

ASS. REC. BY:

Tang

REF:

CS/CT121000569/Tiv 3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **GBD 3759E**Policy No. **DMCVSNA00085162004**Claims No. **SNM21D200174/C02**

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: **\$76K.**

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **GBJ9550T** Yr Regn: **2019, Oct**

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

Truck / Trailer or

Make: **Toyota Hiace 28** c.c. **2754**Colour: **Orange** A/C: Insured / Std / NI / NASp. Reading: **39854** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **GDH 2011012853**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: **NI** / S/Rim / STD A/Rim orTyre Size: F: **195/R15**R: **195/R15**

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **9/1/21** D.O.I. **13/1/21**Survey held at **Rio 60**

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

Frt N/S

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

Date / Time Action / Instruction

6/8/21 LS \$6300 confirmed by email (Red 16,623.85, 72%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 10/8/21-Typist

Report Format: **Merimen**Lump Sum / L.B. (**LS \$6300**)Days Of Repair: **6**Resurvey No. of Trip: **1**

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL



Rico 60 Auto Services Pte Ltd
 Blk 8 , Kaki Bukit Avenue 4 , #02-24
 Premier @ Kaki Bukit Singapore 415875
 Email: claims@rico60.com
 Tel: 6286 6060 Fax : 6286 7060

RICO Office Use Only

| | |
|----------|-----|
| Parts -% | |
| SN | |
| Labour | |
| TOTAL | |
| LUMSUM | |
| ERV | 48k |

| |
|-----------------------------|
| TO: CT |
| Vehicle No : GBJ 9550 T |
| Make & Model : TOYOTA HIACE |
| DATE:11/1/2021 |

| No. | DESCRIPTION - PARTS | QTY | UNIT PRICE | PRICE |
|-----|--|-----|-------------|------------------------------------|
| 1 | BONNET | 1 | \$ 845.00 | \$ <i>bf</i> 845.00 |
| 2 | BONNET HINEG | 1 | \$ 154.00 | \$ <i>Rp</i> 154.00 |
| 3 | BONNET LOGO | 1 | \$ 145.00 | \$ <i>new</i> 145.00 |
| 4 | BONNET LOCK | 1 | \$ 168.00 | \$ <i>Rp</i> 168.00 |
| 5 | CORNER PANEL | 2 | \$ 567.00 | \$ <i>Rp</i> 1,134.00 |
| 6 | CENTRE GRILLE TOP | 1 | \$ 384.00 | \$ <i>crv</i> 384.00 |
| 7 | CENTRE GRILLE LOWER | 1 | \$ 385.00 | \$ <i>crv</i> 385.00 |
| 8 | CENTRE GRILLE BASE | 1 | \$ 354.00 | \$ <i>x</i> 354.00 |
| 9 | CENTRE GRILLE LOGO | 1 | \$ 54.00 | \$ <i>new</i> 54.00 |
| 10 | RADAR SENSOR | 1 | \$ 1,285.00 | \$ <i>crv</i> 1,285.00 |
| 11 | RADAR SENSOR COVER | 1 | \$ 120.00 | \$ <i>x</i> 120.00 |
| 12 | HEADLAMP | 2 | \$ 1,689.00 | \$ <i>RHX</i> 3,378.00 <i>Hcrv</i> |
| 13 | HEADLAMP BRACKET | 2 | \$ 65.00 | \$ <i>x</i> 130.00 |
| 14 | FRONT BUMPER | 1 | \$ 652.00 | \$ <i>de</i> 652.00 |
| 15 | FRONT BUMPER SIDE RETAINER | 2 | \$ 186.00 | \$ <i>RHX</i> 372.00 <i>Hde</i> |
| 16 | FRONT BUMPER TOWING COVER | 2 | \$ 35.00 | \$ <i>mis</i> 70.00 |
| 17 | FRONT BUMPER CENTRE BEAN | 1 | \$ 345.00 | \$ <i>bf</i> 345.00 |
| 18 | FRONT BUMPER FOG LAMP COVER <i>RHX</i> | 2 | \$ 154.00 | \$ <i>24-mis</i> 308.00 |
| 19 | FRONT BUMPER UNDER COVER | 1 | \$ 158.00 | \$ <i>x</i> 158.00 |
| 20 | FRONT BUMPER LOWER GRILLE | 1 | \$ 265.00 | \$ <i>de</i> 265.00 |
| 21 | FRONT BUMPER REINFORMENT TOP | 1 | \$ 541.00 | \$ <i>x</i> 541.00 |
| 22 | FRONT BUMPER REINFORMENT BRACKET | 2 | \$ 256.00 | \$ <i>x</i> 512.00 |
| 23 | FRONT BUMPER REINFORMENT | 1 | \$ 542.00 | \$ <i>bf</i> 542.00 |
| 24 | SUPPORT PANEL TOP | 1 | \$ 1,245.00 | \$ <i>bf</i> 1,245.00 |
| 25 | SUPPORT PANEL SIDE SUPPORT | 2 | \$ 215.00 | \$ <i>bf</i> 430.00 |
| 26 | RADIATOR SPARE TANK | 1 | \$ 327.50 | \$ <i>x</i> 327.50 |

| | | | | | |
|----|------------------------------------|---|----|----------------------|-----------------------|
| 27 | WIPER TANK | 1 | \$ | 288.90 | \$ <i>de</i> 288.90 |
| 28 | WIPER TANK MOTOR | 2 | \$ | 176.00 | \$ <i>X</i> 352.00 |
| 29 | AIR CLEANER BOX | 1 | \$ | 658.00 | \$ <i>X</i> 658.00 |
| 30 | HORN | 1 | \$ | 85.90 | \$ <i>X</i> 85.90 |
| 31 | AIRCON CONDENSOR | 1 | \$ | 1,662.00 | \$ <i>pl</i> 1,662.00 |
| 32 | RADIATOR | 1 | \$ | 1,542.00 | \$ <i>cu</i> 1,542.00 |
| 33 | ADBLUE TANK | 1 | \$ | 1,008.80 | \$ <i>cu</i> 1,008.80 |
| 34 | ADBLUE TANK NECK | 1 | \$ | 998.70 | \$ <i>X</i> 998.70 |
| 35 | ADBLUE TANK LOWER BRACKET | 1 | \$ | 154.00 | \$ <i>bt</i> 154.00 |
| 36 | TUBOR COLLER | 1 | \$ | 1,568.00 | \$ <i>X</i> 1,568.00 |
| 37 | TUBOR COLLER AIR ARCH GARNISH RH | 1 | \$ | 211.00 | \$ <i>X</i> 211.00 |
| 38 | TUBOR COLLER AIR ARCH GARNISH LH | 1 | \$ | 245.00 | \$ <i>de</i> 245.00 |
| 39 | TUBOR COLLER AIR ARCH GARNISH SEAL | 1 | \$ | 45.00 | \$ <i>ant</i> 45.00 |
| 40 | FRONT WIPER GARNISH | 1 | \$ | 458.00 | \$ <i>de</i> 458.00 |
| 41 | FRONT DOOR STEP GARNISG LH | 1 | \$ | 211.00 | \$ <i>X</i> 211.00 |
| | | | | Subtotal : | \$ 23,791.80 |
| | | | | Less 25% | \$ 5,947.95 |
| | | | | Parts Total : | \$ 17,843.85 |

| NO. | SPECIAL NETT | QTY | UNIT PRICE | PRICE |
|--|-------------------------------------|-----|------------|-------------------------|
| 1 | FRONT NUMBER PLATE | 1 | \$ 50.00 | \$ <i>X</i> 50.00 |
| 2 | FRONT BUMPER CLIP | 1 | \$ 60.00 | \$ <i>30 per</i> 60.00 |
| 3 | CENTRE GRILLE CLIP | 1 | \$ 50.00 | \$ <i>10 per</i> 50.00 |
| 4 | FRONT BONNET STICKER | 1 | \$ 450.00 | \$ <i>200</i> 450.00 |
| 5 | FRONT WIPER GARNISH CLIP | 1 | \$ 60.00 | \$ <i>10 per</i> 60.00 |
| 6 | SUPPORT PANEL TOP SEALANT | 1 | \$ 60.00 | \$ <i>720</i> 60.00 |
| 7 | SUPPORT PANEL LOWER SEALANT | 1 | \$ 60.00 | \$ <i>720</i> 60.00 |
| 8 | TUBOR COLLER AIR ARCH GARNISH CLIPS | 1 | \$ 50.00 | \$ <i>X</i> 50.00 |
| 9 | BRAKE OIL | 1 | \$ 50.00 | \$ <i>X</i> 50.00 |
| 10 | RADIATOR COOLANT | 1 | \$ 60.00 | \$ <i>40 per</i> 60.00 |
| 11 | ADBLUE | 1 | \$ 250.00 | \$ <i>80 per</i> 250.00 |
| SPECIAL NETT | | | | \$ 1,200.00 |
| LABOUR | | | | PRICE |
| PANEL BEATING, REMOVAL AND REPLACING PARTS | | | <i>700</i> | \$ 1,600.00 |
| TO SPRAY PAINT AFFECTED AREA | | | <i>700</i> | \$ 1,400.00 |
| TUFF COAT | | | <i>30</i> | \$ 100.00 |
| WIRING CHECK | | | <i>30</i> | \$ 80.00 |
| CONDUCT WATER LEAKAGE TEST | | | <i>X</i> | \$ 100.00 |
| REMOVE AND REFIX CUSHION SEAT /UPHOLSTERY & ROOF LINING TO FACILITATE REPAIR | | | <i>X</i> | \$ 350.00 |

| | |
|--|--------------------|
| REMOVE AND REFIX AIRCON COOLING COIL AND REFILL AIRCON GAS | \$ 100 150.00 |
| REFOCUS HEADLAMP BEAM | \$ 30 100.00 |
| | |
| | |
| | |
| | |
| LABOUR TOTAL | \$ 3,880.00 |

| | | |
|--|--------------------------|---------------------|
| | Total Parts Cost | \$ 19,043.85 |
| | Total Labour Cost | \$ 3,880.00 |
| | Total Repair Cost | \$ 22,923.85 |

APPROVED DETAILS
NO. OF WORKING DAYS
PART BY PART OR LUMP SUM
DATE & TIME OF SURVEY
SURVEYED BY
CONTACT NUMBER
FAX NUMBER

Tayfun 97495749
 WP' 13/1/2006 1530
 c/s Resurvey after repair
 6 days
 Tayfun C Akkanto-wm.

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 Authorised 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 Submission | 12/01/2021 16:18 (SGT) |
| Date of Accident | 09/01/2021 10:30 (SGT) |
| Exact Location of Accident | Punggol Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBJ9550T |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | Yes |
| Name Of Registered Owner | ART DECOR PAINTING |
| Company Reg No | 5XXXX920K |
| Email Address | jackieojunj@gmail.com |
| Mobile Phone No | (Phone) +65-97677727 |
| Alternative Phone No | +65-97677727 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | Etiqua |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | MA011553 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | JACKIE ONG JUN JIE |
| NRIC No | SXXXX844G |
| Date Of Birth | 21/10/1995 |
| Occupation | Outdoor |

| | |
|--|----------------------------------|
| Date Of Driving Pass | 03/08/2018 |
| Driving experience | 2 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98780711 |
| Alt. Phone Number | - |
| Email Address | jackieongjunjie@hotmail.com |
| Address | BLK 217 ANG MO KIO AVE 1 #08-969 |
| Address complement | - |
| Postcode | 560217 |
| 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 - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |

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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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

I WAS DRIVING MY VEHICLE (GBJ9550T) TRAVELLING STRAIGHT ALONG PUNGGOL ROAD. SUDDENLY, VEHICLE B (GBD3759E) ABRUPTLY LANE CHANGED AND CAUSED A COLLISION BETWEEN OUR VEHICLES. WE THEN EXCHANGED PARTICULARS AND AGREED TO FILE INSURANCE REPORT.

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 | GBD3759E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |

| | |
|---|-----------|
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | VEHICLE B |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--------------------|
| Name of injured person | JACKIE ONG JUN JIE |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBJ9550T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLANIMPORTANT 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 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. 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 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 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;
 - (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 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

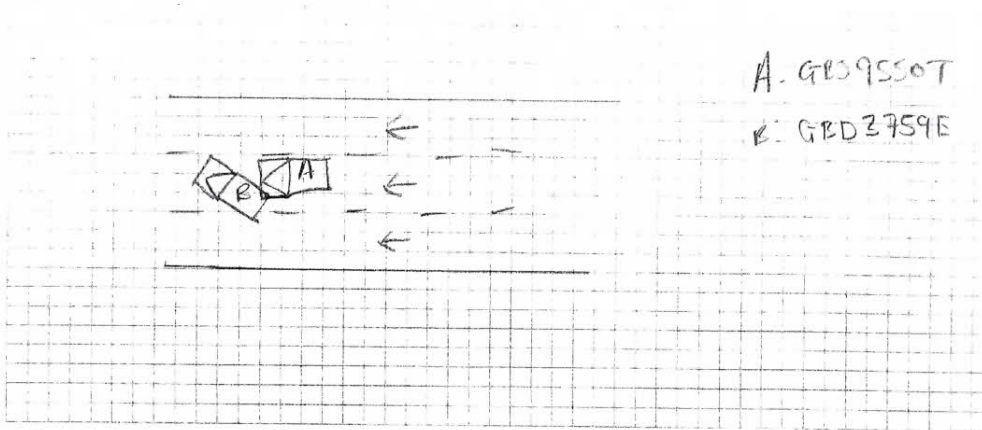


Policyholder's Signature: _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle: GBJ9550T, travelling straight along Punggol Road, suddenly vehicle B: GBD3759E abruptly lane changed and caused a collision between our vehicles.

We then exchanged particulars and agreed to file Insurance report.

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop

RICO 60 AUTO SERVICES PTE LTD

via email/fax. Signature: [Signature]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No: