





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                 | <del>\$ 475</del> 950.00 <i>LYCua</i>    |
| 12           | 2   | Rear taillamp lower garnishes  | <del>\$ 294.20</del> 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<br>800     |
| <b>Total Labour:</b>      |                                                                                                                                                                         | <u>\$ 2,580.00</u>         |
| <b>Total Parts:</b>       |                                                                                                                                                                         | \$ 8,107.95                |
| <b>Total Labour:</b>      |                                                                                                                                                                         | <u>\$ 2,580.00</u>         |
| <b>Total repair cost:</b> |                                                                                                                                                                         | <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 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;

(H) 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

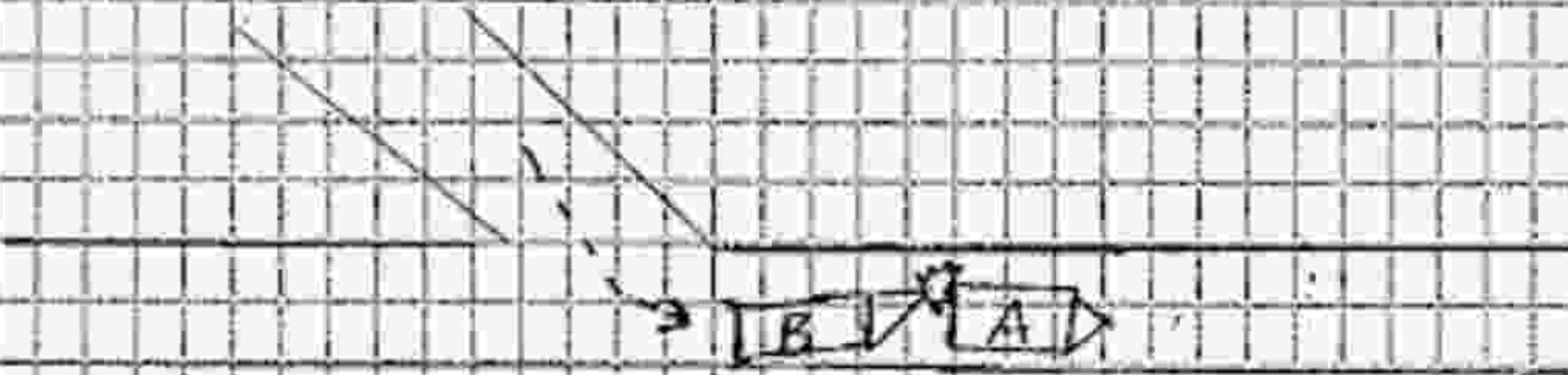
Driver's Signature (if driver is not the policyholder) / Date & Time



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>      |
| <p>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.</p>                                           |                                            |
| <p>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.</p>                   |                                            |
| <p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM ODP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p> |                                            |

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)











