REF: CC4/45421006765/71/pa3 ASSIGNMENT GBH715/K. Yr Regn: 2018 180P. From: Date: Veh No: Estimated Cost: Type: M.Car / M.Cycle / Bus / Yan / Lorry / Taxi / Prime Mover OD / TP/WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or To Inspect Vehicle No: Make: roace 1560. at Workshop m/s Colour Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA Insured: Eng/No: Policy No. YURVBBHXH*67 C/No: Claims No. Gen. Cond: Good / Fair / Poor / Burnt Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or Make of Veh: Modi: NIT S/Rim / STD A/Rim or Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA //GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or 954K Bal. or Market Value: Front Rear IDAC Accident Rport: Consistent?: Yes or No R/Bal. R/Bal. Consistent?: Yes or No L/Bal. GIA / PR Seen: UBal. mm Res.: Yes or No Est. Repairs: days D.O.A. D.O.I. 3 Val.: Yes or No Lum Sum: Survey held at Des. of Damages: Frt I/Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ _S + RS. SI : Interview (\$ Photos Reperformat: : Tech. Invs (\$ Others Lumin Sum / LBJ: Ca : Weelfend (\$ TOTAL



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

GBH 7151 K

Make/Model Chassis No.

TOYOTA PROACE YARVBBHXHGZ109186

No.	Description		Unit	Unit Price	Amount
	Parts Replacment				Amount
1	TAILGATE	bb	1		\$
2	TAILGATE WINDSCREEN MOULDING	ne /	1		\$ -
3	TAILGATE HANDLE GARNISH	×	1		\$ -
4	TAILGATE OPENER	7	1		\$ -
5	TAILGATE LOGO - TOYOTA	nh	1	\$ 60.00	\$
6	TAILGATE EMBLEM - TOYOTA	wer	1	\$ 43.00	\$ 60.00
7	TAILGATE EMBLEM - PROACE	nu -	1	\$ 67.00	\$ 43.00
8	TAILGATE LOCK	7	1	Ψ 07.00	\$ 67.00
9	TAILGATE LOCK COVER	ì	1		\$
10	TAILGATE LOCK CATCH	×	1		\$ -
11	TAILGATE INNER BOARD	7	1		\$
12	TAILGATE HINGE L+R	×	2		\$
13	TAILGATE DAMPER L+R	×	2		\$ -
14	TAILGATE STOPPER L+R	7	2		\$
15	TAILGATE WEATHERSTRIP	7	1		\$ -
16	TAIL LAMP L+R	LUX , RH?	2		\$
17	REAR BUMPER	de	1	\$ 1,210.00	\$ 1 210 00
18	REAR BUMPER REFLECTOR L+R	EMX, RH?	2	\$ 72.00	\$ 1,210.00 144.00
19	REAR BUMPER REVERSE SENSOR L+R	ww /	2	72.00	\$ 144.00
20	REAR SIDE BUMPER L+R	LMX RH7	2		\$
21	REAR SIDE BUMPER RETAINER L+R	IMX RH?	2		\$ -
22	REAR BUMPER RETAINER L+R	MX BU?	2	\$ 92.00	\$ 194.00
22	REAR BUMPER REINFORCEMENT BAR	7	1	\$ 323.00	\$ 184.00
23	REAR FENDER L+R	, K	2	ψ 323.00	\$ 323.00
24	REAR FENDER COWLING L+R L ん人	, RH - 7.	2		\$
25	END PANEL INNER	Ry	1	\$ 822.00	\$ 922.00
26	END PANEL OUTER	7	1	ψ 022.00	\$ 822.00
27	END PANEL TOP GARNISH WITH CHROME	X	1		\$
28	REAR QUARTER PANEL L+R	1	2		\$
29	REAR STEP PANEL	χ	1		\$ -
30	FLOOR PANEL	×.	1		\$ -
31	EXHAUST PIPE	×	1		\$ -
32 E	EXHAUST MOUNTING SET	K	2		\$ -
33 E	EXHAUST HEAT SHIELD	Ž.	1		\$ -
34 9	SPARE TYRE BRACKET	×	1		\$ -
		/-		Total	\$ 2.052.00
				Less 25%	\$ 2,853.00 713.25

			Total	\$		2,139.75
	S/Nett Items					
1	TAILGATE WINDSCREEN SEALANT	1	150	\$	60	150.00
2	TAILGATE HANDLE GARNISH CLIPS	1	100	_	X	100.00
3	TAILGATE STICKER - 70KM/H	1	80		W1-30	
4	TAILGATE STICKER RH	1	100		×	100.00
5	TAILGATE INNER BOARD CLIPS	1	100		20	100.00
6	REAR NUMBER PLATE	1	120	_	K	120.00
7	REAR BUMPER CLIPS	1	100		30nes/	
8	TAIL LAMP CLIPS	1	50		10 40	100.00
9	REAR FENDER COWLING CLIPS	1	100	\$	Wie	50.00
10	END PANEL SEALANT	1	200	\$	400	100.00
11	END PANEL INNER PANEL SEALANT	1	200	\$	X	200.00
12	REAR QUARTER PANEL SEALANT	2	120	\$	×	200.00
13	REAR STEP PANEL NUT	1	150	_	×	240.00
14	FLOOR PANEL SEALANT	1		\$	×	150.00
	FLOOR PANEL TOP BOARD	1	300	\$	~	300.00
	Company of the profess of the profes	1	4000	\$	V	4,000.00

Total

\$

5,990.00

PANEL BEATING ON AFFECTED AREAS	1	2800	5	700	2,800.00
SPRAY PAINT ON AFFECTED AREAS	1		_		1,800.00
O RNR REAR WINDSCREEN	1		+		
O RNR REAR EXHAUST	1				400.00
O CHECK WIRING AND TAILLAMP FUNCTION	1	(10)(0.00)	+		250.00
O RNR REAR TRIMS AND UPHOISTERY	1		-	-	150.00
O CHECK WATER LEAK	1	1.5.5.			400.00
O RNR FUEL TANK	1	ATTACHED C.	_		150.00
O PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	100 100 100	_	,	250.00
O RNR REAR TAILGATE MECHANISM	1		_		600.00
A STANK CONTRACTOR OF	1				400.00
	1		_		150.00
	1		_	30	200.00
		Total	\$		2,950.00
	PRAY PAINT ON AFFECTED AREAS O RNR REAR WINDSCREEN O RNR REAR EXHAUST O CHECK WIRING AND TAILLAMP FUNCTION O RNR REAR TRIMS AND UPHOISTERY O CHECK WATER LEAK O RNR FUEL TANK O PERFORM DIAGNOSTIC AND CLEAR FAULTS	PRAY PAINT ON AFFECTED AREAS O RNR REAR WINDSCREEN O RNR REAR EXHAUST O CHECK WIRING AND TAILLAMP FUNCTION O RNR REAR TRIMS AND UPHOISTERY O CHECK WATER LEAK O RNR FUEL TANK O PERFORM DIAGNOSTIC AND CLEAR FAULTS O RNR REAR TAILGATE MECHANISM O RNR REAR REVERSE SENSOR AND CHECK FUNCTION 1	PRAY PAINT ON AFFECTED AREAS 1 1800 O RNR REAR WINDSCREEN 1 400 O RNR REAR EXHAUST 1 250 O CHECK WIRING AND TAILLAMP FUNCTION 1 150 O RNR REAR TRIMS AND UPHOISTERY 1 400 O CHECK WATER LEAK 1 150 O RNR FUEL TANK 1 250 O PERFORM DIAGNOSTIC AND CLEAR FAULTS 1 600 O RNR REAR TAILGATE MECHANISM 1 400 O RNR REAR REVERSE SENSOR AND CHECK FUNCTION 1 150	PRAY PAINT ON AFFECTED AREAS 1 1800 \$ O RNR REAR WINDSCREEN 1 400 \$ O RNR REAR EXHAUST 1 250 \$ O CHECK WIRING AND TAILLAMP FUNCTION 1 150 \$ O RNR REAR TRIMS AND UPHOISTERY 1 400 \$ O CHECK WATER LEAK 1 150 \$ O RNR FUEL TANK 1 250 \$ O PERFORM DIAGNOSTIC AND CLEAR FAULTS 1 600 \$ O RNR REAR TAILGATE MECHANISM 1 400 \$ O RNR REAR REVERSE SENSOR AND CHECK FUNCTION 1 150 \$ O PERFORM RUST PROOFING 1 200 \$	PRAY PAINT ON AFFECTED AREAS 1 1800 \$ 700 O RNR REAR WINDSCREEN 1 400 \$ 120 O RNR REAR EXHAUST 1 250 \$ 60 O CHECK WIRING AND TAILLAMP FUNCTION 1 150 \$ 70 O RNR REAR TRIMS AND UPHOISTERY 1 400 \$ 50 O CHECK WATER LEAK 1 150 \$ 20 O RNR FUEL TANK 1 250 \$ 60 O PERFORM DIAGNOSTIC AND CLEAR FAULTS 1 600 \$ 60 O RNR REAR TAILGATE MECHANISM 1 400 \$ 60 O RNR REAR REVERSE SENSOR AND CHECK FUNCTION 1 150 \$ 30 O PERFORM RUST PROOFING 1 200 \$ 30

Parts Replacement Amount \$ 8,129.75 Total Amount For Labour \$ 2,950.00 **Total Amount** \$ 11,079.75

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 "ubje-, to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modificat on(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

0 /

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

093W

GBH7151K

No

31 Jul 2021

TOYOTA

PROACE COMFORT MEDIUM 1.6

MANUAL

Black

2017

BH010020383

YARVBBHXHGZ109186

-

\$30,404.00

06 Sep 2018

06 Sep 2018

0

\$1,521.00

No

-

\$0.00

05 Sep 2028

C - Goods Vehicle & Bus

10

\$27,001.00

\$19,163.00

\$19,163.00

The information contained herein is correct as at 16 Jun 2021

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

16/06/2021 09:42 (SGT) 15/06/2021 12:15 (SGT) Singapore Ang Mo Kio Street 62 towards Ang Mo Kio Street 64 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

Accident report SV0M216G0003

GBH7151K

Yes S&K WOODCRAFT PTE, LTD. 2XXXXX093W steventeo84@gmail.com (Phone) +65-83133332 +65-83133332

Toyota Proace

Employment

No - Claiming third party Commercial vehicle Auto 1560

NTUC Income Insurance Co-operative Ltd Comprehensive 5103555438-02

TEOH SOON BAN SXXXX157H

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

29/01/1984 Outdoor 18/03/2004

17 YEARS AND 3 MONTHS

Male

(Phone) +65-83133332

steventeo84@gmail.com

BLK 233 CHOA CHU KANG CENTRAL #03-95

680233 No

Employee

No

Collision - Head to Rear

Clear Dry

No

2 Yes

No Yes

1

No

No No

Yes

VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver Contact Number

Address

SJG8172D

Private car

Accident report SV0M216G0003

Page 2 of 14

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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

TEOH SOON BAN

-GBH7

GBH7151K

Yes No

Accident report SV0M216G0003

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 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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GW 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
- (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 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 saled outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

IDAC SIN MING(VICOM LTD)
385 SIN MING DRIVE S(575718)
Witnessed by Reporting Control

Witnessed by Reporting Centre Personnel

Sketch Plan

A=GBH 7151 K
B: 83G 8172 D

Describe Circumstances	of the Accident		
AS I way driving	s glong th	e mention rosa, I	rom my rehille rear sh uchille B' failed yith I feel unwell
on coming tratific	T plabous.	felt an impact f	rom my rehille rear
7 step out of me	wehill en	d cheek and reads	sh uchillEB' Sailed
to stop and coll	ided onto m	y rehicle. After wh	ich I feel unwell
and may consulf	a dutter lat	4.	
claration			
ciaration			
e declare the foregoing particula	ry ura trop in a con-		
3.8 K	to are true in every res	pect.	
18/0			
181/1		1	
\\$1/L		1/	IDAC SIN MING(VICOM LTD)
214 8		-6-	385 SIN MING DRIVE S(575718)
icyholder's Signature / Date &	Oriver's Signature (If	driver is not the policyholder) / Date	
icynoiders Signature / Date & e	Oriver's Signature (if & Time	driver's not the policyholder) / Date	Witnessed by Reporting Centre