

ASS. REC. BY:

REF:

Smoj

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:

05

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:

SCV 813U

Yr Regn:

021 20

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

Truck / Trailer or

Make:

Toy

Esting

Wagon

c.c. 2362

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

20957

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACR 50 7166123

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/50R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

17/7/23

D.O.I.

21/7/2023

Survey held at

11.35am

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

O/S Rca

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Report Format :

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

TOTAL

**MODEL: TOYOTA ESTIMA**

DESCRIPTION
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100. [illegible]

REPAIRER'S  
ESTIMATE(S\$)

REAR BUMPER  
REAR BUMPER SIDE RETAINER RHS  
REAR FENDER RHS  
TAIL LAMP RHS

\$ **850.00**

\$ 150.00

Ry \$ 1,400.00

\$ 950.00

25%

**\$ 3,350.00**

\$ 837.50

**\$ 2,512.50**

## **SPECIAL NETT ITEMS**

Total	100	100
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\$

1

TOTAL PARTS	
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**\$ 2,512.50**

- 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:



S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	
	<b><u>LABOUR</u></b>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$ 1,600.00	600
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$ 1,600.00	500
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$ 100.00	200
4	To provide anti-rust treatment on affected areas	\$ 100.00	300
	Labour Total :	\$ 3,400.00	
	<b>TOTAL (PARTS &amp; LABOUR):</b>	<b>\$ 5,912.50</b>	

## 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	19/07/2023 17:20 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2023 11:45 (SGT)
Exact Location of Accident	10 Upper Aljunied Link, Singapore 367904
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV813U
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	C & P RENT - A - CAR PTE LTD
Company Reg No	1XXXXX477H
Email Address	CLAIMS@CARTIMES.COM.SG
Mobile Phone No	(Phone) +65-97943661
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	2362

### INSURANCE COMPANY

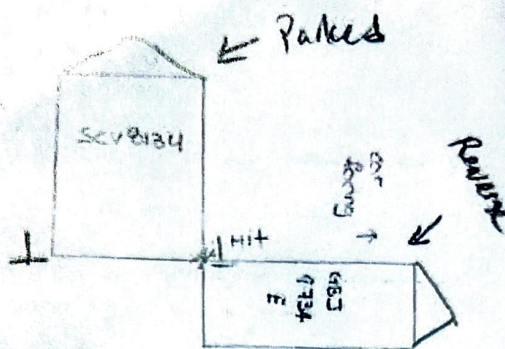
Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V02582/VPZ/R10

### DRIVER

Name of Driver	ABDUL AZIZ BIN WADI
NRIC No	SXXXX528Z
Date Of Birth	03/11/1967
Occupation	Outdoor



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- On 17/7 at 11:45am location 10 upper Aljunied Link open carpark
- Vehicle ser 8134 parked in a lot
- Heard loud bang while passenger is alighting
- Vehicle G8J 9734E reverse and bang on right side of ser 8134 back bumper and body.
- No injury for both parties.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:



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

*[Signature]*

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

