

ASS. REC. BY:

REF:

Smo/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

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: 87K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/23

Person Contacted: _____

Vehicle: IN / OUT

Veh No: STL 8655B Yr Regn: 12, 08Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota

C.C

1598Colour: M. L. Green

A/C:

Insured / Std / Nil / NA

Sp. Reading: 574734

T/Radio:

Insured / Std / Nil / NA

Eng/No: _____

C/No: NR0532EE106126484Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD AR Rim or

Tyre Size: F: _____

R: 205/55 R16

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 27/6/23

Survey held at

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

The UIC / Chassis 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?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

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 Authorized

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ESTIMATE	
Date : 30th June 2023	
Mr Low Fang Hao Blk 491E Tampines St 45, #07-208 Singapore 524491	Veh No : SJL 8655B Make/Model : Toyota Altis Chassis No : MR053ZEE106126484 Date of Acc : 27.06.23 TP Veh No : SKV 8856Z

S/No	Qty	Description	Unit Price	Amount
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Materials				
1	1 pc	Bonnet		\$ 883.20 X
2	2 pcs	Bonnet Hinge L/R	\$ 61.80	\$ 123.60 X
3	1 pc	Frt Bumper		\$ 584.00
4	1 pc	Frt Bumper Logo		\$ 35.80
5	2 pcs	Frt Bumper Retainer L/R	\$ 55.25	\$ 110.50
6	2 pcs	Frt Bumper Bracket L/R	\$ 32.55	\$ 65.10 X
7	1 pc	Frt Bumper Reinforcement		\$ 396.50 X
8	1 pc	Frt Bumper Inner Sponge		\$ 111.50 X
9	2 pcs	Frt Bumper Fog Lamp Garnish L/R	\$ 84.60	\$ 169.20 X
10	1 pc	Frt Grille		\$ 353.70
11	1 pc	Frt Bumper Lower Grille		\$ 107.80
12	1 pc	Frt Engine Undershield		\$ 146.50
13	2 pcs	Headlamp L/R	\$ 568.70	\$ 1,137.40
14	1 pc	Bonnet Lock		\$ 94.70
15	1 pc	Radiator Support Panel		\$ 2,136.30 X
16	1 pc	Centre Brace Panel		\$ 132.70
17	1 pc	Radiator		\$ 1,920.80
18	1 pc	Radiator Spare Tank		\$ 175.60 X
19	1 pc	Air Con Condensor		\$ 1,559.60
20	1 pc	Auxillary Fan Assy		\$ 657.30 X
				\$ 10,901.80
Less 25% :				\$ 2,725.45
Parts Total :				\$ 8,176.35

Special Nett				
1	1 set	Frt Bumper Clips		\$ 45.00
2	1 set	Undershield Clips		\$ 40.00
3	1 set	Frt License Plate		\$ 40.00
Special Nett :				\$ 125.00

<u>Labour</u>				
1	To remove & rearrange electrical wirings, check lightings	\$	80.00	201
2	To remove, replace air con parts, recharge aircon gas.	\$	120.00	100
3	To remove, replace radiator, top up coolant.	\$	100.00	501
4	To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.	\$	1,000.00	500
5	Putty and respray painting on affected portions.	\$	800.00	6001
6	Rust proofing on affected portions.	\$	100.00	X
		Labour :	\$	2,200.00

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 be resurveyed and is subject to final approval from Insurance Company

Total Parts & Labour : \$ 10,501.35

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.

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	28/06/2023 13:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/06/2023 17:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8655B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW FANG HAO
NRIC No	S8726281B
Email Address	PATRICKLOWFH@GMAIL.COM
Mobile Phone No	(Phone) +65-96412935
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119838359-02

DRIVER

Name of Driver	LOW FANG HAO
NRIC No	S8726281B
Date Of Birth	28/08/1987
Occupation	Outdoor

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.

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)

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

Policyholder's Signature / Date & Time

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

Sketch Plan