

ASS. REC. BY:

REF:

INC/230059901KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Mad Lane Auto

of 500L

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

Bal. or Market Value: 848k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: GBF 9499E Yr Regn: 04.17

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

Truck / Trailer or (M)

Make: Toy Hiac c.c. 2982

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

Sp. Reading: 161510 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH T02 P 300215772

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15R

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. 18/5/23

D.O.I. 13/6/2023

Survey held at _____

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

015 body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

 : Prel. Report
 : Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - RS. SI

Partials

Others

TOTAL

Add Fee:

 : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)
 : _____

Report Format :

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

Not Authorized
1/1/2023
Resurvey After Claim
6 days

MADALANE AUTO PTE LTD
60 JALAN LAM HUAT CARROS CENTRE
#02-18/19 (S737869)
Tel: 93911482

TO	: INCOME	DATE	: 13-Jun-23
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
VEHICLE DETAILS			
:		VEHICLE NO	: GBF9499E
:		MODEL	: TOYOTA HIACE

QUOTATION SUMMARY

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	SLIDING DOOR RH	1	\$ 1,798.00	\$ 1,798.00
2	SLIDING DOOR INNER TRIM BOARD	1	\$ 312.00	\$ 312.00
3	SLIDING DOOR LOCK RH	1	\$ 321.00	\$ 321.00
4	SLIDING DOOR WEATHERSTRIP	1	\$ 259.00	\$ 259.00
5	SLIDING DOOR LOWER ROLLER HINGE	1	\$ 321.00	\$ 321.00
6	SLIDING DOOR RAILING RH	1	\$ 398.20	\$ 398.20
	SLIDING DOOR FRAME PANEL RH	1	\$ 687.00	\$ 687.00
7	REAR SIDE BODY PANEL RH	1	\$ 1,528.00	\$ 1,528.00
8	ROCKER PANEL RH	1	\$ 1,025.00	\$ 1,025.00
9	REAR WHEEL AXLE	1	\$ 2,890.00	\$ 2,890.00
10	REAR SHOCK ABSORBER RH	1	\$ 258.00	\$ 258.00
11	REAR WHEEL BEARING RH	1	\$ 198.00	\$ 198.00

✓
✓
X
50%
X
X
X
✓
X
X
X
X

TOTAL PRICE \$ 9,995.20
LESS 25% \$ 2,498.80
SUB TOTAL PRICE \$ 7,496.40

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR BUMPER CLIPS SET RH	1	\$ 60.00	\$ 60.00
2	REAR WHEEL HUB RH	1	\$ 100.00	\$ 100.00
3	REAR FENDER INNER PANEL SEALANT	1	\$ 80.00	\$ 80.00

X
X
30%

TOTAL \$ 240.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	PANEL BEATING AND REPLACE PARTS	\$1,600.00		800
2	SPRAY PAINTING TO AFFECTED AREA	\$1,400.00		600
3	REMOVE AND REPAIR SLIDING DOOR MECHANISM	\$150.00		600
4	TUFF COAT	\$250.00		600
5	CONDUCT WHEEL ALIGNMENT	\$120.00		600
6	WIRNING, BULB CHECKING	\$80.00		200
7	REMOVE AND REPLACE REAR UNDERCARRIAGE	\$600.00		X
8	CONDUCT FULL WHEEL ALIGNMENT	\$120.00	Repair	X

TOTAL \$4,320.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 7,736.40
 TOTAL LABOUR COST : \$ 4,320.00
 TOTAL REPAIR COST : \$ 12,056.40

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 willful 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	18/05/2023 15:43 (SGT)
Reported by	Actual Driver
Date of Accident	18/05/2023 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG LORONG 14
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9499E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OFFICE PRODUCTS ENGINEERING COMPANY
Company Reg No	2XXXX500L
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-98333368
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZCO1664

DRIVER

Name of Driver	TEO EE LAI
NRIC No	SXXXX176G
Date Of Birth	14/11/1955
Occupation	Outdoor

SKETCH PLAN

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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.



[Handwritten signature]

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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)

Sketch Plan

