ASS. REC. BY: Kenneth | REF: F021

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s BFG

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 |
|---|---|
| | |

Bal. or Market Value: $ 23k

IDAC Accident Rport: _____ 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: SK 5838A Yr Regn: 01 / 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Toy Altis c.c 1598

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 35050 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR053RE-H104540842

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 3 mm | R/Bal. | 4 mm |
| L/Bal. | 3 mm | L/Bal. | 4 mm |
| D.O.A. | 18/11/24 | D.O.I. | 21/11/2024 |

Survey held at _____

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

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

| Date / Time | Action / Instruction |
|---|---|
| | |

Date/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Add Fee:

☐ : Site Insp ($ _____ )

☐ : Interview ($ _____ ) Parking

☐ Tech Invs ($ _____ ) Others

☐ Weekend ($ _____ )

TOTAL _____

port Format : _____

np Sum / I.B.I: ($ _____ )

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

Non Wholesale
C/Rep &
Refinish After Paint

MS First Capital Insurance Ltd
16 Raffles Quay
#42-01, Hong Leong Building
Singapore 048581

Attn: Motor Claim Dept

CHASSIS : MR053REH104540842

**ESTIMATE**

VEHICLE NO: **SKZ5838A**
MAKE/MODEL: **TOYOTA ALTIS**
DOA: **18.11.24**

| No. | Descriptions | Qty | Unit Price | Amount S$ |
|---|---|---|---|---|
| | LIST ITEM: | | | |
| 1 | BOOT LID | 1 | 830.50 | 830.50 |
| 2 | BOOT LID WEATHERSTRIP | 1 | 203.50 | 203.50 |
| 3 | BOOT LOCK | 1 | 420.20 | 420.20 |
| 4 | BOOT EMBLEM LOGO | 1 | 66.00 | 66.00 |
| 5 | BOOT EMBLEM COROLLA | 1 | 60.61 | 60.61 |
| 6 | BOOT EMBLEM ALTIS | 1 | 67.54 | 67.54 |
| 7 | TAIL LAMP RH | 1 | 434.50 | 434.50 |
| 8 | TAIL LAMP LH | 1 | 434.50 | 434.50 |
| 9 | REAR END PANEL | 1 | 649.00 | 649.00 |
| 10 | REAR FENDER LH | 1 | 1,798.61 | 1,798.61 |
| 11 | REAR FENDER RH | 1 | 1,798.61 | 1,798.61 |
| 12 | REAR BUMPER | 1 | 870.98 | 870.98 |
| 13 | REAR BUMPER BRACKET LH | 1 | 100.87 | 100.87 |
| 14 | REAR BUMPER BRACKET RH | 1 | 100.87 | 100.87 |
| 15 | REAR BUMPER SIDE RETAINER LH | 1 | 132.00 | 132.00 |
| 16 | REAR BUMPER SIDE RETAINER RH | 1 | 132.00 | 132.00 |
| 17 | REAR BUMPER REFLECTOR RH | 1 | 89.21 | 89.21 |
| 18 | REAR BUMPER REFLECTOR LH | 1 | 89.21 | 89.21 |
| 19 | REAR BOOT LID REFLECTOR LH | 1 | 372.90 | 372.90 |
| 20 | REAR BOOT LID REFLECTOR RH | 1 | 372.90 | 372.90 |
| 21 | REAR BOOT LID CHROME | 1 | 410.08 | 410.08 |
| 22 | REAR BOOT LID INNER TRIM | 1 | 538.67 | 538.67 |
| 23 | REAR FENDER INNER TRIM RH | 1 | 548.68 | 548.68 |
| 24 | REAR FENDER INNER TRIM LH | 1 | 548.68 | 548.68 |
| 25 | REAR END PANEL TOP GARNISH | 1 | 264.00 | 264.00 |
| 26 | REAR COMPARTMENT | 1 | 832.70 | 832.70 |
| 27 | REAR BOOT LID HINGE RH | 1 | 103.29 | 103.29 |
| 28 | REAR BOOT LID HINGE LH | 1 | 103.29 | 103.29 |
| 29 | REAR TAIL LAMP PANEL LH | 1 | 164.89 | 164.89 |
| 30 | REAR TAIL LAMP PANEL RH | 1 | 164.89 | 164.89 |
| 31 | REAR NUMBER PLATE LAMP RH | 1 | 77.88 | 77.88 |
| 32 | REAR NUMBER PLATE LAMP LH | 1 | 77.88 | 77.88 |
| 33 | REAR BUMPER REINFORCEMENT | 1 | 434.50 | 434.50 |

| | | | | | |
|---|---|---|---|---|---|
| 34 | REAR FENDER INNER SHIELD LH | 1 | 275.00 | | 275.00 |
| 35 | REAR TAIL LAMP CLIP RH | 1 | 20.00 | | 20.00 |
| 36 | REAR TAIL LAMP CLIP LH | 1 | 20.00 | | 20.00 |
| 37 | REAR COMPARTMENT COVER | 1 | 293.70 | | 293.70 |
| 38 | REAR GLASS MOULDING | 1 | 78.50 | | 78.50 |
| | | Sub Total (S$) : | | | 13,981.14 |
| | | Discount (0%) : | | | - |
| | | Total Parts (S$) : | - | | 13,981.14 |

**SPECIAL NETT ITEMS**

| | | | | | |
|---|---|---|---|---|---|
| 1 | REAR REVERSE SENSOR RH | 1 | 180.00 | | 180.00 |
| 2 | REAR REVERSE SENSOR LH | 1 | 180.00 | | 180.00 |
| 3 | REAR END PANEL SEALANT | 1 | 80.00 | | 80.00 |
| 4 | REAR NUMBER PLATE | 1 | 50.00 | | 50.00 |
| 5 | REAR NUMBER PLATE HOLDER | 1 | 30.00 | | 30.00 |
| 6 | REAR REVERSE CAMERA | 1 | 380.00 | | 380.00 |
| 7 | REAR GLASS SEALANT | 1 | 50.00 | | 50.00 |
| | | Sub Total (S$) : | **950.00** | | **950.00** |

**LABOUR:**

| | | |
|---|---|---|
| 1 | TO DISMANTLE & REPLACE DAMAGE PARTS,PANEL BEAT WHERE NECESSARY | 1,200.00 |
| 2 | TO PUTTY,APPLY PRIMER & SPRAY PAINT ON AFFECTED PORTION | 1,200.00 |
| 3 | TO APPLY RUST PROOFING ON REPAIRED,REPLACE PANEL | 180.00 |
| 4 | TO REMOVE/REFIT REAR CUSHION SEAT,SPEAKER BOARD,ROOF UPHOLSTERY TO FACILITATE REPAIRS | 280.00 |
| 5 | TO REMOVE/REFIT REAR WINDSCREEN TO FACILITATE REPAIRS | 150.00 |
| 6 | TO CHECK WIRING FUNCTIONS | 80.00 |
| | Total Labour (S$) : | **3,090.00** |
| | Total Amount (S$) : | **17,071.14** |

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:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|---|
| **Vehicle Owner Particulars** | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 416D |
| **Vehicle Details** | |
| Vehicle No.: | SKZ5838A |
| Vehicle to be Exported: | Yes |
| Intended Deregistration Date: | 19 Nov 2024 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | COROLLA ALTIS CLASSIC 1.6 CVT |
| Primary Colour: | Silver |
| Manufacturing Year: | 2015 |
| Engine No.: | 1ZRY222440 |
| Chassis No.: | MR053REH104540842 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | $17,804.00 |
| Original Registration Date: | 27 Jan 2016 |
| First Registration Date: | 27 Jan 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | $17,804.00 |
| **Intended PARF Rebate Details** | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 26 Jan 2026 |
| PARF Rebate Amount: | $9,792.00 |
| **Intended COE Rebate Details** | |
| COE Expiry Date: | 26 Jan 2026 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | $45,002.00 |
| COE Rebate Amount: | $5,334.00 |
| **Total Rebate Amount:** | **$15,126.00** |

**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 19 Nov 2024

OK

SS2S24BJ0001-01 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 19/11/2024 14:31 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 2 (19/11/2024 17:30 (SGT))

# 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 witholding 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 | 19/11/2024 14:31 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 18/11/2024 10:50 (SGT) |
| Exact Location of Accident | Ang Mo Kio Ave 5, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SKZ5838A |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | No |
| Name Of Registered Owner | TAN KE CHING |
| NRIC No | SXXXX416D |
| Email Address | jessie_lhoh@yahoo.com.sg |
| Mobile Phone No | (Phone) +65-90171376 |
| Alternative Phone No | - |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Toyota |
| Model | COROLLA ALTIS |
| 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 | 1600 |
| Vehicle Fuel | - |
| First Regisration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5106756286-05 |

### 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 w ilful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "Purposes")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 yers/law firms), w hich 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**