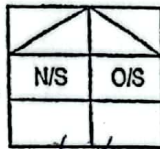


ASSIGNMENT

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 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: SLB4394L Yr Regn: 7/4/16
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota AX10 c.c. 1496
 Colour: Gold A/C: Insured / Std / NI / NA
 Sp. Reading: 196518 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NRE1610011913
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/60R15
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or .

Front	Rear
R/Bal. <u>4</u> mm	R/Bal. <u>4</u> mm
L/Bal. <u>4</u> mm	L/Bal. <u>4</u> mm
D.O.A. <u>26/1/22</u>	D.O.I. <u>15/3/22</u>
Survey held at <u>Auto wheels</u>	
Des. of Damages: Frt / 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-43K</u>
	<u>cost of repair of \$1500 (L/S before GST) - with 4 days</u>
	<u>red: 6594.07;87%</u>

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

1) Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.S. (\$) _____

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

Survey Fee:

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

AUTO WHEELS

MOTORWORKS PTE LTD

WCEGA PLAZA NO 1 BUKIT BATOK CRESCENT

#02-40 SINGAPORE 658064

ATTN: NTUC INCOME INSURANCE

DATE: 27/1/2022
VEHICLE NO: SLB4324L
MODEL: TOYOTA AXIO
YEAR: 2016
ACCIDENT DATE: 26/1/2022
TYPE OF CLAIM: TP
CLAIM ADVISOR: LOUIS ONG (91928963)
EMAIL: louisongautowheels@yahoo.com

ESTIMATION

DESCRIPTION

PARTS

BOOTLID X R
REAR EMBLEM / NK
REAR LOGO - COROLLA / NK
REAR LOGO - AXIO / NK
REAR BUMPER / CR4
REAR BUMPER CLIPS / NK
REAR BUMPER SIDE RETAINERS - LONG / ~~NR~~
REAR BUMPER SIDE RETAINERS - SHORT / ~~NR~~
REAR BUMPER BRACKETS X nn
REAR BUMPER REFLECTORS X nn
TAILLAMP X nn
TAILLAMP SEAL X nn
TAILLAMP CLIPS X nn
REAR REINFORCEMENT BAR X nn
REAR BUMPER SPONGE X nn

QTY

LIST PRICE

1	\$	982.30
1	\$	66.40 /
1	\$	54.20 /
1	\$	53.20 /
1	\$	712.30 530-
10	\$	30.00 /
2	\$	126.80
2	\$	88.40
3	\$	188.60
2	\$	374.40
2	\$	936.70
2	\$	50.00
2	\$	30.00
1	\$	395.30
1	\$	156.70

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

AUTO WHEELS

MOTORWORKS PTE LTD

WCEGA PLAZA NO 1 BUKIT BATOK CRESCENT

#02-40 SINGAPORE 658064

ATTN: NTUC INCOME INSURANCE

DATE: 27/1/2022
VEHICLE NO: SLB4324L
MODEL: TOYOTA AXIO
YEAR: 2016
ACCIDENT DATE: 26/1/2022
TYPE OF CLAIM: TP
CLAIM ADVISOR: LOUIS ONG (91928963)
EMAIL: louisongautowheels@yahoo.com

ESTIMATION

END PANEL X R
SPARE TYRE PANEL
SPARE TYRE BOARD X n
END PANEL TOP GARNISH X n
REAR WEATHER STRIP X n

1	\$	497.50
1		REPAIR
1	\$	399.50
1	\$	197.60
1	\$	199.50

TOTAL: \$ 5,539.40
DISCOUNT 25%: \$ 1,384.85
\$ 4,154.55

763.80
-25%
527.85 -

S/NET		PRICE
REVERSE SENSOR	1	\$ 250.00
REAR NUMBER PLATE	1	\$ 50.00
END PANEL SEALANT	1	\$ 100.00
		\$ 400.00

200 -

200 -

LABOUR	PRICE
LABOUR	\$ 1,500.00
SPRAY BOOTLID	\$ 300.00
SPRAY REAR BUMPER	\$ 300.00
SPRAY END PANEL	\$ 300.00

400

200

200

200

AUTO WHEELS

MOTORWORKS PTE LTD

WCEGA PLAZA NO 1 BUKIT BATOK CRESCENT

#02-40 SINGAPORE 658064

ATTN: NTUC INCOME INSURANCE

DATE: 27/1/2022
VEHICLE NO: SLB4324L
MODEL: TOYOTA AXIO
YEAR: 2016
ACCIDENT DATE: 26/1/2022
TYPE OF CLAIM: TP
CLAIM ADVISOR: LOUIS ONG (91928963)
EMAIL: louisongautowheels@yahoo.com

ESTIMATION

CHECK LIGHTING
REMOVE REAR TRIM
REMOVE BOOTLID COMPONENTS
REMOVE REVERSE SENSOR & DISTANCE TESTING
RUST PROOFING
SUNDRIES

\$	50.00	30
\$	150.00	50
\$	150.00	X
\$	80.00	30
\$	100.00	30
\$	80.00	30
TOTAL: \$	3,010.00	

TOTAL: \$	7,564.55
7% GST: \$	529.52
\$	8,094.07

1170

= 1897.85

L/S-1518.28

= 1500

Stevie CLKK)
15/3/22, 12.00

83228813

sterechen@1KKauto.com

WL PL
L/S
M AL H
4 JY

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

27/01/2022 14:00 (SGT)

Date of Accident

26/01/2022 21:30 (SGT)

Exact Location of Accident

Near CRV6+GP Singapore

Additional Location Information

GAMBAS AVE SLIP RD TO WOODLANDS AVE 12 (TWDS SLE)

Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLB4324L

INSURED/POLICYHOLDER

Is company?

Yes

Name Of Registered Owner

ACTX LEASING

Company Reg No

53417919C

Email Address

ACTX.AC@GMAIL.COM

Mobile Phone No

(Phone) +65-97485239

Alternative Phone No

+65-97485239

VEHICLE PARTICULARS

Manufacturer

Toyota

Model

Axio

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

1496

INSURANCE COMPANY

Name of Insurance Company

Allianz Insurance Singapore Pte. Ltd.

Type of Coverage

Comprehensive

Fleet Policy

Yes

Policy Number

SP2000564100

Cover Note Number

-

DRIVER

Name of Driver

ONG CHEE SENG

NRIC No

S1319616H

Accident report SW0C221R0002

16/03/1958
Outdoor
15/08/1983
38 YEARS AND 5 MONTHS
Male
(Phone) +65-82185129
-
CSONGPAUL@GMAIL.COM
BLK 502 ANG MO KIO AVE 5 #06-3744
-

560502
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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) No
soliciting/offering accident claims assistance?

PASSENGER 1

Name
Gender

SHAH
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

REFER TO SKETCH PLAN

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 SGW6139R
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car

Driver
Number
s complement
Code
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name
Phone
Email

SHAH
(Phone) +65-85017067

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 willful 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' 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.

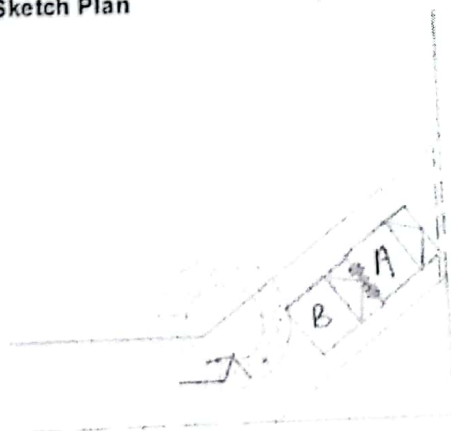


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - 81B 4324L

B - 8GW 6139R

Describe Circumstances of the Accident

On 26/01/2022 at 23:00hrs, I was driving my Vehicle A (SLB 4824L) at GAMERS AVE OUR RD to WOODHAMS AVE 12. I stopped at the stop line to check for oncoming vehicles from the main Road. Suddenly I felt an impact from the rear of my Vehicle A (SLB 4824L). I alighted to check and realised that Vehicle B (SHW 6139R) front portion collided onto the rear portion of my vehicle A (SLB 4824L). We exchanged particulars for insurance claim.

Declaration

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



Witnessed by Reporting Centre Personnel