

ASS. REC. BY:

REF:

TU / 23007149K

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:

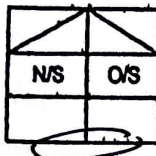
Excess:

(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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date:

05/25

Person Contacted:

Vehicle: IN / OUT

Veh No:

STX 3158P

Yr Regn:

06, 10

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

Truck / Trailer or

Make:

Toy Vios

c.c

1497

Colour

M. Silver

AC:

Insured / Std / NI / NA

Sp. Reading

346713

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR0531449305166620

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

P. 145/60R15

Greenland

185/60R15

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.

9/7/23

D.O.I.

18/7/2023

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S - RS. SI

☐

: Interview (\$

) P. 145

☐

Tech Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

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

TOTAL

Trust Autowork

Mailing address : Blk 225 #07-579 Ang Mo Kio Ave 1 Singapore 506225
H/p 91082728

Neo Cheng San
Blk 706 Jurong West St 71
#03-68
Singapore 640706

Vehicle No : SJX 3158 P
Make : Toyota Vios
Year : 2010

NOT Authorized

U/Sing &

McNary After Pain

5 days

| Qty | Description | Unit Price | Amount |
|-----|-------------|------------|--------|
|-----|-------------|------------|--------|

Estimate Cost Of Repair

| | | | |
|-------|---|-----------|-----------------------|
| 1 pc | Rear boot lid | | R2 \$755.10 ✓ |
| 2 pcs | Rear boot lid hinges | \$85.10 | R2 \$170.20 X |
| 1 pc | Rear boot lid inner lock | | R2 \$205.20 ✓ |
| 1 pc | Rear boot lid emblem " Logo " | | McN \$65.10 ✓ |
| 1 pc | Rear boot lid emblem " Vios " | | McN \$55.70 ✓ |
| 1 pc | Rear boot lid emblem " Badge " | | McN \$55.10 ✓ |
| 1 pc | Rear boot lid outer handle | | Waf \$185.70 ✓ |
| 1 pc | Rear boot rubber | | Waf \$219.50 5021a |
| 2 pcs | Rear no plate lamp | \$79.40 | R2 \$158.80 X |
| 2 pcs | Rear tail-lamp assy | \$405.10 | CM \$910.20 ✓ |
| 2 pcs | Rear tail-lamp panel | \$165.70 | R2 \$331.40 X |
| 1 pc | Rear end panel | | \$655.70 ? |
| 1 pc | Rear end panel inner garnish | | R2 \$187.60 ✓ |
| 1 pc | Rear spare tyre panel | | R2 \$705.10 X |
| 1 pc | Rear spare tyre cover board | McN | R2 \$325.70 ✓ |
| 2 pcs | Rear boot floor panel sponge (side) | \$202.10 | \$404.20 ? |
| 1 pc | Rear boot floor panel sponge (centre) | | \$272.10 ? |
| 1 pc | Rear bumper | | R2 \$550.60 ✓ |
| 2 pcs | Rear bumper side retainer | M/S 11 | \$75.20 \$150.40 L+ |
| 2 pcs | Rear bumper bracket | M/S 11 | \$85.50 \$171.00 L+ |
| 2 pcs | Rear bumper reflector | | \$75.30 R2 \$150.60 X |
| 2 pcs | Rear fender inner trim | M/S 7 | \$408.10 \$816.20 |
| 1 pc | Rear exhaust silencer | | R2 \$971.20 X |
| | | | \$8,472.40 |
| | | Less 25 % | \$2,118.10 |
| | | | \$6,354.30 |

S. Nett Item

| | |
|--------|---------------------|
| 1 pc | Rear reverse sensor |
| 1 pc | Rear no plate |
| 20 pcs | Rear bumper clip |

| | |
|--------|----------------|
| \$2.00 | McN \$200.00 ✓ |
| | McN \$40.00 ✓ |
| | McN \$60.00 ✓ |
| | \$300.00 |

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

Acknowledged by Repairer

Signature:

Date:

3158 P

balance b/f \$6,654.30

Labour Charges

Remove/renew the above parts including knocking, cutting & welding.

\$1,500.00 *700*

To putty & spray paint on rear accident affected portion.

\$1,500.00 *900*

Check/reconnect wiring.

\$45.00 *201*

To spray anti rust on accident affected portion.

\$120.00 *601*

Remove/renew exhaust silencer

nn \$120.00 *X*

Remove/refit rear boot upholstery to facilitate repair

\$120.00 *601*

Total \$10,059.30

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 17:07 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 09/07/2023 19:35 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | NORTH BRIDGE ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX3158P

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | NEO CHENG SAN |
| NRIC No | S1729434B |
| Email Address | WILLIAMLCB@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91092683 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Vios |
| 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? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1500 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5118067043-03 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | NEO CHENG SAN |
| NRIC No | S1729434B |
| Date Of Birth | 17/02/1965 |
| 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 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 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.

[Signature]

10/07/2023 1715HRS

Policyholder's Signature / Date & Time

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

[Signature]

AHMAD SUFIYAN ASSURI
B MUSTAFFA
S992991

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

Sketch Plan

| | | |
|--|--|-------------|
| | | A: SJX3158P |
| | | B: SHD2664E |