

ASS. REC. BY:

REF:

TY 123006839/KV

C

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. D22MFL0002743

Claims No. _____

Sum Insured: _____ Excess: 1500

(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: 81K

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: SMC 2704U Yr Regn: 06, 8

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

Truck / Trailer or _____

Make: Toy CHR C.C. 1797

Colour: M. Red A.C.: Insured / Std / NI / NA

Sp. Reading: 119904 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 84X10 2122841

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: Habitat

R: Wandi 215/60R17

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 9 mm

R/Bal. 8 mm

L/Bal. 9 mm

L/Bal. 8 mm

D.O.A. 5/7/23

D.O.I. 7/7/2023

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

19/7 21 Rmp & 9800 Car (red 8107.60, 45%)

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: 6

Resurvey No. of Trip: _____

1)

Date/Time, File Return to?

2) 21/7/23-typist

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

S - RS. SI

Fixt's

Others

TOTAL

Report Format: Carma

Lump Sum H.B.I: (\$ 9800)

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	06/07/2023 01:46 (SGT)
Reported by	Actual Driver
Date of Accident	05/07/2023 10:45 (SGT)
Exact Location of Accident	Rivervale Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2704U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	933 Motoring
Company Reg No	5XXXX935C
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-81232135
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0002743_01

DRIVER

Name of Driver	Ang Koon Huat
NRIC No	SXXXX780I
Date Of Birth	12/03/1964
Occupation	Outdoor

Date Of Driving Pass	13/06/1984
Driving experience	39 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81232135
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	Blk 678B Punggol Drive
Address complement	#09-832
Postcode	822678
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to statement

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4708K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 Authorised 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. The 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.

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SMC 27044

B - YP 470BK

Describe Circumstances of the Accident

The front car jammed brake, I can't brake
in time and hit onto the front car.

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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

Witnessed by Reporting Centre Personnel

MY CAR CONSULTANT PTE LTD
60 JALAN LAM HUAT, CARROS CENTRE
#05-68 Singapore 737869

NOT Authorized
11 Sep @ 9800h
Returning After Paint
EX TBA

TO	: INDIA INTERNATIONAL	DATE	6-Jul-23
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	O/D CLAIM
<u>VEHICLE DETAILS</u>			
	:	VEHICLE NO	: SMC2704U
	:	MODEL	: TOYOTA CHR
THIRD PARTY REQUESTOR / CONTACT : DAUD/93911482			

REVISED ESTIMATE

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	LIST	TOTAL LIST
1	BONNET 1223	1	\$ 1,312.00	\$ 1,312.00
2	BONNET LOCK 186	1	\$ 351.00	\$ 351.00
3	BONNET HINGE	2	\$ 72.00	\$ 144.00
4	BONNET INSULATOR	1	\$ 312.00	\$ 312.00
5	FRONT BUMPER 595	1	\$ 1,125.00	\$ 1,125.00
6	FRONT BUMPER LOWER	1	\$ 678.00	\$ 678.00
7	FRONT BUMPER FOGLAMP COVER LH	1	\$ 159.00	\$ 159.00
8	FRONT BUMPER FOGLAMP LH	1	\$ 321.00	\$ 321.00
9	FRONT BUMPER REINFORCEMENT 399	1	\$ 651.00	\$ 651.00
10	FRONT BUMPER SPONGE	1	\$ 241.00	\$ 241.00
11	FRONT BUMPER CENTER BRACKET	1	\$ 211.00	\$ 211.00
12	FRONT BUMPER SIDE RETAINER	2	\$ 68.00	\$ 136.00
13	FRONT WIPER SIDE GARNISH LH	1	\$ 198.00	\$ 198.00
14	FRONT GRILLE 487.60	1	\$ 1,025.00	\$ 1,025.00
15	FRONT GRILLE LOGO	1	\$ 85.00	\$ 85.00
16	HEADLAMP 015mtg.cm	2	\$ 3,521.00	\$ 7,422.00
17	HEADLAMP LOWER BRACKET	1	\$ 112.00	\$ 112.00
18	FRONT SUPPORT PANEL TOP GARNISH 166-30	1	\$ 312.00	\$ 312.00
19	FRONT SUPPORT PANEL 978	1	\$ 1,211.00	\$ 1,211.00
20	AIR CLEANER HOUSING	1	\$ 698.00	\$ 698.00
21	FRONT AIR DUCT	1	\$ 112.00	\$ 112.00
22	FRONT FENDER LH 645.10	1	\$ 898.00	\$ 898.00
23	FRONT FENDER INNER COWLING LH	1	\$ 284.00	\$ 284.00
24	FRONT FENDER ARCH LH	1	\$ 398.00	\$ 398.00
25	AIRCON CONDENSOR	1	\$ 1,120.00	\$ 1,120.00

03230-00

✓
✓
✓
✓
✓
X
X
X
✓
✓
X
X
✓
✓
✓
✓
✓
✓
X
X
✓

26	AIRCON SUCTION PIPE	<i>Per</i>	1	\$ 325.00	\$ 325.00	X
27	AIRCON DISCHARGE PIPE	<i>Per</i>	1	\$ 340.00	\$ 340.00	X
28	RADIATOR	<i>Per/Per</i>	1	\$ 1,259.00	\$ 1,259.00	X
29	RADIATOR COWLING	<i>Per</i>	1	\$ 798.00	\$ 798.00	X
30	RADIATOR RESERVOIR	<i>Per</i>	1	\$ 298.00	\$ 298.00	X

TOTAL PRICE \$22,536.00
 LESS 30% \$6,740.40
SUB TOTAL PRICE \$15,727.60

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT BUMPER CLIPS	<i>Per</i> 10	\$ 6.50	\$ 20.00
2	FRONT NUMBER PLATE	<i>Per</i> 1	\$ 50.00	\$ 50.00
5	FRONT SUPPORT PANEL TOP GARNISH CLIPS	<i>Per</i> 1	\$ 50.00	\$ 20.00
6	FRONT WHEEL ARCH GARNISH CLIPS	<i>Per</i> 8	\$ 6.50	\$ 20.00
7	BONNET INSULATOR CLIP SET	<i>Per</i> 1	\$ 50.00	\$ 50.00
8	FRONT FENDER COWLING CLIPS	<i>Per</i> 18	\$ 6.50	\$ 20.00

TOTAL \$180.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	\$1,200.00		<i>60d</i>
2	TO SPRAY PAINT AFFECTED AREA	\$1,200.00		<i>80d</i>
3	WIRING CHECK	\$80.00		<i>20d</i>
4	REMOVE AND REFIX FRONT SUPPORT PANEL	\$350.00		X
5	REFOCUS HEADLAMP BEAM	\$60.00		<i>20d</i>
7	REMOVE AND REFIX AIRCON CONDENSOR AND REFILL GAS	\$120.00		<i>100d</i>
8	REMOVE AND REFIX RADIATOR AND CONDUCT PRESSURE TEST	\$80.00		<i>50d</i>
9	RESEAT ENGINE LIGHT	<i>Per</i> \$350.00		X

TOTAL \$2,000.00

ESTIMATE REPORT

TOTAL PARTS COST : \$15,907.60
 TOTAL LABOUR COST : \$2,000.00
 TOTAL REPAIR COST : \$17,907.60

KK 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: