ASS. REC. BY: Tanjith | REF: CS/SM021002692(T)f3

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: ______

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
	XX

Bal. or Market Value: $53K.

IDAC Accident Rport: ______ 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

WP

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: John

Veh No: SMH7584P Yr Regn: 2016, March

Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Toyota Altis. c.c 1598

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

Sp.Reading: 86357 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: MR053REH104548246.

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 — R/Bal. 6 mm; L/Bal. 6 mm

Rear — R/Bal. 6 mm; L/Bal. 6 mm

D.O.A. ______ D.O.I. 3/3/21.

Survey held at: AP Auto.

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?

1) ______

Date/Time, File Return to?

2) ______

☐ : Preli. Report

☐ : Final Report

Report Format : ______

Lump Sum / I.B.I (T ______)

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee:

☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech. Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	

AP
Automotive Services

AP AUTOMOTIVE SERVICES PTE LTD
ROC: 202022890H
BLOCK 9006
TAMPINES STREET 93 #01-202
SINGAPORE 528840
TEL: 6784 4465
FAX: 6787 4886

Estimation

Date
Vehicle SMH 7584 P
Make/Model TOYOTA COROLLA ALTIS
Chassis No. MR053REH104548246

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	BOOTLID	1	$ 761.50	$ 761.50
2	BOOTLID LOGO - TOYOTA	1	$ 95.00	$ 95.00
3	BOOTLID EMBLEM - COROLLA	1	$ 60.40	$ 60.40
4	BOOTLID EMBLEM - ALTIS	1	$ 62.10	$ 62.10
5	BOOTLID LAMP L+R	2	$ 358.90	$ LH X, RH 717.80
6	BOOTLID CHROME GARNISH	1	$ 237.45	$ 237.45
7	BOOTLID LOCK CYLINDER	1	$ 197.00	$ X 197.00
8	BOOTLID NUMBER PLATE LAMP L+R	2	$ 90.45	$ X 180.90
9	BOOTLID INNER TRIM	1	$ 261.40	$ X 261.40
10	BOOTLID HINGE L+R	2	$ 63.90	$ X 127.80
11	BOOTLID LOCK	1	$ 351.80	$ 351.80
12	BOOTLID LOCK CATCH	1	$ 85.00	$ X 85.00
13	BOOTLID WEATHERSTRIP	1	$ 324.70	$ 324.70
14	TAIL LAMP L+R	2	$ 398.75	$ 797.50
15	TAIL LAMP LOWER BRACKET L+R	2		$ X -
16	TAIL LAMP PANEL L+R	2	$ 129.50	$ X 259.00
17	REAR BUMPER	1	$ 497.90	$ 497.90
18	REAR BUMPER REFLECTOR L+R	2	$ 60.20	$ 120.40
19	REAR BUMPER RETAINER L+R	2	$ 125.00	$ 250.00
20	REAR BUMPER REINFORCEMENT BAR	1	$ 395.60	$ 395.60
21	REAR BUMPER SPONGE	1	$ 189.40	$ X 189.40
22	REAR WINDSCREEN MOULDING	1	$ 276.15	$ X 276.15
23	REAR FENDER L+R	2	$ 986.90	$ X 1,973.80
24	REAR FENDER INNER TRIM L+R	2	$ 325.80	$ X 651.60
25	REAR FENDER COWLING L+R	2	$ 62.45	$ 124.90
26	END PANEL	1	$ 597.65	$ 597.65
27	END PANEL TOP GARNISH	1	$ 255.30	$ 255.30
28	SPAREWHEEL PANEL	1	$ 798.70	$ 798.70
29	SPAREWHEEL PANEL TOP BOARD	1	$ 398.50	$ 398.50
30	EXHAUST PIPE	1	$ 945.60	$ 945.60
31	EXHAUST MOUNTING SET	2	$ 70.00	$ X 140.00
32	EXHAUST HEATSHIELD	1	$ 221.00	$ X 221.00
			Less 25%	
			Total	**$ 9,266.89**

	S/Nett Items			
1	REAR WINDSCREEN SEALANT	1	$ 150.00	$ X 150.00
2	BOOTLID INNER TRIM CLIPS	1	$ 100.00	$ X 100.00
3	REAR NUMBER PLATE	1	$ 100.00	$ X 100.00
4	REVERSE CAMERA	1	$ 850.00	$ X 850.00
5	TAIL LAMP CLIPS	1	$ 50.00	$ 20 nos 50.00
6	TAIL LAMP PANEL SEALANT	2	$ 150.00	$ X 300.00
7	REAR BUMPER CLIPS	1	$ 100.00	$ 30 nos 100.00
8	REAR BUMPER REVERSE SENSOR SET	1	$ 300.00	$ 200 nos 300.00
9	END PANEL SEALANT	1	$ 250.00	$ 40 nos 250.00
10	END PANEL TOP GARNISH CLIPS	1	$ 100.00	$ 60 nos 100.00
11	REAR FENDER INNER TRIM CLIPS	2	$ 100.00	$ X 200.00
12	REAR FENDER COWLING CLIPS	2	$ 100.00	$ 20 nos 200.00
13	SPAREWHEEL PANEL SEALANT	1	$ 300.00	$ X 300.00
			Total	**$ 2,750.00**

	LABOUR			
1	PANEL BEATING ON AFFECTED AREAS	1	2600	$ 1000 2,600.00
2	SPRAY PAINT ON AFFECTED AREAS	1	2000	$ 1000 2,000.00
3	TO RNR REAR EXHAUST	1	250	$ 60 plus 250.00
4	TO CHECK WIRING AND TAILLAMP FUNCTION	1	150	$ 30 150.00
5	TO CHECK WIRING AND BOOTLID LAMP FUNCTION	1	150	$ 150.00
6	TO UNLOAD AND UPHOISTERY REAR BOOT	1	400	$ 60 400.00
7	TO CHECK WATER LEAK	1	150	$ X 150.00
8	TO RNR FUEL TANK	1	300	$ X 300.00
9	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	$ X 600.00
10	TO RNR REAR BOOTLID MECHANISM	1	350	$ 60 350.00
11	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	$ 30 150.00
12	TO PERFORM RUST PROOFING	1	400	$ 40 400.00
			Total	$ 7,500.00
			Parts Replacement Amount	**$ 12,016.89**
			Total Amount For Labour	**$ 7,500.00**
			Total Amount	**$ 19,516.89**

Tanphin 97495449
'WP' 3/3/21 @ 5pm
c/s Resurvey after repair
tanphin@hlhamb.com
07days

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" bas
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Com

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:	218D
Vehicle Details	
Vehicle No.:	SMH7584P
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS CLASSIC 1.6 CVT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1ZRX560462
Chassis No.:	MR053REH104548246
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	$17,982.00
Original Registration Date:	14 Mar 2016
First Registration Date:	14 Mar 2016
Transfer Count:	1
Actual ARF Paid:	$17,982.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Mar 2026
PARF Rebate Amount:	$12,587.00
Intended COE Rebate Details	
COE Expiry Date:	13 Mar 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$43,000.00
COE Rebate Amount:	$21,291.00
Total Rebate Amount:	**$33,878.00**

The information contained herein is correct as at 25 Feb 2021

OK

SN09212Q0007 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 26/02/2021 13:51 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 1 (26/02/2021 13:51 (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 Authorised 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 Submission	26/02/2021 13:51 (SGT)
Date of Accident	25/02/2021 13:05 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7584P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH WEN CONG
NRIC No	SXXXX218D
Email Address	KOHWENCONG@GMAIL.COM
Mobile Phone No	(Phone) +65-91088493
Alternative Phone No	+65-91088493

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116408895
Cover Note Number	-

DRIVER

Name of Driver	KOH WEN CONG
NRIC No	SXXXX218D
Date Of Birth	03/09/1990
Occupation	Indoor

Date Of Driving Pass	13/05/2010
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91088493
Alt. Phone Number	+65-91088493
Email Address	KOHWENCONG@GMAIL.COM
Address	39 CHOA CHU KANG LOOP #04-08
Address complement	-
Postcode	689676
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHERISSA NG
Gender	Female

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

REFER TO STATEMENT.

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	SLS2629G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH WEN CONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMH7584P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHERISSA NG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMH7584P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 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' 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.

25/02

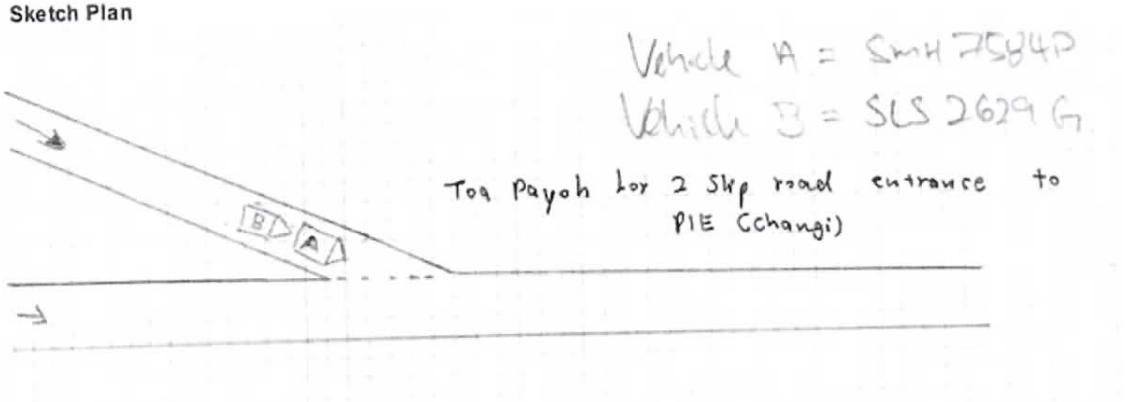
Policyholder's Signature / Date & Time

25/02

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

On the stated time ad date I Vehicle A was travelling straight on the stated road. As I reach the stop line, I slowed my vehicle down and came to a complete stop. Suddenly vehicle B collided into my vehicle rear portion.

Declaration

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

25/02

Policyholder's Signature / Date & Time

25/02.

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

Witnessed by Reporting Centre Personnel