

ASS. REC. BY:

REF:

AGL 23007342/Kn

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:

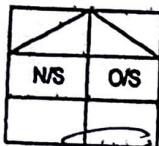
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMH 90032

Yr Regn:

02, 19

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

Truck / Trailer or

Make:

Toy Uva

c.c

1496

Colour

n Black

A/C:

Insured / Std / NI / NA

Sp. Reading

73020

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR 2B23F 3601163843

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

7

mm

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

14/7/23

D.O.I.

20/7/2023

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

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: (\$



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

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

HP: 98888885

*Not written
11 Aug @
Penny After Pain
3 days*

Estimation

Date:

20/7/2023

Vehicle:

SMH9003L

Make / Model:

TOYOTA VIOS

Chassis No:

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	BOOTLID	1	\$ 659.00	\$ 659.00
2	BOOTLID TOP LOCK	1	\$ 214.00	\$ 214.00
3	BOOTLID LOGO	1	\$ 58.00	\$ 58.00
4	BOOTLID WEMBLEM 'VIOS'	1	\$ 62.00	\$ 62.00
5	BOOTLID EMBLEM 'E'	1	\$ 22.00	\$ 22.00
6	REAR BUMPER	1	\$ 591.00	\$ 591.00
7	REAR BUMPER TOW COVER	1	\$ 38.00	\$ 38.00
8	REAR BUMPER SIDE RETAINER (FRONT)	2	\$ 98.00	\$ 196.00
9	REAR BUMPER SIDE RETAINER (REAR)	1	\$ 55.00	\$ 110.00
10	REAR BUMPER REINFORCEMENT	1	\$ 398.00	\$ 398.00
12	REAR END PANEL	1	\$ 548.00	\$ 548.00
13	REAR END PANEL TOP GARNISH	1	\$ 229.00	\$ 229.00
14	REAR FLOOR PANEL TOP BOARD	1	\$ 135.00	\$ 135.00
				\$ 3,260.00
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				
Less 25%				\$ 815.00
Total				\$ 2,445.00

S/Nett items:

1	REAR NUMBER PLATE	1	\$ 50.00	\$ 50.00
2	REAR BUMPER CLIP	1	\$ 30.00	\$ 30.00
3	REVERSE SENSOR	1	\$ 200.00	\$ 200.00
				\$ 2,860.00
Labour to: REAR				
1	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 600.00	\$ 600.00
2	PANEL BEATING ON AFFECTED AREAS	1	\$ 800.00	\$ 800.00
3	RESET TROUBLE CODE	1	\$ 300.00	\$ 300.00
4	REMOVE AND REFIT REAR UPHOLSTERY	1	\$ 200.00	\$ 200.00
5	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
6	TO RESPRAY UNDERCOATING	1	\$ 150.00	\$ 150.00
7	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00
				\$ 2,330.00
Parts Replacement Amount				\$ 5,305.00
Total Amount for Labour				\$ 2,330.00
Total Amount				\$ 7,635.00

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	17/07/2023 16:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/07/2023 18:00 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH9003L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM JING KAI ,ANTIONE
NRIC No	SXXXX397D
Email Address	reporting@my.car.sg
Mobile Phone No	(Phone) +65-97391046
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00023182302

DRIVER

Name of Driver	LIM JING KAI ,ANTIONE
NRIC No	SXXXX397D
Date Of Birth	09/03/1989
Occupation	Indoor

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.

[Signature]

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

Vehicle A: SMH9003L

Vehicle B: STF6100E