

ASS. REC. BY:

REF:

175B/230017301kv

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

Res.: Yes or No

Lum Sum:

3 Val.: Yes or No

CA / REV / REP. 124 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STM 3786

Yr Regn:

12, 08

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

Truck / Trailer or

Make:

Toy Cam

c.c

2362

Colour

h.p. white

AC:

Insured / Std / NI / NA

Sp. Reading

186356

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR053BK 4007032168

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

215/55 R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

P

mm

R/Bal.

9

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

8/7/23

D.O.I.

14/7/2023

Survey held at

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

FRt o/s & u/c

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

Date / Time

Action / Instruction

1 Got BL

Date/Time, File Pass to?

☐

: Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

F. P. M. S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format:

Lump Sum / B.I. (\$

Not Authorized
 6/10/08
 Presurvey After Repair

Authorize Workshop Pte Ltd

160 Sin Ming Drive, (Sin Ming Autocity), #03-19, Singapore 575722

Tel: 6456 0226

Fax: 6458 4500

Vehicle number: SJM3718G

Vehicle Make & Model: TOYOTA CAMRY

Qty	List Items	Amount \$	
1	Front bumper	712.60	—
1	Front bumper tow cover	42.20	X
1	Front bumper fog lamp - RH	381.65	—
1	Front bumper fog lamp cover	114.35	—
1	Front bumper grille - CTR	130.62	?
1	Front bumper sponge	140.63	?
1	Front bumper reinforcement	477.65	?
2	Front bumper side retainers - L/R @ 89.95	179.90	✓
1	Front bumper undercover	181.65	—
1	Front bonnet	1,490.65	X
1	Front fender - RH	991.35	✓
1	Front fender stay	89.50	—
1	Front fender inner shield	241.63	—
1	Front fender wheel housing	581.90	X
1	Front headlamp assy - RH	2,855.90	X2 ✓
1	Front headlamp side garnish	65.50	?
1	Front grille assy	615.90	—
1	Front support panel	1,150.60	?
1	Front shock absorber - RH	561.90	?
1	Front shock absorber top mount	191.60	?
1	Front lower arm	760.60	?
1	Front lower arm ball joint	260.90	X
1	Front knuckle arm	541.60	?
1	Front wheel bearing	196.60	?
1	Front anti roll bar link	143.20	X
1	Engine mounting - RH	311.50	✓
1	Air con condenser	1,410.95	X
1	Wiper tank	231.60	✓
1	Wiper tank motor	141.55	?
1	No. plate ganish	110.25	X
Sub-total		15,306.43	
Less 25%		3,826.61	
Total List		11,479.82	

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:

Vehicle number: SJM3718G

Vehicle Made & Model: TOYOTA CAMRY

Special Nett Items

1 set Front bumper clip
1 set Front fender inner shield clip
1 Front sport wheel - RH
1 Front tyre - RH
1 set Front no. plate

<i>me</i>	45.00	<i>—</i>
<i>me</i>	60.00	<i>—</i>
<i>me</i>	550.00	<i>280.00</i>
<i>me</i>	280.00	<i>x</i>
<i>me</i>	60.00	<i>x</i>

Total Special Nett 995.00

Labour charges

To check front electrical wiring
To remove, refix front undercarriage
To check wheel alignment
To respray undercoating
To remove, refix A/C condenser & refill A/C gas
To respray painting and etc
Panel beating, cut, weld remove & replacing above parts

50.00	<i>201</i>
300.00	<i>?</i>
120.00	<i>601</i>
100.00	<i>301</i>
180.00	<i>?</i>
1,200.00	<i>800</i>
1,200.00	<i>?</i>

Total Labour 3,150.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 15,624.82



**SINGAPORE
POLICE FORCE**



T/20230710/2020

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20230710/2020

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SOH KIANG YONG	ID No.	S1780484G
Related Vehicle	SJM3718G (Car)	Contact No.	96625672
Hospital/Clinic	GLENEAGLES MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2023	Date Discharge	08/07/2023
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Name	CHUA KOK SENG	ID No.	S7829875H
Related Vehicle	NIL	Contact No.	96730714
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 8/7/2023 at about 0645hrs, I was driving my vehicle bearing registration number, SJM3718G, exiting from the MSCP of Blk 439C Bukit Batok West Ave 8. After the gantry, while negotiating the bend, heading towards the exit, out of sudden there was a taxi SHC 7077Y driving opposite me. The said taxi driver then hit on the side of my vehicle. Both of us alighted from our vehicle and exchanged particulars.

My vehicle sustained scratches on my front bumper and my vehicle was unable to be driven as the tyre had bent inwards. As such, I had to activate tow truck.

Subsequently, I seek medical attention from Gleneagles Medical Centre and was given 07 days of medical leave. I have an in-car camera installed in my vehicle and it recorded the whole incident.

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	10/07/2023 14:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/07/2023 06:26 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 439A BAKIT BATOK CARPARK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3718G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH KIANG YONG
NRIC No	S1780484G
Email Address	SIMJOJO28@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96625672
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	CAMRY 2.4 AUTO ABS AIRBAG
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG230007541

DRIVER

Name of Driver	SOH KIANG YONG
NRIC No	S1780484G
Date Of Birth	15/09/1966
Occupation	Indoor

IMPORTANT NOTICE

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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:

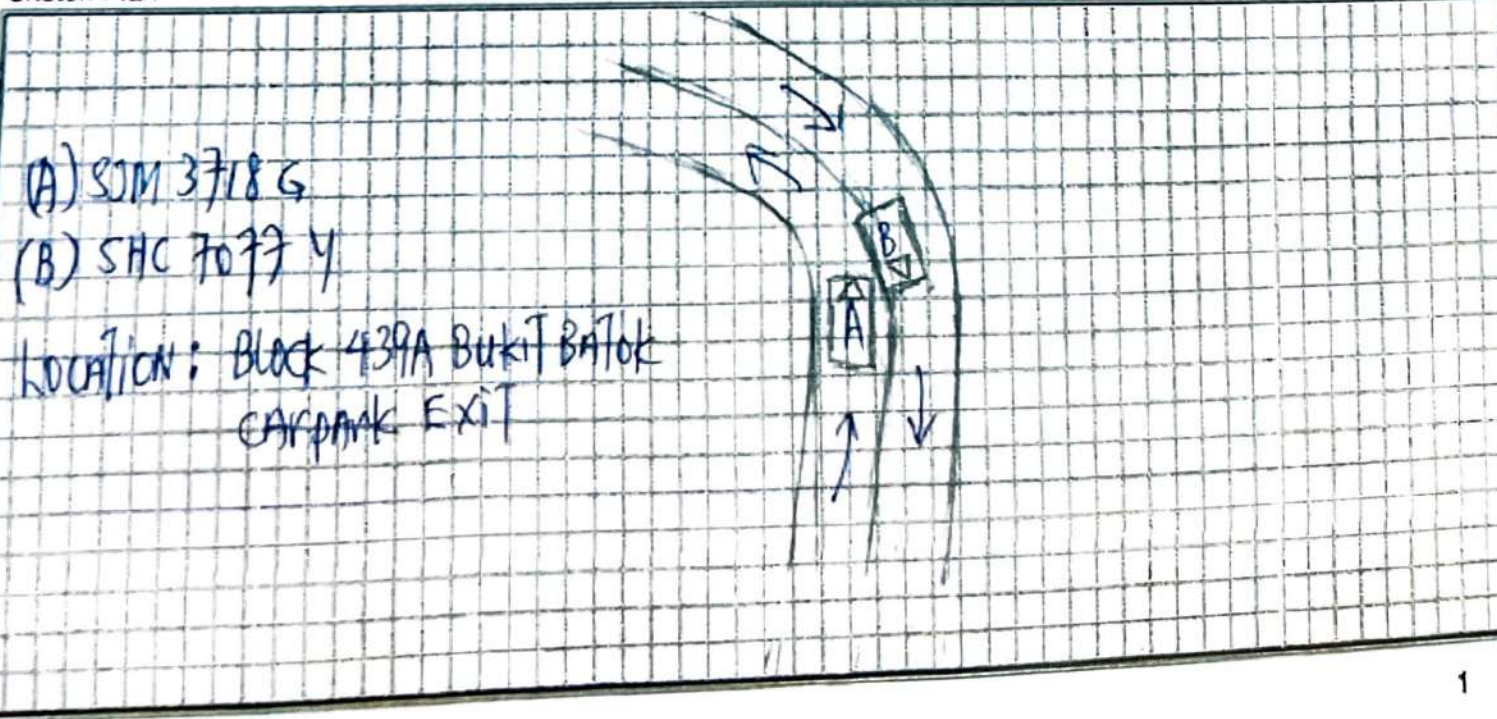
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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



R030634
10.7.23 13:08
SJM3718G
160-0318



Toyota : Camry ACV40 GSV40
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-1°22'	-1°22'	-1°15' 0°15'
2°52'	2°52'	1°55' 3°25'
-0°43'	-0°43'	-0°05' 0°05'
13°12'	13°12'	11°15' 12°45'
11°50'	11°50'	10°00' 13°00'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-2°48'	-2°48'	-1°15' 0°15'
2°32'	2°32'	1°55' 3°25'
-0°30'	-0°30'	-0°05' 0°05'
14°45'	14°45'	11°15' 12°45'
11°57'	11°57'	10°00' 13°00'

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
1°26'	1°26'	-0°45' 0°45'
0°20'	0°20'	-0°45' 0°45'
-1°33'	-1°33'	-0°45' 0°45'
-1°12'	-1°12'	-0°09' 0°09'

Rear : Left

Actual	Before	Specified Range
-1°56'	-1°56'	-1°45' -0°15'
0°02'	0°02'	0°05' 0°14'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-1°18'	-1°18'	-1°45' -0°15'
0°07'	0°07'	0°05' 0°14'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	Before	Specified Range
-0°38'	-0°38'	-0°45' 0°45'
0°09'	0°09'	0°09' 0°28'
-0°03'	-0°03'	