

ASS. REC. BY:

REF:

AG2/210/2415/K983

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

22/12/21 Lm @ 2000 Cash (Red 84000.75, 67%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 04/1/2022

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.F. (\$) TP

2000

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Veh No:

SLP5703J

Yr Regn:

06, 17

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Altis

c.c

1598

Colour

m. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

200863

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR033REH104561173

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

mic

215/45R17

R:

B.S

BS / DUN / EXNOVA / GY / FS / LIZA / MICTOHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

5/12/21

D.O.I.

14/12/2021

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

A T AUTO CONSULTANT

Blk 113 Teck Whye Lane #05-650 Singapore 680113
 HP: 8386 8989 EMAIL: atautoconsultant@gmail.com
 Co. Reg. No. : 53368526E

*Not Authorized
 L1 Pay @ 2000h
 Recovery After Rainy
 4 days*

Date of Estimate: 07.12.2021
 Vehicle No: SLP6705J
 Owner: SG CAR FOR RENT PTE LTD
 Date of Accident: 05.12.2021
 Make & Model: Toyota Altis
 Chassis No : MR053REH104561173

ESTIMATE FOR ACCIDENT VEHICLE NOS EZ8877M

PARTS

1	1	Bootlid	
2	1	Bootlid lock	
3	1	Bootlid lock striker	
4	1	Bootlid logo	
5	1	Bootlid "COROLLA" emblem	
6	1	Bootlid "ALTIS" emblem	
7	1	Bootlid weatherstrip	
8	2	Bootlid hinges RH/LH	
9	1	Rear bumper	520.56
10	2	Rear bumper side retainers	
11	2	Rear bumper bracket	
12	2	Taillamp RH/LH	
13	1	Rear reinforcement	398.70
14	1	Rear end panel	
15	1	Rear end panel top garnish	

		R	\$875.60	X
		Re	\$189.00	—
		R	\$65.00	X
		Re	\$98.00	—
		Re	\$69.00	—
		Re	\$63.00	—
		Sm	\$256.00	X
@	\$89.50	R	\$179.00	X
		Bu	\$735.00	—
@	\$82.60	Di	\$165.20	—
@	\$100.15	R	\$200.30	X
@	\$414.90	Sm	\$829.80	X
		R	\$423.00	—
		R	\$630.00	X
		Sm	\$233.10	X
			<u>\$5,011.00</u>	
			<u>\$1,252.75</u>	
			<u>\$3,758.25</u>	

S.NETT

1	1set	Rear bumper clips
2	1set	Reverse sensor

SUB TOTAL

Re	50.00	✓
ScR	320.00	2000h
SUB TOTAL		\$370.00

LABOUR

1	Panel beating for replace and repair affected parts
2	Spray painting on accident areas
3	Wiring charges
4	Remove/refix reverse sensor
5	Transfer bootlid component
6	Apply undercoating to above affected areas

SUB TOTAL (LABOUR)

	\$800.00	450l
	\$800.00	600l
	\$100.00	20l
	\$120.00	50l
	\$250.00	50l
Re	\$180.00	X
SUB TOTAL (LABOUR)		\$2,250.00

SUN TOTAL (S.NETT)

\$370.00

SUB TOTAL (PARTS)

\$3,758.25

SUB TOTAL (LABOUR)

\$2,250.00

ESTIMATED GRAND TOTAL

\$6,008.25

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

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	344N
Vehicle Details	
Vehicle No.:	SLP6705J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 Dec 2021
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 CVT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	1ZRX596388
Chassis No.:	MR053REH104561173
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,990.00
Original Registration Date:	14 Jun 2017
First Registration Date:	14 Jun 2017
Transfer Count:	1
Actual ARF Paid:	\$19,990.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jun 2027
PARF Rebate Amount:	\$14,992.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jun 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,489.00
COE Rebate Amount:	\$25,568.00
Total Rebate Amount:	\$40,560.00

The information contained herein is correct as at 13 Dec 2021

OK

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Acknowledged by Repairer

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	06/12/2021 18:08 (SGT)
Date of Accident	05/12/2021 23:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HILL ST TWDS VICTORIA ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6705J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG CAR FOR RENT PTE. LTD.
Company Reg No	2XXXXX344N
Email Address	SGCARFORRENTPTLTD@GMAIL.COM
Mobile Phone No	(Phone) +65-92761009
Alternative Phone No	(Home) +65-92761009

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112244322-02
Cover Note Number	-

DRIVER

Name of Driver	HIEW TECK LEONG
NRIC No	SXXXX211C

Date Of Birth	07/08/1969
Occupation	Outdoor
Date Of Driving Pass	23/10/1989
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92761009
Alt. Phone Number	-
Email Address	SGCARFORRENTPTLTD@GMAIL.COM
Address	BLK 682A EDGEDALE PLAINS #02-757
Address complement	-
Postcode	821682
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA157X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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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 claims history 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:

SHUYI

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

SKETCH PLAN

Victoria Street

Stanford Road

Hill Street



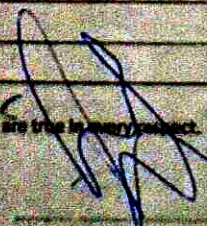
A-SLP67053
B-SKA157X
Date 05/12/2021
Time 2315

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was stationary along Hill Street towards Victoria Street on lane 2.

As waiting for the traffic signal. I suddenly felt an impact from the rear. I checked, it was vehicle B that collided onto my rear.

DECLARATION
(We declare the foregoing statements are true to every respect.)

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

SHUYI
Reporting Centre Personnel's Signature
Name: