

ASS. REC. BY:

REF:

EGW 2300 68961Kn

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3-4 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:

SNL 9292K Yr Regn: 10, 15

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

Truck / Trailer or

Make:

Toy A/T/S c.c. 1598

Colour

M. Gray A/C: Insured / Std / NI / NA

Sp. Reading

117593 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR053RE4104539464

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: Kumho 205/55R16

R:

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.

2/7/23

D.O.I.

7/7/2023

Survey held at

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

Rear o/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: 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 (\$

Report Format :

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

TOTAL



MY CAR CONSULTANT PTE LTD

Reg no.: 2016058782

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737896
HP: 93911482

Estimation

Date:

4/7/2023

Vehicle:

SNL9292K

Make / Model:

TOYOTA ALTIS

Not Noted
1/1/2023
Recovery After Rainy
3-4 days

No.	Description	Unit	Unit Price	Amount
1	BOOTLID WEATHERSTRIP	1	\$ 212.00	\$ 212.00
2	TAILAMP RH	1	\$ 612.00	\$ 612.00
3	REAR BUMPER	1	\$ 798.00	\$ 798.00
4	REAR BUMPER SIDE RETAINER RH	1	\$ 112.00	\$ 112.00
5	REAR BUMPER BRACKET RH	1	\$ 168.00	\$ 168.00
6	REAR BUMPER SENSOR	2	\$ 381.00	\$ 762.00
7	REAR BUMPER REINFORCEMENT	1	\$ 395.00	\$ 395.00
8	REAR BUMPER REFLECTOR RH	1	\$ 112.00	\$ 112.00
9	REAR BUMPER UNDERCOVER	1	\$ 315.00	\$ 315.00
10	REAR FENDER RH	1	\$ 698.00	\$ 698.00
11	REAR FENDER COWLING	2	\$ 358.00	\$ 716.00
12	REAR END PANEL	1	\$ 695.00	\$ 695.00
13	END PANEL TOP GARNISH	1	\$ 278.00	\$ 278.00
14	REAR FLOOR PANEL SIDE RH	1	\$ 312.00	\$ 312.00
15	REAR SPARE TYRE TOP BOARD	1	\$ 357.00	\$ 357.00
16	REAR EXHAUST PIPE HEAT SHIELD	1	\$ 398.00	\$ 398.00
				\$ 6,940.00
			Less 25%	\$ 1,735.00
			Total	\$ 5,205.00

S/Nett items:				
1	TAILAMP CLIPS SET	1	\$ 40.00	\$ 40.00
2	REAR FENDER COWLING CLIPS SET	1	\$ 50.00	\$ 50.00
3	REAR END PANEL TOP GARNISH CLIPS	1	\$ 30.00	\$ 30.00
4	REAR END PANEL SEALANT	1	\$ 120.00	\$ 120.00
5	REAR BUMPER CLIPS	1	\$ 50.00	\$ 50.00
				\$ 290.00
Labour to: Rear				
1	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 800.00	\$ 800.00
2	PANEL BEATING ON AFFECTED AREAS	1	\$ 800.00	\$ 800.00
3	REMOVE AND REPAIR REAR UPHOLSTERY, SEAT ETC..	1	\$ 300.00	\$ 300.00
4	REMOVE AND REPAIR REAR BUMPER SENSOR	1	\$ 100.00	\$ 100.00
5	REAR CHASSIS ALIGNMENT RH	1	\$ 200.00	\$ 200.00
6	TO CHECK ELECTRICAL WIRING	1	\$ 100.00	\$ 100.00
7	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 50.00	\$ 50.00
				\$ 2,350.00
Parts Replacement Amount				\$ 5,495.00
Total Amount for Labour				\$ 2,350.00

	Total Amount	\$ 7,845.00
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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 work must be surveyed 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 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	03/07/2023 17:27 (SGT)
Reported by	Actual Driver
Date of Accident	02/07/2023 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANCHORVALE DRIVE OPPOSITE SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL9292K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG CHONG NGE
NRIC No	S6840774E
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-96948434
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 car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2005188680-01

DRIVER

Name of Driver	WILLIAM NG WEE LUN
NRIC No	S9246892E
Date Of Birth	24/12/1992
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.

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

