





# EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : **GBK 5144D**  
Vehicle Model : **TOYOTA HIACE**  
Accident Date : **24.06.2021**  
Original Reg Date : **25.08.2020**

Date : **25.06.2021**  
Chassis : **JTFHT02PX09990145**  
TP Ins. : **ERGO**

## ESTIMATE

1	1 pc	Tailgate		bt	1,969.30
2	1 pc	Tailgate Badge		nee	62.00
3	1 pc	Tailgate Sticker TOYOTA HIACE		nee	56.00
4	1 pc	Tailgate Windscreen Inner Seal		nee	50.00
5	1 pc	Tailgate Inner Lock		? bt	461.60
6	1 pc	Tailgate Auto Lock Actuator		? bt	456.20
7	1 pc	Tailgate Lock Mechanism		? bt	235.10
8	1 pc	Tailgate Lock Catch		X nn	42.00
9	1 pc	Tailgate Weatherstrip		? wt	381.90
10	2 pcs	Tailgate Side Stopper (Male)	36.00	X nn	72.00
11	2 pcs	Tailgate Side Stopper (Female)	39.00	X nn	78.00
12	1 pc	Tailgate Inner Trim Board		X nn	235.60
13	1 set	Tailgate Inner Trim Board Clips		X nn	40.00
14	2 pcs	Tailgate Hinges	85.90	X nn	171.80
15	2 pcs	Tailgate Absorber	389.60	X nn	779.20
16	1 pc	Taillamp LH		eng	297.20
17	1 pc	Taillamp Bottom Corner Garnish LH - photo.		de	96.00
18	1 pc	Taillamp Bottom Corner Garnish Retainers LH - photo		nee	38.00
19	1 pc	Rear Bumper		de	495.60
20	2 pcs	Rear Bumper Side Retainers RHX <sup>nn</sup> LA <sup>nee</sup>	69.20		138.40
21	1 set	Rear Bumper Clips	30.	nee	50.00
22	4 pcs	Rear Bumper Stay photo.	18.00	? dis	72.00
23	1 pc	End Panel (Inner)		bt	994.80
24	1 pc	End Panel (Outer)		bt	492.50
25	1 pc	End Panel Top Plate		bt	192.00
26	2 pcs	Rear Air Vents	52.00	de	104.00
27	1 pc	Spare Tyre Carrier		bt	223.60
28	1 pc	Spare Tyre Carrier Bolt		X nn	58.20
29	1 pc	Spare Tyre Carrier Nut		X nn	69.50

8,412.50

Less 25%

2,103.13

6,309.38

C/F

6,309.38

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## Special Nett

1	1 pc	Tailgate Sticker 70km/h		ny	15.00
2	1 pc	Rear Windscreen Sealant		nee	60.00
3	1 set	Body Panel Joint Sealant		bo	120.00
4	1 set	Reverse Sensor		mw 200	250.00

335

## Labour charge

Panel Beating		800	1,300.00
Spray painting		900	1,200.00
Check Wiring		30	50.00
Anti rust		30	90.00
Remove and install rear winscreen.		120	140.00
Remove and install tailgate parts.		60	90.00
Remove and install carpet and interior		80	250.00
Remove and install reverse sensor.		30	90.00
Remove and install reverse camera.		30	120.00

2080

10,084.38

Less 20% 2,016.88

**Lump sum 8,067.50**

Tanpin 97495749  
WP 25/6/71 & 320

4/5 money after repair

6 days

Tanpin @ lkkauto.com

5082.75

335

2080

7497.75

4596000 #

6 days

**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:



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>		
Owner ID Type:	Company	
Owner ID:	674N	
<b>Vehicle Details</b>		
Vehicle No.:	GBK5144D	
Vehicle to be Exported:	No	
Intended Deregistration Date:	24 Jun 2021	
Vehicle Make:	TOYOTA	
Vehicle Model:	HIACE VAN TURBO 5DR MT	
Primary Colour:	Silver	
Manufacturing Year:	2020	
Engine No.:	1KDB043032	
Chassis No.:	JTFHT02PX09990145	
Maximum Power Output:	-	
Open Market Value:	\$28,138.00	
Original Registration Date:	25 Aug 2020	
First Registration Date:	25 Aug 2020	
Transfer Count:	0	
Actual ARF Paid:	\$1,407.00	
<b>Intended PARF Rebate Details</b>		
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount:	\$0.00	
<b>Intended COE Rebate Details</b>		
COE Expiry Date:	24 Aug 2030	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$25,006.00	
COE Rebate Amount:	\$22,922.00	
<b>Total Rebate Amount:</b>	<b>\$22,922.00</b>	

The information contained herein is correct as at 24 Jun 2021

OK

## 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	25/06/2021 13:54 (SGT)
Date of Accident	24/06/2021 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS BKE BEFORE WOODLANDS AVE 12 EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5144D
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEAH ELECTRICAL SERVICES PTE LTD
Company Reg No	2XXXXX674N
Email Address	sales@insureh.com.sg
Mobile Phone No	(Phone) +65-90604016
Alternative Phone No	+65-90604016

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118741893
Cover Note Number	-

#### DRIVER

Name of Driver	WAN YOON SIN
NRIC No	SXXXX447Z



Date Of Birth .....	16/11/1961
Occupation .....	Outdoor
Date Of Driving Pass .....	11/07/1981
Driving experience .....	39 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90604016
Alt. Phone Number .....	-
Email Address .....	sales@insureh.com.sg
Address .....	APT BLK 4 HAIG ROAD #12-489
Address complement .....	-
Postcode .....	430004
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 .....	Chain Collision
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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 .....	ONG CHYE LEE
Gender .....	Male

#### 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

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMS3010Y
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA5085A
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)	-

## 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.
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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 claimshistory 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:

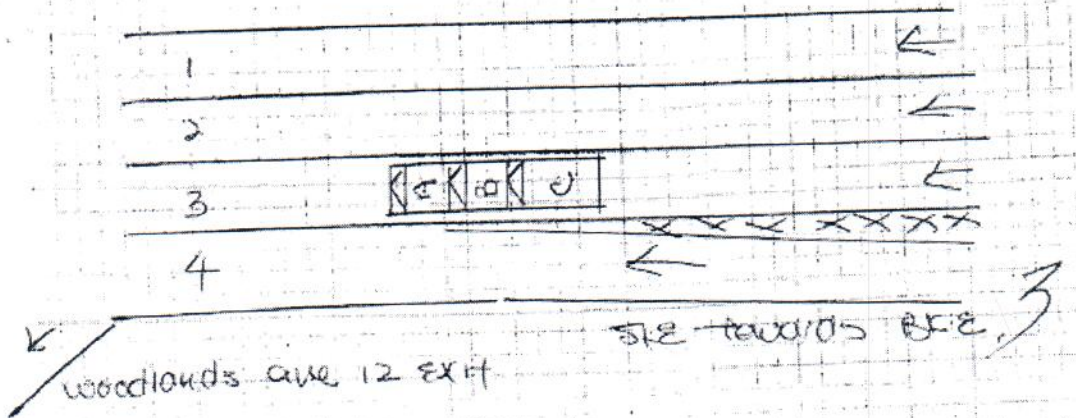
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1233 Fax: 6453 7944  
(Claims Section)

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along SLE towards BKE before Woodlands Ave 12 Exit on lane 3. Due to heavy traffic, front vehicles stop I follow suite (stationary), vehicle B also stop in time (stationary). Suddenly vehicle C hit onto vehicle B and due to strong impact, vehicle B move forward and hit onto my rear portion.

Vehicle A : GBK 5144D

Vehicle B : SMS 30101

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:

CITY AUTO PTE LTD

Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

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