ASS. REC. BY: Kenneth

REF: ~~Ash~~ CTZ / 2100665I/KV C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Car Times

of 02

Insured: GZ 1168Z

Policy No. DMPCSNW00068632104

Claims No. SNM21D203824/C02/TOHHS

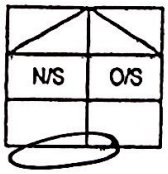
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: $12K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 5-6 days Res.: Yes or No

Lum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Bernard Vehicle: IN / OUT

Veh No: SNQ 3870S Yr Regn: 11, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) Wagon

Make: Toy Voxy c.c 1797

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 84218 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 - 0401646

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Tunador

Front		Rear	
R/Bal.	7 mm	R/Bal.	6 mm
L/Bal.	7 mm	L/Bal.	6 mm
D.O.A.	11/6/21	D.O.I.	14/6/2021

Survey held at _____

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
12/8/21	Kenneth confirmed $5985.22 (Red 7723.53, 56%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 13/8/21-Typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : Merimen

Lump Sum / I.B.I: ($ 5985.22)

Survey Fee: _____

Transportation: _____ S - RS. _____ St

Parking _____

Others _____

TOTAL _____

CARTIMES

VEHICLE NO: SMQ3870S
CHASSIS NO: ZWR80-0401646

MODEL: TOYOTA VOXY

DESCRIPTION		REPAIRER'S ESTIMATE(S$)
PARTS (LIST ITEMS)		
REAR BUMPER		$ 1,750.00
REAR BUMPER RETAINER LHS		$ 80.00
REAR BUMPER REFLECTOR		$ 60.00
REAR FENDER LHS		$ 1,320.00
REAR FENDER INNER SHIELD		$ 220.00
END PANEL		$ 740.00
REAR BUMPER TOP GARNISH (CHROME)		$ 150.00
TAILGATE		$ 1,820.00
TAILGATE INNER TRIM		$ 575.00
TOYOYA EMBLEM		$ 70.00
HYBRID SYNERGY EMBLEM		$ 50.00
REAR WINDSCREEN		$ 1,250.00
REAR WINDSCREEN MOULDING		$ 40.00
REAR TOWING CAP		$ 40.00
REAR TAIL LAMP LHS		$ 560.00
REAR BUMPER DIFFUSER		$ 700.00
		$ 9,425.00
	25%	$ 2,356.25
		$ 7,068.75
SPECIAL NETT ITEMS		
REAR SENSORS		$ 200.00
CARPLATE		$ 40.00
CARPLATE HOLDER		$ 30.00
PAINT PROTECTION FILM (BUMPER & TAILGATE)		$ 2,200.00
	Total	$ 2,470.00
	TOTAL PARTS	**$ 9,538.75**

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts 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:

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S$)	
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	$ 1,500.00	650
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	$ 1,600.00	800
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	$ 100.00	20
4	To provide anti-rust treatment on affected areas	$ 100.00	7
5	To transfer rear windscreen	$ 150.00	120
6	To transfer tailgate parts	$ 150.00	60
	Labour Total :	$ 3,600.00	
	TOTAL (PARTS & LABOUR):	**$ 13,138.75**	

SUPPLEMENTARY PARTS

VEHICLE NO: SMQ3870S
CHASSIS NO: ZWR80-0401646

MODEL: TOYOTA VOXY

DESCRIPTION		REPAIRER'S ESTIMATE(S$)	
PARTS (LIST ITEMS)			
END PANEL TOP GARNISH (CHROME)		Rd $	200.00
TAILGATE WEATHERSTRIP		Gy $	360.00
KEY ANTENNA		CM $	200.00
			$ 760.00
		25%	$ 190.00
			$ 570.00
SPECIAL NETT ITEMS			
	TOTAL:		$ -
	TOTAL PARTS		**$ 570.00**

LABOUR			
	TOTAL:	$	-
	(LABOUR + PARTS) TOTAL:	**$**	**570.00**

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 : 4/1/2020

SOLD TO : MR AW PENG HENG SMG3870S

NO.	QTY	DESCRIPTION / REMARKS	UNIT PRICE	AMOUNT
		TOYOTA NOAH/VOXY/SIENTA		
1	1	DIAMOND 10H COATING SILVER3	$1200/-	$1200/-
		WARRANTY 5YEARS		
2	1	HEXIS BODYFENCE PAINT Protection film (MPV)	$7000/-	$7000/-
		whole car coverage		
		WARRANTY 8years Film & Workmanship warranty		

SUB-TOTAL :	$8200/-
DEPOSIT :	
BALANCE :	
GST :	

ISSUED BY :
SIGN / STAMP:

GOODS SOLD ARE NOT REFUNDABLE OR RETURNABLE
A CANCELLATION FEE OF 50% ON PURCHASE PRICE WILL BE IMPOSED..

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	11/06/2021 13:16 (SGT)
Date of Accident	11/06/2021 06:00 (SGT)
Exact Location of Accident	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?	Yes
Name Of Registered Owner	STAR BRIGHT LIMOUSINE
Company Reg No	5XXXX770W
Email Address	paul@cartimes.com.sg
Mobile Phone No	(Phone) +65-93638025
Alternative Phone No	+65-93638025

VEHICLE PARTICULARS

Manufacturer	Toyota
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
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

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

DRIVER

Name of Driver	AW PENG HENG
NRIC No	SXXXX106E

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.

STAR BRIGHT LIMOUSINE

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	Ang.	Hwang. Hwang Qi

Sketch Plan