panel		\$ 864.80 ?
11	1 pc	Rear Bumper		\$ 48.60 ✓
12	2 pcs	Rear Bumper Side Holder L/R	48.60	\$ 97.20 ✓
13	2 pcs	Rear Bumper Bracket L/R	39.6	\$ 79.20 ?
14	1 pc	Exhaust End Chrome Pipe		\$ 123.80 X
15	2 pcs	Rear Lamp L/R	314.80	\$ 629.60
16	2 pcs	Rear Lamp Lower Bracket L/R	26.30	\$ 52.60 X
				\$ 3,460.50
Less 25%				\$ 865.13
Parts Total				\$ 2,595.38

<b>Special Nett</b>				
1	1 set	Rear Bumper Clips		\$ 45.00 ✓
2	1 set	Reverse Sensor		\$ 250.00 ?
3	1 set	Rear License Plate		\$ 50.00 X
Special Nett				\$ 295.00

<u>Labour</u>				
1	To remove & rearrange electrical wirings, check lightings	\$	80.00	201
2	To remove, transfer boot lid components	\$	100.00	301
3	To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.	\$	800.00	?
4	Putty and respray painting on affected portions.	\$	800.00	6001
5	To remove & renew reverse sensor	\$	100.00	501
6	Rust proofing on affected portions.	\$	100.00	?
		Labour :	\$ 1,980.00	

**LKK Auto Consultants** hence notify

the Repairer of the following **Total Parts & Labour** : \$ 4,870.38

- 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

Signature:

Date:

for Authorize Workshop Pte Ltd

Note: Parts quoted were based on visual inspection. Should additional parts be found damaged upon dismantling, we will seek your approval before proceeding.



- Surveyor -

## 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	08/06/2023 17:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/06/2023 15:10 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9032L
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW FOOK CHEONG
NRIC No	S1342779H
Email Address	simjojo3354@gmail.com
Mobile Phone No	(Phone) +65-81617373
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00152502203

### DRIVER

Name of Driver	LIEW FOOK CHEONG
NRIC No	S1342779H
Date Of Birth	28/07/1959
Occupation	Outdoor



**IMPORTANT NOTICE****SKETCH PLAN**

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) 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.

*Cheong*

Policyholder's Signature / Date & Time

*Cheong*

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

8/6/23

*[Signature]*

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) **SOH JIT HOON**

**Sketch Plan**