ASS. REC. BY: Kenneth

REF: TU / 23006016/kq

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s HC

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: $220k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 2-3 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: SGS 8787C Yr Regn: 02, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Sport Car

Make: Toy Supra c.c 2998

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

Sp.Reading 66120 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WZ10B4207OW02669

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 245/40R18

R: 275/35R19

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	3 mm	L/Bal.	5 mm

D.O.A. 11/6/23 D.O.I. 15/6/2023

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
/	W/Grp said can Lump Sum.

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: _____ S + RS. _____ SI

Parking _____

Others _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL _____

Report Format :

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

H C AUTO PTE LTD

160 Sin Ming Drive # 05-09 Sin Ming Auto City Singapore 575722
Tel : 6457 0678 Fax : 6457 8287
Co. and GST Reg. No. : 200820153N

Date : 12 / 06 / 2023

ESTIMATE COSTS OF REPAIR

NOT Authorised
Planning B4 paint
2-3 days

Mr. Jafree Bin Johar
C/o 160 Sin Ming Drive
05-09 Sin Ming Auto City
Singapore 575722

Dear Sir / Madam ,

Vehicle no. : SGS 8787 C - Toyota Supra RZ 2DR Coupe (Auto) (2WD)
Accident date : 11 / 06 / 2023

	Quantity	Descriptions	Amount (S$)
1	1 pc	rear bumper	$ 1,492.58
2	1 pc	rear bumper lower	$ 1,407.29
3	1 pc	rear bumper reinforcement	$ 1,919.03
4	2 pcs	rear bumper reflector 1 @ 170.58	$ 341.16
5	2 pcs	rear bumper side retainer 1 @ 204.69	$ 409.38
6	2 pcs	rear bumper bracket 1 @ 204.69	$ 409.38
7	1 pc	rear end panel	$ 1,492.58
8	2 pcs	tail lamps 1 @ 1,705.80	$ 3,411.60
9	2 pcs	tail lamp panel 1 @ 1,916.03	$ 3,832.06
10	1 pc	rear weather strip	$ 533.07
11	1 pc	rear exhaust box	$ 5,757.08
12	3 pcs	rear exhaust box mounting 1 @ 119.40	$ 358.20
13	1 pc	rear exhaust aluminium cover	$ 447.78
14	2 pcs	rear reverse lamp 1 @ 1,364.64	$ 2,729.28
			$ 24,540.47
		Less 10 %	$ 2,454.05
			$ 22,086.42
15	2 pcs	rear reverse sensor 1 @ 631.10	$ 1,262.30 sn
16	1 pc	rear no. plate	$ 100.00 sn
			$ 23,448.72
		Labour charges	$ 1,600.00
		To putty and spray painting	$ 1,500.00
		Re-seal anti rust	$ 400.00
		To check, replace,repair wiring	$ 240.00
		Remove and refix rear exhaust box	$ 240.00
			$ 27,428.72
		Plus : 8 % GST	$ 2,194.30
		Grand -Total	$ 29,623.02

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 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	12/06/2023 17:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/06/2023 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DRIVEWAY ENTRANCE/EXIT OF JOO CHIAT COMPLEX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS8787C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAFREE BIN JOHAR
NRIC No	SXXXX119D
Email Address	jjafree@yahoo.com
Mobile Phone No	(Phone) +65-94511898
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SUPRA RZ 2DR COUPE (AUTO) (2WD)
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	Private car
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	AIS/2022/AAC/000958

DRIVER

Name of Driver	JAFREE BIN JOHAR
NRIC No	SXXXX119D
Date Of Birth	31/03/1967
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) 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.

FALCON AUTO SERVICES PTE LTD SIN MING

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