

ASS. REC. BY: Steve

REF: CS/CT122000778/Y3

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.

N/S	O/S

Bal. or Market Value: _____
IDAC Accident Report: _____ 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

Veh No: SLF1213Y Yr Regn: 20/5/08
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Vios c.c. 1497
Colour: Beige A/C: Insured / Std / NI / NA
Sp. Reading: 177410 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MR053HY9305062812
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NII / S/R/m / STD A/R/m or
Tyre Size: F: 205/45R17
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 19/1/22 D.O.I. 24/1/22
Survey held at Nineteen Antworks
Des. of Damages Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>MV- 11,500</u>
	<u>PV- 5037</u>
	<u>NV- 6468</u>

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	

Report Format : _____
Lump Sum / I.B.I: (\$ _____)

NINETEEN AUTOWERKS PTE LTD
436 TAMPINESS STREET 43 #07-97
SINGAPORE 520436
 HP: 96741991(Vessie Foo)

Estimate for SLF1213Y(Toyota Vios)

1 *BONNET	X R	\$798.40
1 *BONNET LOCK	X	\$295.20
2 *BONNET HINGE L/R	BT	\$390.40
1 *BONNET OUTER SEAL	X	\$128.70
1 *BONNET INSULATOR	X	\$225.70
1 *FR BUMPER	BR	\$721.40
1 *FR BUMPER REINFORCEMENT	DD	\$499.20
1 *LH FR BUMPER RETAINER	BR	\$128.50
1 *RH FR BUMPER RETAINER	BR	\$128.50
1 *FR BUMPER GRILLE	X	\$598.70
1 *FR BUMPER LOGO	MC	\$120.50
1 *FR BUMPER LOWER GRILLE	X	\$315.20
1 *LH FR BUMPER SIDE GRILLE	X	\$89.70
1 *FR BUMPER LOWER COVER	X	\$187.90
1 *RH FR FOG LIGHT GARNISH CHROME	X	\$97.60
1 *LH FR FOG LIGHT GARNISH CHROME	X	\$97.60
1 *LH HEADLIGHT	BR	\$602.80
1 *LH HEADLIGHT SUPPORT PANEL	X R	\$187.90
1 *RH HEADLIGHT	BR	\$602.80
1 *RH HEADLIGHT SUPPORT PANEL	X-B - DD (photo)	\$187.90
1 *FR SUPPORT PANEL	X R	\$684.50
1 *FR SUPPORT PANEL TOP GARNISH	BR	\$97.60
1 *AIRCON CONDENSER	X	\$984.50
1 *RADIATOR	X	\$754.80
1 *RADIATOR TOP GARNISH	X	\$269.70
1 *REAR BOOTLID	DD	\$985.90
1 *REAR BOOTLID RUBBER	CR4	\$212.20
1 *REAR BOOTLID LOCK	BT	\$152.20
1 *REAR BOOTLID LOCK CATCH	X	\$82.50
2 *REAR BOOT HINGE	X	\$170.00
1 *REAR BOOT CENTRE GARNISH	BR	\$185.20
1 *REAR BOOT CENTRE GARNISH EMBLEM	MC	\$42.50
1 *REAR BOOT EMBLEM (VIOS)	X AB no Attch	\$42.50
1 *REAR BOOT EMBLEM (E)(TRD)	MC	\$42.50
② *REAR TAIL LAMP	BR	\$771.60
2 *REAR TAIL LAMP PANEL	X R	\$470.00
2 *REAR TAIL LAMP GASKET	X	\$70.40
1 *REAR END PANEL	?	\$695.00
1 *REAR END PANEL TOP GARNISH	CUT	\$76.30
2 *REAR FENDER	X R	\$1,970.40
2 *REAR FENDER INNER GARNISH	X	\$754.00

1 *REAR FENDER AIR DUCT LH	X	\$42.70
1 *REAR FENDER UNDER SHIELD	X / (CLH) ml	\$76.40
1 *REAR SPARE TYRE PANEL	X	\$1,012.20
1 *REAR SPARE TYRE PANEL TOP CENTRE COVER BOARD	X	\$195.60
2 *REAR SPARE TYRE PANEL TOP SIDE TRAY	X	\$402.60
2 *REAR NUMBER PLATE LAMP	?	\$131.20
1 *REAR WINDSCREEN MOULDING	X	\$68.00
1 *REAR BUMPER	— DD	\$785.60
2 *REAR BUMPER SIDE RETAINER	— BR	\$91.00
2 *REAR BUMPER BRACKET	— BR	\$96.40
1 *REAR EXTENSION CHASSIS BEAM	X	\$365.20
1 *REAR SPARE TYRE PANEL SIDE PANEL	X	\$130.40
2 *REAR BUMPER REFLECTOR	X	\$105.40
1 *RR AXLE	X	\$1,380.00
1 *LH REAR WHEEL BEARING	X	\$486.00
1 *LH REAR SHOCK ABSORBER	X	\$180.00
*RH REAR WHEEL BEARING	X	\$486.00
*RH REAR SHOCK ABSORBER	X	\$180.00
		<hr/>
		\$22,133.60
Less 25%		\$5,533.40
		<hr/>
		\$16,600.20

*FR BUMPER CLIP	— MC	\$50.00	30
*RH FR FENDER SHIELD CLIP	X	\$50.00	
*LH FR FENDER SHIELD CLIP	— MC	\$50.00	10
*BONNET INSULATOR CLIP	X	\$50.00	
*FR BUMPER NO PLATE W CASING	X	\$50.00	
*REAR BUMPER CLIP	— MC	\$50.00	30
*END PANEL TOP GARNISH CLIP	— MC	\$50.00	10
*REAR NO PLATE W CASING	X	\$50.00	
*REVERSE SENSOR	— BR	\$300.00	200
*END PANEL SEALANT	?	\$80.00	
*ENGINE COOLANT	X	\$85.00	
*BOOTLID SPOILER	— BR	\$800.00	300
*FR BUMPER LOWER	X	\$600.00	
*RR BUMPER LOWER	— BR	\$600.00	300
		<hr/>	
		\$2,865.00	

TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS MENTION REPAIR PARTS, INCLUSIVE OF REPLACEMENT PARTS	\$2,500.00	1200
TO PUTTY AND SPRAY PAINT ON ALL ACCIDENT DAMAGE PARTS AND OTHER ACCIDENT AFFECTED AREAS	\$1,800.00	1600
APPLY RUST PROOFING ON THE ADJACENT PANELS	\$50.00	30
TO SUPPLY UNDER COATING / PUTTY ON PARTS REPLACED	\$50.00	30
TO PERFORM WATER SEEPAGE TEST AFTER REPAIR	\$80.00	30
TO CHECK WIRING & LIGHTING SYSTEM	\$80.00	30
RE-ADJUST WHEEL ALIGNMENT	\$100.00	60
TO REMOVE & FIT FR UNDERCARRIAGE	\$150.00	X
TO REMOVE & REFIT REVERSE SENSOR	\$80.00	30

TO REMOVE AND REFIT REAR TRIM, GARNISH ASSY
TO REMOVE AND REFIT AIRCON CONDENSER, RADIATOR ASSY
TO TOP UP 134A REFRIGERANT

\$250.00	50
\$250.00	50
\$150.00	120
<u>\$5,540.00</u>	

Total

\$25,005.20

Steve (LKK)

24/1/22, 3-7pm

ML PL

L/S

My AL by

12 dys

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:

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 20/01/2022 19:57 (SGT)
Date of Accident 19/01/2022 21:15 (SGT)
Exact Location of Accident 801 Keat Hong Cl, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF1213Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LINCOTRADE & ASSOCIATES PTE LTD
Company Reg No 1XXXXX725K
Email Address LINCOTRADE@SINGNET.COM.SG
Mobile Phone No (Phone) +65-90703009
Alternative Phone No (Home) +65-90703009

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 Commercial vehicle
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5122076130
Cover Note Number -

DRIVER

Name of Driver TOH TZER YIN
NRIC No SXXXX952Z

Date Of Birth 09/09/1981
 Occupation Outdoor
 Date Of Driving Pass 30/03/2015
 Driving experience 6 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90703009
 Alt. Phone Number -
 Email Address TZERYIN@GMAIL.COM
 Address BLK 802B KEAT HONG CLOSE #03-89
 Address complement -
 Postcode -
 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 Hit and run / Vandalism / Damaged whilst parked
 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) 0
 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 SGQ9391P
 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 SJQ5356H
 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.
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' 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 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' 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.



[Signature]

MACF

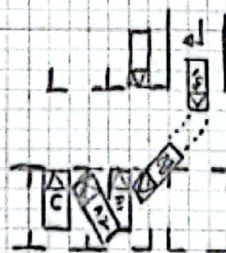
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

801 KEAT HOA CREST
(MSCP) DECK 4A LOT 152.



A-SLF 1213Y

B-SGQ 9391P

C-SJR 5356H

Describe Circumstances of the Accident

On the stated time and date, my vehicle A bearing SLF 121BY WAS
 Parked in the carpark lot 152 at 801 KENT HONG, CREST (MSCP) DECK 4A, the
 next morning 20.1.2023, I went to retrieve my vehicle and realized
 my vehicle was badly damaged and I notice a paper on my
 windscreen thus I want to contact the person. The person who is
 the owner/driver of vehicle B bearing 96Q4391P which had collided
 on to my parked vehicle on 19.1.2023, night.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

MAC

Witnessed by Reporting Centre Personnel