ASS. REC. BY: MOLELS . REF: (SIT	P18010262/Urbnz
And the second s	ASSIGNMENT
y	Veh No: 6879/17/ Yr Regn: 4/17
From: Date: Date:	Type: M.Car / M.Cycle / Bus / Car / Lorry / Taxt / Prime Mover /
OD / VE 2WS / TP RES / OD RES / EVA / INV / MV	Truck/Trailer or (M/
To Inspect Vehicle No: GBF 9/17H	
ait Workshop m/a Bun	Colour White A/C: Insured / Std / NI / NA
01	11113
Insurad:	Sp.Reading 44504 T/Radio: Insured / Std / NI / NA, Eng/No:
Policy No.	C/No: KDH20/02KT0/
Claims No.	Gen. Cond. Seed   Fair / Poor / Burnt
Sum insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or Cold
(Olient's Record)	Brake: Inder / Jammed / Leaked / Burnt or
Make of Veh	Modi: Nit S/Rim / STD A/Rim or
TARING TARING THE STATE OF THE	
(Policy Condition)	Tyre Size: P: 195/60 MIS
Y	
repair at the time of inspection.	O/SU BS (DUI) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value:	
/TBAC Accident Rport Consistent? : Yes or No	Front Rear
GA / PR Seen Consistent? : Yes or No	I Pari I min
Est. Repairs: days Res.: Yes or No	D.O.A. 22/5/18 D.O.A. 5/6/10
Lum Sum: 32 % 3 Val.: Yes or No	Survey held at
GA / REV / REP. / 24 HRS  YSY)  Vehicle: IN	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
Muc Apay bee	27A 13378
1/5 & 2180	
(Ped:\$5887.37,53%	
120. 120 1.21 231.	
RECEIVED	1 9 JUN 2018
IXL VC. , L	
Data/Time, File Pass to?	2
1: Heport 1: Final Report	Days Of Repair:
DeterTime, File Return to?	Resurvey No. of Trip:   Survey Fee: 170115
	Transportation: 50  Site Insp (\$ )_s :Rs_s 50
	0,
Report Format: 1P-1 dependent	Percentage Control of the Control of
Lump Sum / I.B.H: (\$ 5250.00)	Tech. Invs (\$) Others
	And the second s
	TOTAL L449

		11/1	
Ref. No :		Res. Date: /6/6/	Date Received:
Feh. No : (	3579117H	SP:	WKSP: M
√No :	7 11 1		
Action/Instructi	on:		
1.File	2.Submit Photo?	YES / NO	
3.Indicate Res. D	ate On Photo Page?	YES / NO	Message:
If No, due to	a) No authorisation	b) Days of repair	
others:		10 10	
			1
	The state of the s		/_
Final Re-inspection	n or Progress Pl	notos	Inspected By:

MYT218697257 / Yew Yoo Automobile Tech Pile Lid - Kivid Built SIVTRY CATE & TIME: 23/05/2018 17:03 SUBMITTED BY: Tuh Lei Ming

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

05-06-18:17:05 ;

- 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 withit misrepresentation or witholding of material facts may allow insurance companies to repudlate policy ability.
- 4. The issue and accordance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 5. Any raise reporting may be referred to the Police for Investigation.
  6. This report will be forwarded by the insurers of the GIA Records Management Centife 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

	ACCIDENT STATEMENT	100
Date Of Report	23/05/2018 17:03	
Date Of Accident	22/05/2018 15:00	
Exact Location Of Accident	MAYO STREET	
Country/State of Loss	SINGAPORE	

<b>1883年1987年1984年198</b> 3年1987年1	DETAILS OF OWN VE	HICLE
Vehicle Registration Number	GBF9117H	
Insured/Policyholder		
Name Of Registered Owner	MCONNECT CONST	RUCTION & ENGINEERING PTE LTD
Co Reg No	201624512N	Ald: 10 Woodlands Ind. Park E1
Email Address	NOEMAIL	Add: 19 Woodlands Ind. Park E1
Mobile Phone No	(LOCAL) +65-860680	
Alternative Phone No	OFFICE-86068045	

Torricio Farticulais	Vehicle	<b>Particulars</b>
----------------------	---------	--------------------

Manufacturer	TOYOTA
Model	HIACE

Exact Purpose for which vehicle was being used at time of accident	WORK USE
--	----------

Are you claiming under your or for repair to your vehicle?	rwn insurance policy	
---	----------------------	--

,	
If No. Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

NO

Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Policy Number	5090227969-01

## Cover Note Number

#### Driver

Name of Driver	SAMYYAIAH ANANTHAN		
Passport No/FIN	G6500204D		

1 pappoit NOTHIN	G6599201P
Date Of Birth	17/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2013
Distance Council	

Driving Experience	5 YEARS AND 0 MONTHS

2 kg	WWW.011040147
Gen <b>d</b> er	MALE

Mobile Number	(LOCAL) +65-86068045
	(=0000) 100-000000043

rax Number	
Contact Number	

EMail Address	NOEMAIL
	INCE INCE

Address.

14 ROBINSON ROAD #08-01A FAR EAST FINANCE BUILDING

Postcode

048545

Was driver an employee of the Insured's Company YES

if No, Relationship of the Driver with the Insured Vehicle Registration Number of Oriver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKB5397G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

UNGLIN NA

NRIC/Passport Number

S7676181G

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including 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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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 aforesald.
- 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 tollect, use, disclose and/or process my persurial 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:
  - 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 invoive 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

menfu

(li) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

R35 20153

Date & Time: 2-3/5/18, 4458N

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/5/18,445/PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN LOTS DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature ,..

Policyholder's Signature Date & Time: 22/5/18, 44507

Driver's Signature

(If driver is not the policyholder)
Date & Time: 23/5/6, 445/

Name:

NRIC/FIN No.:

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4512N
Vehicle Details	
Vehicle No.:	GBF9117H
Vehicle to be Exported:	No
Intended De-registration Date:	06 Jun 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 3.0 MANUAL
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1KD2682214
Chassis No.:	KDH2010215501
Maximum Power Output:	æ.
Open Market Value:	\$32,171.00
Original Registration Date:	17 Apr 2017
First Registration Date:	17 Apr 2017
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$1,609.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	/ <del>-</del>
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Apr 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$15,095.00
COE Rebate Amount:	\$13,375.00
Total Rebate Amount:	\$13,375.00

The information contained herein is correct as at 06 Jun 2018

OK

Not Allel 1/5 5250 84.

Workshop: 1 Kaki Bukit Ave 6 (Unif B) #01-28

68F9117H

Acknowledged by Repairer Signature:

	0.01.010.01	
Front door ols	Date: 70/3uf	1799.12
Front door inner rusher ols	nei	166.45/
Front door inner lock ols	NA	319.20 X
Front step garnish ol	grazel	214.50
Frent door rear piller ols	13.1500	645-10
Sliding door ols	80 H 20	1891.10
liding door inner lock ols	ns	322-50
lear bumper	cul	628.10
Rear shock absorber ofs	117	282.30 X
Peer wheel has become of	11	488-50 X
front wheel hub bearing ols	( , 11	465.50 X
J	(25%	7222.37
	1 1	/

5344-37

S.NOTT			
Frent door Roc' sticker of	My	35.00 -	
front wheel hub cap olo	2.5	120.00	_
Front steel rim ols	کو	100.00	-
Rear wheel hub cap ols	cul	120.00 -	
Rear bumper cl.ps	ru	ED.00 -	
Pliding door inner board clips ols	ru	50.00	•
To check wiring		80.00 -	20
To spray rust proofing		120.00 -	So
o conduct wheel alignment		100.00-	
To transfer front door & sliding door medical	rism	180.00 -	(F)
labour for soul beating & replacing ports	and Mowill	1080.00-	8fi
To putty & spray parating		1500.00-	90
To Dismonth & ref. x undercorrioge	٧٧	380.00	X
J. 3		8 1/137.3	-

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# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

	Affiliated to Federation Interna	tionale Des Experts En Auton	nobile
BLUWEL AUTOMOTIV	VE SERVICE PTE LTD	Ref : CS/TP1801026	2/Urbn2
417883	OFFICE)SINGAPORE  NNECT CONSTRUCTION &	Date: 21-06-2018 Code: TP149	
1.		rs :- THIRD PARTY CLA	IM
Insured Veh.		Veh. Inspected	GBF 9117H
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/06/2018
2.	Vehicle Par	rticulars & Condition	
Make & Model	TOYOTA HIACE (M)	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KDH2010215501	Colour	WHITE
Odometer	44304	Steering	AFFECTED
Brakes	IN ORDER	Modification	NIL .
General	GOOD		
3.	Cond	itions of Tyres	
	Size	Make	Balance
R/H Front Tyre	195/60 R15	DUNLOP	6 mm
L/H Front Tyre	195/60 R15	DUNLOP	6 mm
R/H Rear Tyre	195/60 R15	DUNLOP	6 mm
L/H Rear Tyre	195/60 R15	DUNLOP	6 mm
4.	Descrip	otion of Damages	
THE VEHICLE SU	DETAILS.	D/S BODY.	
5.	Gene	ral Information	
Accident Date	22/05/2018	Inspection Date	05/06/2018
Survey held at	BLUWEL AUTOMOTIVE SER	VICE PTE LTD	31
	BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFIC SINGAPORE 417883	E)	
5a.		Remarks	
	ON WAS CONDUCTED ON A"V CE TO YOUR INSTRUCTIONS,		
5b.	Estima	te Days of Repair	

8 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBF 9117H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT DOOR O/S	DENTED / BENT	1,799.12	1,799.12
1	FRONT DOOR INNER RUBBER O/S	NECESSARY	166.45	166.45
1	FRONT DOOR INNER LOCK O/S	NOT NECESSARY	319.20	194
1	FRONT STEP GARNISH O/S	GRAZED	214.50	214.50
1	FRONT DOOR REAR PILLAR O/S	BADLY DENTED	645.10	645.10
1	SLIDING DOOR O/S	BADLY DENTED	1,891.10	1,891.10
1	SLIDING DOOR INNER LOCK O/S	NOT NECESSARY	322.50	1
1	REAR BUMPER	CUT	628.10	628.10
1	REAR SHOCK ABSORBER O/S	NOT NECESSARY	282.30	
1	REAR WHEEL HUB BEARING O/S	NOT NECESSARY	488.50	-
1	FRONT WHEEL HUB BEARING O/S	NOT NECESSARY	465.50	
	LESS 25% DISCOUNT		-	-1,336.09
			7,222.37	4,008.28
	SPECIAL NETT ITEMS			
1	FRONT DOOR "ROC" STICKER O/S (SN)	NECESSARY	35.00	35.00
1	FRONT WHEEL HUB CAP O/S (SN)	DISTORTED	120.00	120.00
1	FRONT STEEL RIM O/S (SN)	DENTED	100.00	100.00
1	REAR WHEEL HUB CAP O/S (SN)	сит	120.00	120.00
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
1	SLIDING DOOR INNER BOARD CLIPS O/S (SN)	NECESSARY	50.00	50.00
	323 - 0.950		475.00	475.00
	LABOUR			
	TO CHECK WIRING.		80.00	20.00
	TO SPRAY RUST PROOFING.		120.00	80.00
	TO CONDUCT WHEEL ALIGNMENT.		100.00	80.00
	TO TRANSFER FRONT DOOR & SLIDING DOOR MECHANISM.		180.00	120.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.		1,080.00	880.00
	TO PUTTY & SPRAY PAINTING.		1,500.00	900.00
	TO DISMANTLE & REFIX UNDERCARRIAGE.	NOT NECESSARY	380.00	-
			3,440.00	2,080.00
	GRAND TOTAL		11,137.37	6,563.28

Report Ref No. CS/TP18010262/Urbn2



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS	5,250.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/TP18010262/Urbn2

RESURVEY INSPECTION DATE: 18/06/2018 (DETAILS SEE PHOTOGRAPHS ENCLOSED)

CHUA KANG SENG

Licensed Appraiser