| ASS. REC. BY: | REF: 105 | | 4 |
|-------------------------------|--|--|--|
| Kenneth | | ASSIGNMENT | |
| From: | Date: | | |
| Estimated Cost: | Dolo. | Type: M Car/ M C | R Yr Regn: 06, 19 |
| OUTPIWS ITPRES IC | OD RES / EVA / INV / MV | Type: M.Car / M.Cycle / Bus / Van / Lo | rry / Taxi / Prime Mover / |
| To Inspect Vehicle No: | | Make: Strate T | A) Jeep |
| at Workshop m/s | Vin's | | mm 1,648 1480 |
| of C | Gras | 17.1. While | AC: Insured / Std / NI / NA |
| Insured: | 9700 | Sp.Reading 86149 | T/Radio: Insured / Std / NI / NA |
| Policy No. | | Eng/No: | |
| Claims No. | | C/No: JB; | 14 W. 107956 |
| Sum Insured: | Excess: | Gen. Cond: Good / Fair / Poor / Burnt | |
| (Client's Record) | | Steering: Inorder / Jammed / Leaked | |
| Make of Veh: | | Brake: Inorder / Jammed / Leaked | |
| | | Modi: NII / S/Rim / STDA/Rim or | |
| (Policy Condition) | | | 195/80R15 |
| Remark: The veh had commi | enced its N/S | O/S RS / DUN / EXPOND / OV / EXPOND | |
| repair at the time of | | BSTOOM TEXNOVAT GYTEST LIZA | I MIC I OHTSU I PIR I SUIMI I |
| | 48K | TOYO/YOKO or | (|
| IDAC Accident Rport: | | Fron! | Rear |
| | Consistent? : Yes or No | R/Bal. 9 mm | · R/8a² mm |
| GIA / PR Seen: | Consistent?: Yes or No | L/Bal mm | L/Bal. mm |
| Est. Repairs: 05 | | D.O.A. 1/12/24 | D.O.L. 9/12/2024 |
| Lum Sum: 20 | % 3 Val.: Yes or No | Survey held at | |
| CA / REV / REP. / 24 H | (RS | Des. of Damages : Frt / Rear / O/S | / N/S / U/C / Rooftop or |
| | · Vehicle: IN | | NS |
| Date:Person C | Contacted: | The U/C / Chassis frame / Bod | ly Structure affected due to collision. |
| Date / Time Action / Instru | ction | | |
| | | | |
| | | | |
| | | | |
| | | • | |
| R | | | |
| 11. | A STATE OF THE STA | | |
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| | | / | a distribution of the second o |
| Oato/Time, File Pass to? | ell. Report | Days Of Repair: | The state of the s |
| | | Militain de Constitution de la c | |
| 1) : Fin | nal Report | Resurvey No. of Trip: | Survey Fee: |
| Court and, the Neura 107 | | <u> </u> | Transportation |
| 2) | Add | Fee: Site Insp (\$ |) _ S - RS SI |
| | • | : Interview (\$ |), Finalis |
| Denoit Format | | the same of the sa | |
| Report Format : | | Tech Invs (\$ |), Others |
| Lump Sum / I.B.I: (S | 1 | Weekend (\$ |) |
| | or a later can place to | | |
| | | | 10TAL |



Estimated Cost of Repair

Vin's Motor Pte Ltd 160 Sin Ming Drive #03-03 Sin Ming Autocity Singapore 575722 Tel: 6453 2121 Fax: 6459 9795 GST Registration No. 199906067G

Attention To

ECICS LIMITED

7 Temasek Boulevard #10-01 Suntec Tower One Singapore 038987

Date

Claim Details

Case Ref. No. OD/122024/C0350

02-12-2024 Accident Date : 01-12-2024

Vehicle Details

Make & Model

Chassis No Registration No:

Suzuki JIMNY SIERRA 1.5JC Kenners UPry 8

JB74W107956 HP: 96910663 Rearry After Pary

SML8476R

| S/N | Description | Ex TBA | - 1900 W. |
|-----|--|-------------|---|
| 1 | FRONT BONNET (O) | Qty | Amount (S\$) |
| 2 | FRONT GRILLE (O) | 1.00 | By \$850.00 |
| 3 | FRONT GRILLE CHROME LOGO | 1.00 | CM \$450.00 |
| 4 | | 1.00 | % \$30.00 <u></u> |
| 5 | FRONT GRILLE PANEL (TOP & BOTTOM) (O) | 1.00 | \$ \$580.00 |
| | FRONT FENDER LH (O) | 1.00 | Ba \$160.00 C |
| 6 | FRONT FENDER GARNISH LH | 1.00 | Bn \$180.00 - |
| 7 | HEADLAMP LH (O) | 1.00 | \$1,200.00 7 |
| 8 | HEADLAMP PANEL LH (TOP) | 1.00 | \$50.00 |
| 9 | FOGLAMP LH (O) | 1.00 | 1m \$320.00 X |
| 10 | FOGLAMP WIRING HARNESS (O) | 1.00 | \$50.00 |
| | | | \$3,870.00 |
| | | Margin: 10% | \$387.00 |
| | | | \$4,257.00 |
| 1 | TO REPAIR DAMAGE | 1.00 | \$680.00 |
| 2 | TO SPRAY PAINTING | 1.00 | \$780.00 |
| | | | |

Subtotal w/o GST:

\$5,717.00

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:

Issued by Melvin

This is a computer-generated document. No signature is required.

> Back to OneMotoring

| Enquire PAR | F/COE Rebate | for Registers | d Vehicle |
|--------------------|---------------|---------------|-----------|
| | II COL REDAIR | TO REVISIE | o venicie |

| Vehicle Owner Particulars | | |
|--|--------------------------------------|--|
| Owner ID Type: | Singapore NRIC | |
| Owner ID: Vehicle Details | 5961 | |
| Vehicle No.: | SML8476R | |
| Vehicle to be Exported: | Yes | |
| Intended Deregistration Date: | 02 Dec 2024 | |
| Vehicle Make: | SUZUKI | |
| Vehicle Model: | JIMNY SIERRA 1.5JC AUTO | |
| Primary Colour: | White | |
| Manufacturing Year: | 2019 | |
| Engine No.: | K15B1024855 | |
| Chassis No.: | JB74W107956 | |
| Maximum Power Output: | 75.0 kW (100 bhp) | |
| Open Market Value: | \$23,252.00 | |
| Original Registration Date: | 06 Jun 2019 | |
| First Registration Date: | 06 Jun 2019 | |
| Transfer Count: | 0 | |
| Actual ARF Paid: Intended PARF Rebate Details | \$14,553.00 | |
| PARF Eligibility: | Yes | |
| PARF Eligibility Expiry Date: | 05 Jun 2029 | |
| PARF Rebate Amount: Intended COE Rebate Details | \$10,187.00 | |
| COE Expiry Date: | 05 Jun 2029 | |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) | |
| COE Period(Years): | 10 | |
| QP Paid: | \$27,000.00 | |
| COE Rebate Amount: | \$12,172.00 | |
| Total Rebate Amount: Message | \$22,359.00 | |

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 02 Dec 2024



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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

- 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

02/12/2024 15:56 (SGT) Date of First Submission Both Policyholder and Actual Driver Reported by 01/12/2024 21:00 (SGT) Date of Accident Concorde Hotel S'pore, Singapore Exact Location of Accident CONCORDE HOTEL CARPARK Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Suzuki

SML8476R Vehicle Registration Number

INSURED/POLICYHOLDER

..... Is company? TOH HWA ANN Name Of Registered Owner NRIC No SXXXX596I BRANDENTOH.BT@GMAIL.COM Email Address (Phone) +65-81235690 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model JIMNY SIERRA 1.5JC AUTO Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1460 Petrol

Vehicle Fuel 06/06/2019 First Regisration Date JB74W107956 Chassis no 06/06/2019 04:06 (SGT) Effective Date/Time of Ownership

INSURANCE COMPANY

ECICS Limited Name of Insurance Company MPC24B00073601 Policy Number / Cover Note Number

DRIVER



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver
- 3, Information provided must be as truthful and accurate as possible. Any willul 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 ladgement 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 mace available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policypolder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: Sant 8476R

DOA: 1/12/2024 2100hm

Concorde Hotel Carporte

Page 4 of