

ASS. REC. BY: Taufik

REF:

AWA

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.

N/S	O/S
<u>T</u>	<u>F</u>

Bal. or Market Value: \$80K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBL 7061R Yr Regn: 2022, 02Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Hiace 2.0 DX c.c. 1998Colour: Red A/C: Insured / Std / NI / NASp. Reading: 111928 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TRH 2005048 - 630Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

Survey held at

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

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

Date / Time Action / Instruction

Taufik confirmed lump sum \$5200 and 7 days
(red, \$6798.25, 45%)

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 7

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.R. (\$ _____)

A-Tec Motorz Pte Ltd
39 Woodlands Close,
Mega@Woodlands,
#02-43, Singapore 737856

28 Aug 2024

GBL7061R TOYOTA HIACE

No	Qty	Parts Description	Estimated Parts Price
1	1	Rear windscreen moulding	\$ 140.80 <i>nei</i>
2	1	Rear tailgate	\$ 2,292.00 <i>bb</i>
3	2	Rear tailgate dampers	\$ 704.20 <i>x</i>
4	1	Rear tailgate inner trim board	\$ 520.00 <i>?</i>
5	1	Rear tailgate lock	\$ 520.00 <i>dis</i>
6	1	Rear tailgate lock cover	\$ 130.00 <i>ant</i>
7	1	Rear tailgate lock remote	\$ 850.00 <i>x</i>
8	1	Rear tailgate logo	\$ 80.50 <i>nei</i>
9	1	Rear tailgate outer garnish	\$ 390.00 <i>ant</i>
10	1	Rear tailgate rubber	\$ 389.80 <i>ant</i>
11	2	Rear taillamps	\$ 475 950.00 <i>LYCua</i>
12	2	Rear taillamp lower garnishes	\$ 294.20 568.40 <i>LYCua</i>
13	1	Rear end panel	\$ 569.10 <i>?</i>
14	1	Rear end panel inner member	\$ 624.50 <i>x</i>
15	1	Rear end panel top moulding	\$ 269.30 <i>x</i>
16	1	Rear bumper	\$ 858.00 <i>de</i>
17	2	Rear bumper top bracket	\$ 130.00 <i>?</i>
18	2	Rear bumper side retainers	\$ <i>24x</i> 112.40 <i>LYCua</i>
19	1	Rear step panel	\$ 386.60 <i>?</i>
20	1	Rear windscreen sealant	\$ 80.00 <i>nei</i>
21	1	Rear tailgate "70KM/H" sticker	\$ 80.00 <i>ak/40</i>
22	1	Rear bumper clip (1 set)	\$ 25.00 <i>aa</i>
23	1	Rear number plate	\$ 50.00 <i>x</i>
24	1	Rear reverse sensor (1 set)	\$ 90.00 <i>nw</i>
			\$ 10,810.60
Less 25%:			\$ 2,702.65
Total Parts:			\$ 8,107.95

No	Labour Description	Labour Charges
1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00 40
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 180.00 60
3	To transfer rear tailgate mechanism and wiring assembly to assist repair.	\$ 120.00 60
4	To apply undercoating on repaired and replaced panel.	\$ 200.00 50
5	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld, re-align body structure and damaged consistent to the accident.	\$ 1,000.00 700
6	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00 750 800
Total Labour:		<u>\$ 2,580.00</u>
Total Parts:		\$ 8,107.95
Total Labour:		<u>\$ 2,580.00</u>
Total repair cost:		<u><u>\$ 10,687.95</u></u>

Tanjun 97495749 / 62523561
 Wp 29/8/24 25 pm
 tanjun C/Wharfs in
 4/5 ready after repair
 6-7 days.

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 the Repairer
 Signature:
 Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	336D
Vehicle Details	
Vehicle No.:	GBL7061R
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Aug 2024
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 2.0 DX AUTO
Primary Colour:	White
Manufacturing Year:	2021
Engine No.:	1TR2384503
Chassis No.:	TRH2005048630
Maximum Power Output:	-
Open Market Value:	\$26,786.00
Original Registration Date:	15 Feb 2022
First Registration Date:	15 Feb 2022
Transfer Count:	0
Actual ARF Paid:	\$1,340.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Feb 2032
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$34,608.00
COE Rebate Amount:	\$25,825.00
Total Rebate Amount:	\$25,825.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 29 Aug 2024

OK

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 First Submission	26/08/2024 17:29 (SGT)
Reported by	Actual Driver
Date of Accident	24/08/2024 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LENTOR AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7061R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONE HEART CLEANING PTE. LTD.
Company Reg No	201713336D
Email Address	TZEWEI@ONEHEARTCLEANING.COM.SG
Mobile Phone No	(Phone) +65-86117301
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5141119114

DRIVER

Name of Driver	CHEN MINGGANG
Work Permit No	G2664326R
Date Of Birth	22/10/1975
Occupation	Outdoor
Driving Pass Date	03/03/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85105315
Alt. Phone Number	-
Email Address	TZEWEI@ONEHEARTCLEANING.COM.SG
Address	C/O 7030 ANG MO KIO AVE 5
Address complement	#09-85 NORTHSTAR @ AMK
Postcode	569880
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	AH XING
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG917U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SALAM MOHAMMAD ABDUS
Contact Number	(Phone) +65-86243742
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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 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

Gang

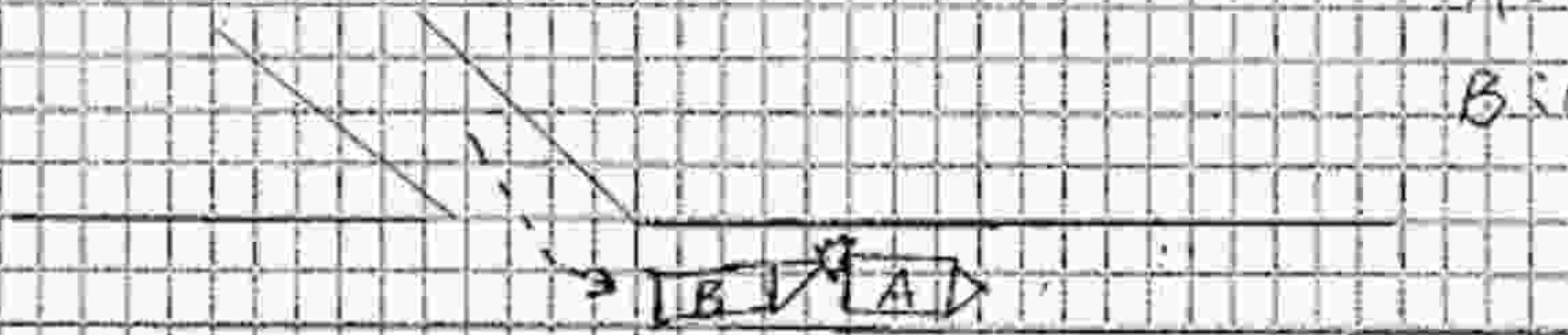
Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan

A: GBL7061R
B: GBL917U



Describe Circumstance of the Accident	
VEHICLE NO: <u>GBL 7061R</u>	ACCIDENT DATE & TIME: <u>24/8/24 13:00</u>
CONTACT NUMBER: <u>85105315</u>	E-MAIL: <u>86117301</u>
LOCATION: <u>Lentor Ave</u>	<u>tzewei@oneheartcleaning.com.sg</u>
Have accident in front of me. I apply on break on time but the vehicle QBG 917U from the minor road can't break on time and collided with my vehicle.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ CLAIM ODTP AT OTHER WORKSHOP ☐ REPORTING ONLY	

Declaration

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



Policyholder's Signature / Date & Time

Gang

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



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





