

ASS. REC. BY:

REF:

AG21

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Summing BFCof 034J

Insured: _____

Policy No. _____

Claims No. _____

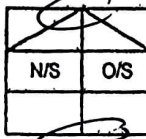
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$61K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 9-11 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMC 7832A Yr Regn: 06, 18

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

Truck / Trailer or WagonMake: Toy Ponto C.G. 1496Colour: M. Brown A/C: Insured / Std / NI / NASp. Reading: 441847 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP170 7109583Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: Dun 185/60R15R: B.S

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 4 mmL/Bal: 7 mm L/Bal: 4 mmD.O.A. 20/10/24 D.O.I. 23/10/2024

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

/ Car B2

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S - RS. SI

F. P. S.

Others

Report Format :

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

TOTAL



Budget Direct Insurance
190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924

Attn: Motor Claim Dept

CHASSIS : NHP1707109583

Sin Ming Autocare BFG Pte Ltd
176 Sin Ming Drive
#02-05 Sin Ming Autocare
Singapore 575721
Tel : 6455 0600 | Fax : 6455 6192
Website: www.autocare.com.sg
GST Reg. No: 20-0210033-N

*NOT Withain
11 Day &
Repair After Paint*

ESTIMATE

VEHICLE NO: SMC7832A
MAKE/MODEL: TOYOTA SIENTA

DOA: 20.10.24

9-11 days

No.	Descriptions	Qty	Unit Price	Amount S\$
	LIST ITEM:			
1	FRONT GRILLE	1	1,215.20	1,215.20
2	FRONT GRILLE EMBLEM	1	80.60	80.60
3	HEAD LAMP LH	1	1,551.30	1,551.30
4	HEAD LAMP RH	1	1,551.30	1,551.30
5	FRONT BUMPER CENTRE GRILLE	1	185.30	185.30
6	FRONT BUMPER SPONGE	1	110.20	110.20
7	FRONT BUMPER REINFORCEMENT	1	552.30	552.30
8	BONNET	1	940.70	940.70
9	BONNET HINGE LH	1	92.50	92.50
10	BONNET HINGE RH	1	92.50	92.50
11	LOWER BONNET LOCK	1	129.90	129.90
12	BONNET LOCK CABLE	1	76.10	76.10
13	FRONT BUMPER TOP BEAM	1	122.40	122.40
14	WIPER GARNISH	1	385.30	385.30
15	BONNET INSULATOR CLIP	1	5.50	5.50
16	FRONT BUMPER	1	527.10	527.10
17	FRONT BUMPER CLIPS	10	5.50	55.00
18	FRONT SUPPORT PANEL	1	1,571.40	1,571.40
19	FRONT SUPPORT PANEL TOP GARNISH	1	178.90	178.90
20	SUPPORT PANEL TOP GARNISH CLIPS	10	5.50	55.00
21	HEAD LAMP PANEL LH	1	109.40	109.40
22	HEAD LAMP PANEL RH	1	109.40	109.40
23	AIR CON CONDENSER	1	1,886.70	1,886.70
24	RADIATOR	1	3,571.20	3,571.20
25	RADIATOR FAN MOTOR	1	919.70	919.70
26	RADIATOR FAN COWLING	1	469.50	469.50
27	REAR TAIL LAMP RH	1	625.30	625.30
28	REAR TAIL LAMP LH	1	625.30	625.30
29	REAR BUMPER	1	489.60	489.60
30	REAR BUMPER SIDE GARNISH LH	1	178.90	178.90
31	REAR BUMPER SIDE GARNISH RH	1	178.90	178.90
32	REAR WHEEL BEARING	1	1,193.40	1,193.40
33	REAR BUMPER SIDE RETAINER LH	1	152.80	152.80
34	REAR FENDER SIDE GARNISH LH	1	178.90	178.90
35	REAR BUMPER REFLECTOR RH	1	83.40	83.40
36	REAR BUMPER REFLECTOR LH	1	83.40	83.40
37	REAR ABSORBER	1	304.80	304.80
38	REAR TAIL GATE LOCK	1	647.90	647.90
39	REAR TAIL GATE	1	1,726.80	1,726.80

- 40 REAR TAIL GATE CENTRE GARNISH
- 41 REAR TAIL GATE LOGO
- 42 REAR TAIL GATE EMBLEM (HYBRID)
- 43 REAR TAIL GATE WIPER MOTOR
- 44 REAR TAIL GATE WIPER ARM
- 45 REAR TAIL GATE WIPER ARM COVER
- 46 REAR END PANEL
- 47 REAR END PANEL TOP GARNISH
- 48 REAR BUMPER REVERSE SENSOR
- 49 REAR BOOT LID RUBBER
- 50 REAR TAIL GATE TRIM
- 51 REAR NUMBER PLATE LAMP RH
- 52 REAR NUMBER PLATE LAMP LH
- 53 REAR TAIL GATE OPEN HOLDER
- 54 REAR TAIL GATE WINDSCREEN SEAL

258

1	262.80	262.80	7
1	93.90	93.90	✓
1	72.10	72.10	✓
1	1,066.30	1,066.30	7
1	130.00	130.00	7
1	33.30	33.30	✓
1	661.40	661.40	7
1	203.30	203.30	7
1	380.60	380.60	7
1	515.30	515.30	X
1	162.00	162.00	X
1	91.50	91.50	X
1	91.50	91.50	7
1	249.30	249.30	X
1	80.00	80.00	305h
Sub Total (S\$) :		27,107.10	
Discount (0%) :		-	
Total Parts (S\$) :		27,107.10	

SPECIAL NETT ITEMS:

- 1 FRONT NUMBER PLATE
- 2 FRONT NUMBER PLATE HOLDER
- 3 REAR NUMBER PLATE
- 4 REAR NUMBER PLATE HOLDER
- 5 RADIATOR COOLER
- 6 SEALANT

1	50.00	50.00	45h
1	30.00	30.00	
1	50.00	50.00	X
1	30.00	30.00	X
1	50.00	50.00	✓
1	50.00	50.00	405h
Sub Total (S\$) :		260.00	260.00

LABOUR:

- 1 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY
- 2 TO PUTTY/APPLY PRIMER & SPRAY PAINT ON THE AFFECTED PORTION
- 3 TO APPLY RUST PROOFING ON REPAIRED, REPLACE PANEL
- 4 TO REMOVE/REFIT REAR WINDSCREEN TO FACILITATE REPAIRS
- 5 TO CALIBRATION PROGRAMMING CHECK & RESET
- 6 TOP UP GAS
- 7 TO CHECK WIRING FUNCTIONS

Total Labour (S\$) :

Total Amount (S\$) :

2,300.00	7
1,800.00	1000l
150.00	7
150.00	120l
280.00	7
80.00	✓
80.00	40l
4,840.00	

31,947.10



for Sin Ming Autocare BFG Pte Ltd

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:

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	21/10/2024 14:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/10/2024 15:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS ANG MO KIO AFTER JLN BAHAGIA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7832A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG XIAO MIN
NRIC No	SXXXX034J
Email Address	yunjing1204@gmail.com
Mobile Phone No	(Phone) +65-82287513
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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
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	5105679539-05

DRIVER

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 Authorised 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 Police for investigation.
6. The 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.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

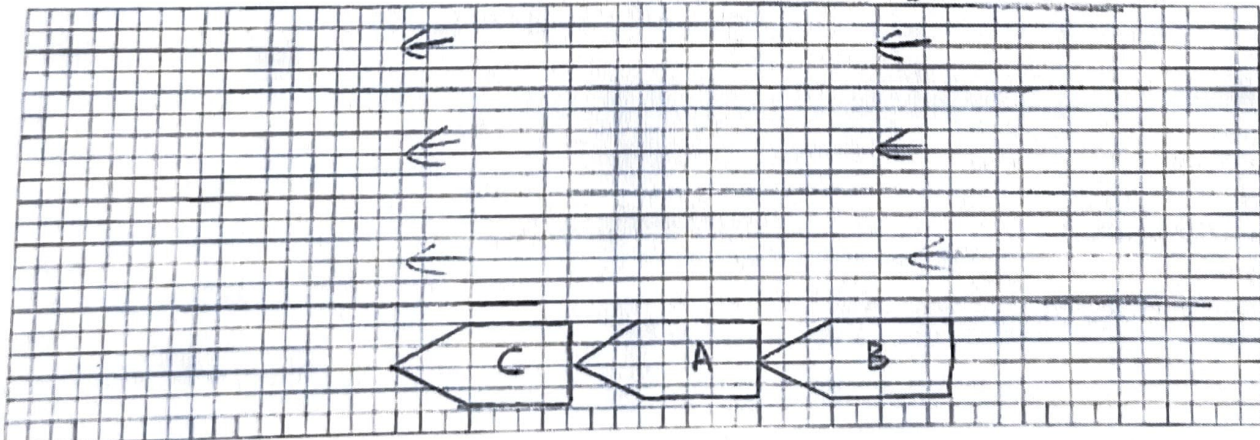

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

CTE TOWARD AMK AFTER JALAN BAHAGIA EXIT



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 034J

Vehicle Details

Vehicle No.: SMC7832A
Vehicle to be Exported: Yes
Intended Deregistration Date: 21 Oct 2024
Vehicle Make: TOYOTA
Vehicle Model: SIENTA HYBRID 1.5G CVT
Primary Colour: Brown
Manufacturing Year: 2017
Engine No.: 1NZ8394417
Chassis No.: NHP1707109583
Maximum Power Output: 73.0 kW (97 bhp)
Open Market Value: \$24,078.00
Original Registration Date: 23 Jul 2018
First Registration Date: 23 Jul 2018
Transfer Count: 1
Actual ARF Paid: \$25,710.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 22 Jul 2028
PARF Rebate Amount: \$16,711.00

Intended COE Rebate Details

COE Expiry Date: 22 Jul 2028
COE Category: E - Open - all except motorcycle
COE Period(Years): 10
QP Paid: \$31,001.00
COE Rebate Amount: \$9,381.00
Total Rebate Amount: \$26,092.00

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 21 Oct 2024

OK



**SINGAPORE
POLICE FORCE**



T/20241021/2009

2 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20241021/2009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Mery Lo	ID No.	NIL
Related Vehicle	SKX7383S (Motor car)	Contact No.	88850189
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	NG XIAO MIN	ID No.	S9037034J
Related Vehicle	SMC7832A (Motor car)	Contact No.	82287513
Hospital/Clinic	BEACON CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	20/10/2024	Date Discharge	20/10/2024
No. of Days granted Medical Leave	08	Degree of	Slight
Name	Lim Peng Hwee	ID No.	NIL
Related Vehicle	SML6631Y (Motor car)	Contact No.	92224707
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 20/10/2024 at 1550hrs, I was driving my Grab Car SMC7832A along CTE Towards SLE (After Jalan Bahagia Exit) on the most left lane and the traffic was moderately slow. Vehicle in front of my car SKX7383S brake as such I also stepped on my brake.

Suddenly, I felt impact from the rear causing my car to move forward and hit the rear of SKX7383S. Upon checking, vehicle SML6631Y had collided with the rear of my car.

Due to the accident, the front and rear of my car was damaged. I felt pain and seek medical attention and was given 8 days medical leave. My rear male passenger Jayven Hp:98389602