Front: Date:	nneth AS	SSIGNMENT
Estimaced Cost:  OD C PWS   TP RES   OD RES   EVALINY   MY  To inspect Vehicle No:  of OZ  Insured:  ON OZ  Insured:  Pokey No.  Claims No.  Sum insured:  Excess:  (Clear's Record)  Make of Veh:  Person Condistent? 'Yea or No  and I REV   REP.   24 HRS  A Repolit:  Person Contracted:  Person Contracted:  Person Contracted:  Type: M.Car   M.Cycle   Bus   Van   Lony   Text   Prime Mover    Truck   Trailler or	Emm:	
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Modi: NII / SIRIM / STD ARIM or Tyre Size: F:		Steering: Inorder / Jammed / Leaked / Burnt or
(Poday Condition)  Temark: The veh had commenced its repair at the time of inspection.  al. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  IA / PR Seen:  Consistent?: Yes or No  IA / REV / REP. / 24 HRS  Person Contacted:  Pe		Brake: Inorder / Jammed / Leaked / Burnt or
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Remark: The veh had commenced its repair at the time of inspection.  al. or Market Value: 8/2 // Consistent?: Yes or No  IA / PR Seen: Consistent?: Yes or No  IA / REV / REP. / 24 HRS  IA / REV / REP. / 24 HRS  IA / REP / Person Contacted: Remark  IA / Repairs: Resurvey No. of Trip: Survey Fee: Interspotation: Interview (S) Survey Fee: Interspotation: Interview (S) Person Contacted: Interview (S) Person Contact	,	Tyre Size: F: 145/65R15
repair at the time of inspection. al. or Market Value:    124     MAC Accident Roort:   Consistent?: Yes or No     MA / PR Seen:   Consistent?: Yes or No     St. Repairs:   5 - 6 days   Res.: Yes or No     Mail   France   France   France   France   France   France     Mail   France   France   France   France     Mail   France   France   France     Mail   France   France   France     Mail   France   France   France     Mail   France   France     Mail   France   France   France     Mail   France     Mail   France   France     Mail		R:
al or Market Value:    1		] Borbott ExhotArd From Elex Fillion Office Fried Commit
al. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  IA / PR Seen:  Consistent?: Yes or No  IA / PR Seen:  Consistent?: Yes or No  IA / PR Seen:  Consistent?: Yes or No  IA / Repairs:  IA / Repairs:  IA / REP / REP. / 24 HRS  IA / REP / REP. /		TOYOIYOKO or Townsdor
A / PR Seen: Consistent? : Yes or No  St. Repairs: 5-6 days Res.: Yes or No  St. Repairs: 1-2/4 % 3 Val.: Yes or No  A / REV / REP. / 24 HRS  Steel Person Contacted: Vehicle: IN/OUT  The U/C / Chassis frame / Body Structure affected due to collision  Treno, File Pase to? : Final Report Resurvey No. of Trip: Survey Fee: Transportator:  Add Fee: : Site Insp (\$ ) S-RS_SI  Interview (\$ ) Finals  Tech Invs (\$ ) Oress	al. or Market Value: 8/24/C	
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Survey held at    REV   REP.   24 HRS	st. Repairs: 3-6 days Res.: Yes or No	D.O.A. 11/6/21 D.O.I. 14/6/20
Vehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision	om Sum: 1-12/1 % 3 Val.: Yes or No	- Uniform
Person Contacted:   Yehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision	A I DEV I DED I 24 UDS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Roofton or
Date / Time   Action / Instruction      Action / Instruction	Vehicle: IN / OUT	
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VEHICLE NO: SMQ3870S

MODEL: TOYOTA VOXY

CHASSIS NO: ZIVESO-0401646	REPAIRER'S	AND DO
DESCRIPTION	ESTIMATE(S\$	
PARTS (LIST ITEMS)	And the second s	A STREET, S
REAR BUMPER	Fee \$ 1,75	0,00
REAR BUMPER RETAINER LHS	B 8 400	0.00
REAR BUMPER REFLECTOR		0.00
REAR FENDER LHS	Je \$ 1,32	
REAR FENDER INNER SHIELD		0.00
END PANEL	\$ 67 74	0.00
REAR BUMPER TOP GARNISH (CHROME)	\$ 150	0.00
TAILGATE	\$ 1,820	
TAILGATE INNER TRIM	\$ 1 57	
OYOYA EMBLEM		0,00
IYBRID SYNERGY EMBLEM		0,00
REAR WINDSCREEN	\$ 1,250	
REAR WINDSCREEN MOULDING	\$ 10x 40	
EAR TOWING CAP	\$ 120 40	0.00
EAR TAIL LAMP LHS	1 1 2 560	0,00
EAR BUMPER DIFFUSER		0.00
	\$ 9,42	5.00
	25% \$ 2,356	A contract contract the
	\$ 7,068	DESCRIPTION OF STREET
	( 4 7)000	O. P.O
PECIAL NETT ITEMS		
EAR SENSORS	\$\$\sigma 200	
ARPLATE		00.0
ARPLATE HOLDER	1 5 S	00,0
AINT PROTECTION FILM	(B) \$ 2,200	0,00
UMPER & TAILGATE)		
LKK Auto Consultants hence notify		
the Densirer of the following:	Total \$ 2,470	0,00
<ul> <li>In teaches people state, study beautiful.</li> </ul>		William Welling
Do geolgy danged at the day county reserves.	TOTAL PARTS \$ 9,538	3.75
Third party survey is on a Withhall Prepinice cases		
No illegal musticatory(s) is allowed     Supplementary deriv(s) must be resurveyed and	8	
<ul> <li>Supplementary stating in that he result repeat and is subject to final approval from insurance Company</li> </ul>		
Acknowledged by Repairer		
Signature:		
Care:		

S/N	DESCRIPTION	the second second	AIRER'S	
	LABOUR	COIII	MATE (S\$)	
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$	1,500.00	5001 6501 8001
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$	1,600.00	8001
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$	100.00	201
4	To provide anti-rust treatment on affected areas	\$	100.00	7
5	To transfer rear windscreen	\$	150.00	1201
6	To transfer tailgate parts	\$	150.00	1201
	Labour Total :	\$	3,600.00	
	TOTAL (PARTS & LABOUR):	\$	13,138.75	

## Scanned with CamScanner

# **SUPPLEMENTARY PARTS**

VEHICLE NO: SMQ3870S

CHASSIS NO: ZWR80-0401646

**MODEL: TOYOTA VOXY** 

DESCRIPTION	Part Carrier	The second secon	PAIRE	and the second s
PARTS (LIST ITEMS)		ESI	IWAI	E(S\$)
END PANEL TOP GARNISH (CHROME) TAILGATE WEATHERSTRIP KEY ANTENNA			7 \$ 7 \$ 7 \$	200.00 360.00 200.00
		25%	\$ \$	760.00 190.00 <b>570.00</b>
SPECIAL NETT ITEMS				
	TOTAL:		\$	-
	TOTAL PA	RTS	\$	570.00

	( LABOUR + PAR	18) TOTAL:		\$ 570.00
	/	TOTAL:		\$ •
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LABOUR				

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BLK 10, ANG MO KIO INDUSTRIAL PARK 2A #05-12 ANG MO KIO AUTOPOINT SPORE 568047 TEL/FAX: 6481 8626 COMPANY REG NO: 53109782W

CASH TERM:

No: 4015

DATE:

INSTALLATION DATE:

NO.	QTY	DESCRIPTION / REMARKS	UNIT PRICE	AMOUNT
		TOYOTA NOAH/VOMBIACK		
	1	DIAMOND IOH COATING SLAVERS	\$ Dod	\$12001
		WARRINTY SYEARS		
2	1	HEXTS BUDY FENCE PAINT PROTECTION FILM CMP	CV \$7000	\$ 70 <del>0</del> 0
-		whole cor loverage		- 166
1		WARAANTY Stead Film & workmanship warman		and the same
	1		SUB-TOTAL:	8200 -
			DEPOSIT:	<u> </u>
			BALANCE:	
			GST ·	



## **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 Authorised 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

- olicy 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.

  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  Date of Accident	11/06/2021 13:16 (SGT) 11/06/2021 06:00 (SGT)
	Bukit Batok, Singapore
Additional Location Information	BUKIT BATOK ROAD TWDS JUNCTION ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ3870S
INSURED/POLICYHOLDER	
Is company?	

Toyota

STAR BRIGHT LIMOUSINE Name Of Registered Owner ..... 5XXXX770W Company Reg No ..... Email Address ..... paul@cartimes.com.sg (Phone) +65-93638025 Mobile Phone No ..... Alternative Phone No ..... +65-93638025

### VEHICLE PARTICULARS

Model	Voxy
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 Private hire
Vehicle Category	Auto
Transmission	1797
CC	1/9/

#### INSURANCE COMPANY

Name of Insurance Company  Type of Coverage	Liberty Insurance Pte Ltd Comprehensive
Fleet Policy	No
Policy Number	•
Cover Note Number	

#### DRIVER

	 AW PENG HENG
NDIC NO	 0.000

Page 1 of 12

## 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 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
- 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)

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' 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), which may be sted outside of Singapore, for one or more of the above Purposes.

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

Huay Q;

Policyholder's Signature / Date & Time

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

