ASS. REC. BY: STEVE 1 STEVE (SISMAR 21008850 /EUf3. ASSIGNMENT · SMC 5900 A From: Dala: Veh No: Estimated Cost: OD (TP/I WS | TP RES | OD RES | EVA | INV | MY Truck / Trailer or To inspect Vehicle No: Tuota SMC 5900A Make: al Workshop m/s WAH HONG MOTORS Colour"" T/Radio: Insured | 8td | Ni / H Sb.Reading Eng/No: Policy No. C/No: Gen. Cond: Good | Fall | Poor | Bugat TAX/08/21/2048 Sum Insured: Steerings Ingraor / Jammed / Lasked / Burnt or Braker Ingreen / Jammed / Leaked / Burnt or (Clioni's Record) Make of Veh: Mod! NII I SIRIM I STO AIRIM OF Tyre Size: (Policy Condition) ES / DUN / EXNOVA / GY / FS / LIZA. / MIC / OHTSU / PIR / SUM! / Remark: The veh had commenced its repair at the time of inspection. TOYO I KOKO or \$ Roar Rai, or Markel Value: Front R/Bal. IDAC Accident Room Consistent7: Yes or No R/Bal. [mm 1 /8'al. Consistent? : Yes or No L'Bal. SIA / PR Seen mm 0:0.1. 7 Est Renaire Res.: Yes or No D.O.A. Lum Sum: 3 Val.: Yes or No Survey held at 20 Des. of Damages : Fre / (Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN/OUT The 'Uld / Chassis frame / Body Structure affected due le collister Person Contacted: Dale / Yime Adlen / Instruction Confirmed final fig L/S \$5900, 7 repair days. (RED \$4651.25; 44%) we/Thie, Fle Poss lot. . . Days Of Repair: : Proll, Report Survey Fee: Resurvey No. of Tripi **31/8 TYPIST** Transportation: ate/Time, File Return to? 8 . RS. Add Fee: : Sile Insp Frolus wellyein! citizers Tooh. Inva (18 SENCERAL OFFICE : Weel and 1% unip Zum / Lipte for \$5900



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg (199806235M)

Vehicle No. SMC5900A TOYOTA WISH 1.8

Page No. 1

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR'S ADJUSTMENT
1	PARTS (LIST ITEMS) Boot lid / D / Boot lid lock / D / Boot lid lock / D / Boot lid logo badge / D / Boot lid logo badge / D / Boot lid "aero tourer" / D / Boot		1719.00 590.00 742.00 62.00 70.00	
1 1 2 2 2 1 1 1 1 2 2	Rear bumper / ()) Rear bumper side retainer LH/RH @2 *191 / SK Tail lamp lower bracket LH/RH @2*\$181 (\$H) / SK Rear bumper side reflector LH/RH @2*\$191 (\$H) / (41) Rear reinforcement side beam LH/RH @2*\$122 End panel / ()) (fhit) End panel top garnish Exhaust muffler ((hrane (avii) / ST Front bumper / (ky) Front bumper side retainer LH/RH @2*\$172 / SK Headlamp LH/RH @2*\$1219 Support panel (Repair refer to labour)	<i>j</i>	58.00 481.00 382.00 362.00 382.00 244.00 571.00 371.00 780.00 481.00 342.00 2438.00 0.00	
1 1 1 1 1 1 1	SPECIAL NETT ITEMS Windscreen moulding Front bumper clips Front center grille clips Front car plate with holder Rear reverse sensor Rear windscreen sealant End panel sealant Rear bumper clips N() Rear bumper clips	Total Parts	180.00 31 35.00 30.00	5



Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

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Vehicle No. SMC5900A TOYOTA WISH 1.8

Page No. 2

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYOR'S ADJUSTMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	1000.00	900
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	1200.00 /	
3	To remove and refix wiring system at accident damaged area and check for all electrical proper function	60.00	30
4	To perform anti-rust treatment on affected areas	60.00	30
5	To remove, replace and focus both headlamp beam	60.00	30
6	To remove and replace rear reverse sensor	60.00	30
7	To remove and replace exhuast muffler	150.00	?
8	To remove and refix rear windscreen	150.00	120
	Labour Tota	2380.00	
	TOTAL (PARTS & LABOUR		

Steve (LKK) 14/8/21, 11.000

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

ML PL LIS MM Sy 7 dys



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

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.

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 of that copies of this report will, for a fee, be made available upon application by interested parties

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

23/08/2021 15:57 (SGT) 22/08/2021 14:20 (SGT) Near 18 Choa Chu Kang Rd, Singapore BUKIT PANJANG ROAD TOWARDS CHOA CHU KANG ROAD Singapore

IDETALS OF OWN VEIKX真

SMC5900A Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

CHEN SHULIN SXXXX746E MIC_LIN83@HOTMAIL.COM (Phone) +65-97920749

+65-97920749

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

Toyota Wish

Private use

No - Claiming third party Private car Auto 1998

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

Comprehensive MS/00681288/01

DRIVER

Name of Driver NRIC No

MICHAEL LIM QING XIANG SXXXX008Z

Direct Asia Insurance (Singapore) Pte Ltd



29/11/1983 Date Of Birth Indoor Occupation 24/02/2006 Date Of Driving Pass 15 YEARS AND 6 MONTHS Driving experience Gender (Phone) +65-97920749 Mobile Number Alt. Phone Number MIC LIN83@HOTMAIL COM **Email Address** BLK 508 JELAPANG ROAD Address #12-94 Address complement \$670508 Postcode No Is the driver the policyholder? If No. Relationship of the Driver with the Insured Spouse 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 Chain Collision Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 5 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 **CHEN SHULIN** Name Female Gender PASSENGER 2 **CLARISE LIM** Name Female Gender PASSENGER 3 AMANDA LIM Name Female Gender PASSENGER 4 NICOLE LIM Name Female Gender 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 THE SKETCH PLAN FOR ACCIDENT DETAIL

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address

Address complement Postcode

Nature Of Damage Details of property damaged in accident

Insurance Company Name No. Of Passenger (Including Driver) SHB9393L

YEO CHENG ENG (Phone) +65-90930638

HDETAILS OF STHER YEHROLE PROPERTS

SLJ8794U Vehicle Registration Number Mazda Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category 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
- 3. Information provided must be as truthful and accurate as possible. Any will ull representation 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 forw arded by the insurers of the GIA Nacords Management Centre extablished by the General Insurance Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee on 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 bossessed by my insurer (collectively the Personal Information) and disclose and transfer such Personal information to all insurer(s) is he 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
- till 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 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 sited outside of Singapore, for one or more of the above Purposes.

Driver's Signature (If driver is not the

Witnessed by Reporting Centre Personnel

Sketch Plan BUS LANE C-SLJ 8794 U

Towards those don Kong.

Describe Circumstances of the Accident
Describe Circumstances of the Accident On 22 Add 2021 AT AROUT 2 20PM I was strong MY VEHICLE EMETGERAL US ROUTE BULLI PARTITION FLAT TONAPPS CHOOL CHU Who FORE THE VEHICLE CINTRUST US ME STOP FIND I CHOTEL NAME IT HIP MY VEHICLE WAS ALPERTY CTATIONERS WHEN A TAXY THE CELLIPER I CHOTEL NAME IT HIP MY VEHICLE WAS ALPERTY CTATIONERS WHEN A TAXY THE CELLIPER
RULLI PANIFAL FLAD TONALDS CHON CHU WHOLE FORD A THE CHURCH
I STUTE NAME IT HE MY WHICH MS ALVERTY STATIONER I MAN A TONT THE
ONTO THE PLAC OF MY MEMICE A
HY HEARCH A WAS FIGHT PAINTED BY THE COULSION IMPRICE AND I ENTED UP
HITTING ONTO THE FLAR of WHICH C
AFT THE INCIDENT CAGED BY LIFE AND LIPE ME AND MY FAMILY TO HAVE DISCONTACT
ON THE SHOULDER AND MICK AND WE PROCEEDED TO ALE FOR FURTHER CHECK

Declaration

IWe declare the foregoing particulars are true in every respect.

On the second

Policyholder's Signature / Date & Time

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

23/8/2021 12:30PM

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARE/COE Rebate for Registered	Vehicle	
--	---------	--

Vehicle Owner Particulars	Singapore NRIC
Owner ID Type:	746E
Owner ID:	7106
Vehicle Details	SMC5900A
Vehicle No.:	No
Vehicle to be Exported:	31 Aug 2021
Intended Deregistration Date:	TOYOTA
Vehicle Make:	WISH 1.8 AUTO
Vehicle Model:	Grey
Primary Colour:	2008
Manufacturing Year:	1ZZ3134189
Engine No.:	JTDER12WX03000699
Chassis No.:	97.0 kW (130 bhp)
Maximum Power Output:	\$18,803.00
Open Market Value:	11 Sep 2008
Original Registration Date:	11 Sep 2008
irst Registration Date:	1
ransfer Count:	\$18,803.00
ctual ARF Paid: ntended PARF Rebate Details	
ARF Eligibility:	Forfeited
ARF Eligibility Expiry Date:	-
ARF Rebate Amount: ntended COE Rebate Details	\$0.00
OE Expiry Date:	10 Sep 2023
OE Category:	E - Open Category
OE Period(Years):	5
	\$16,689.00
QP Paid:	\$6,768.00
OE Rebate Amount:	\$6,768.00
otal Rebate Amount:	40,, 00.00
lessage	t be further renewed. The vehicle must be de-registered upon COE expiry or when the

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 23 Aug 2021