

ASS. REC. BY:

REF:

A15/220033861K4

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 _____ Alan's

of _____

Insured: _____

Policy No. _____

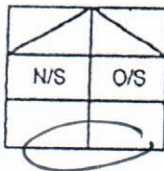
Claims No. _____

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: 4-6 days Res.: Yes or NoLum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLL 2512X Yr Regn: 09, 20Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: BMW X4 c.c. 1998Colour: M.D. Blue A/C: Insured / Std / NI / NASp. Reading: 44951 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAUT320602K 54868Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 245/45 R20

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 8/4/22 D.O.I. 18/4/2022

Survey held at _____

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

26/4 8 8361.13 Carpent
 (Red: 2203.02; 25%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation: _____
S + RS. _____

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$)

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06567

Vehicle Insured : GBJ1510L
Accident Date : 08-Apr-2022

Date : 08-Apr-2022

Our Ref : 022059 (ALLIANZ) / CHAN

PAGE : 1

JOEHAN TOHKINGKEO @ HAN TOHKINGKEO
BLK 251 KIM KEAT LINK
#08-117
Singapore 310251

*Not Withheld
Running Repair
4 days*

86361.13

ESTIMATED COST OF REPAIR FOR BMW X4 2.0 SLL2512X

=====

1 pc	Tail gate	2420
1 pc	Tail gate glass inner seal	
1 pc	N/s tail gate lamp	
1 pc	O/s tail gate lamp	
1 pc	Rear bumper fascia	1539.85
1 pc	Rear bumper lower spoiler	
1 pc	Bumper lower spoiler garnish	
1 pc	Bumper sensor holder (set)	
1 pc	Rear bumper reinforcement	
2 pcs	Rear bumper top inner parts	@ S\$134.30
1 pc	Rear bumper inner parts	

Bu	2,420.00	✓
na	115.20	✓
cm	409.80	✓
sn	409.80	X
Bu	1,539.85	✓
cm	779.50	✓
sn	113.40	X
sn	138.50	X
sn	765.35	X
sn	268.60	X
sn	75.95	X

7,035.95

Less 5% : 351.80

1 pc Rear bumper rivet (set)
1 pc Rear w/s glass sealant

6,684.15 ✓
na 50.00 sn ✓
na 60.00 sn ✓
40.00 ✓

To remove & refix rear windscreen glass and conduct water leak test.

150.00 1201

To remove roof lining, front and rear seats, trim board and carpet

nn 120.00 X

To putty and spray replaced parts

800.00 70d

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:

Con't Page 2 ...

Date: _____
 Signature: _____
 Acknowledged by Repairer: _____

LKK Auto Consultants hence notify the Repairer of the following:
 • To resurvey 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
 • Supplemental items must be resurveyed and is subject to final approval from Insurance Company

To putty and spray replaced parts
 Rear seats, trim board and carpet
 To remove roof lining, front and
 glass and conduct water leak test.
 To remove & refit rear windscreen
 1 pc Rear w/s glass sealant
 1 pc Rear bumper rivet (set)

1 pc Rear bumper inner parts
 2 pcs Rear bumper top inner parts
 1 pc Rear bumper reinforcement
 1 pc Bumper sensor holder (set)
 1 pc Bumper lower spoiler garnish
 1 pc Rear bumper lower spoiler
 1 pc Rear bumper fascia
 1 pc O/s tail gate lamp
 1 pc W/s tail gate lamp
 1 pc Tail gate glass inner seal
 1 pc Tail gate

Less 5% : 351.80
 7,032.92

 2,420.00
 115.20
 409.80
 409.80
 1,539.85
 379.50
 113.40
 138.50
 762.35
 258.60
 75.85

 2,420.00

ESTIMATED COST OF REPAIR FOR BMW X4 2.0 SULEX11X

Singapore 310251
 #08-117
 BLK 251 KIM KEAT LINK
 JOHAN TORKINGKO & HAN TORKINGKO
 Cur-Rel : 022022 (ALLIANZ) V CHAN
 Accident Date : 08-Apr-2021
 Vehicle Insured : GBT1510E

No. : 06567
 Date : 08-Apr-2021
 PAGE : 1

Not Insured
 Policy No. 06567
 Insured

6,684.15
 50.00 sh
 60.00 sh

180.00

120.00

800.00

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : GBJ1510L

Page : 2

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

700.00 *450*

Total : S\$ 8,564.15
=====

Singapore Dollars Eight Thousand Five Hundred
and Sixty Four and Cents Fifteen Only

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	08/04/2022 17:14 (SGT)
Date of Accident	08/04/2022 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2512X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOEHAN TOHKINGKEO
NRIC No	SXXXX498B
Email Address	VOEHANTKK@YAHOO.COM
Mobile Phone No	(Phone) +65-96489548
Alternative Phone No	+65-96489548

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X4
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	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118853647
Cover Note Number	-

DRIVER

Name of Driver	THORNG TOHKINGKEO
NRIC No	SXXXX838F

Date Of Birth	01/05/1996
Occupation	Indoor
Date Of Driving Pass	05/05/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96489548
Alt. Phone Number	-
Email Address	THORN6TKK@GMAIL.COM
Address	BLK251 KIM KEAT LINK, #08-117
Address complement	-
Postcode	310251
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

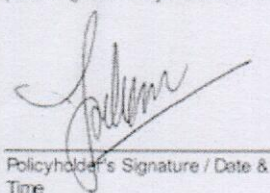
Vehicle Registration Number	GBJ1510L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MEYYAPPAN TAMILMANI
Contact Number	(Phone) +65-81984857
Address	-
Address complement	-

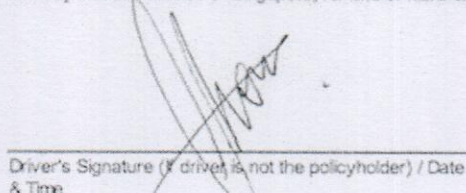
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

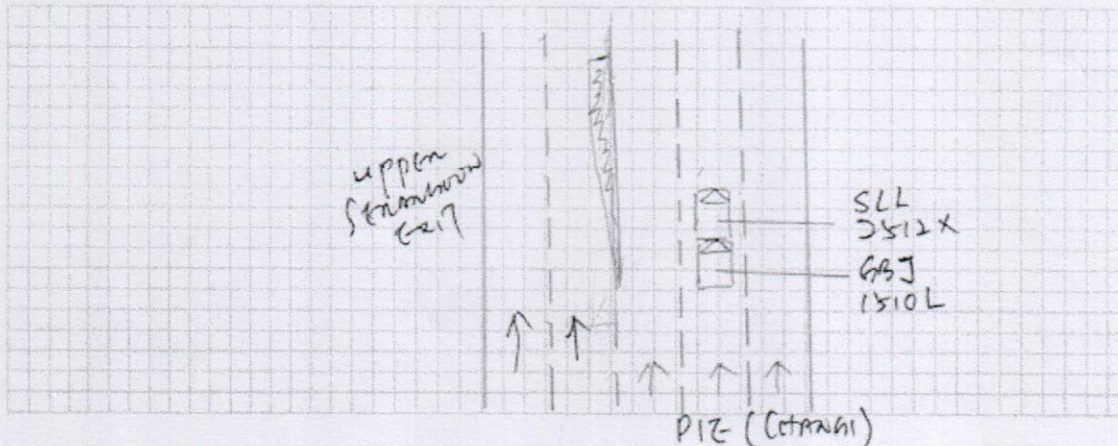
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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


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)
Witnessed by Reporting Centre Personnel

Sketch Plan

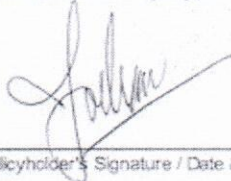


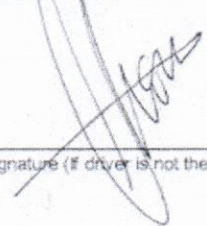
Describe Circumstances of the Accident

ON 08-06-2022 AT ABOUT 08.40 AM, I WAS DRIVING ON THE 2ND LANE FROM RIGHT HEADING TO PIE (LANKA) TRAFFIC WAS MODERATE WHEN I SAW FRONT VEHICLE SLOW DOWN TO STOP, I FOLLOW AND STOP. VEHICLE (BJ 1510L) BEHIND ME CANNOT STOP IN TIME AND COLLIDED ONTO THE REAR OF MY VEHICLE. AFTER THE ACCIDENT, BOTH OF US ALIGHTED AND EXCHANGED PARTICULARS FOR INSURANCE CLAIM, NO ONE WAS INJURED.

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

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)
Witnessed by Reporting Centre Personnel

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5118853647-01

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SMR6371R**
Chassis Number : WBAUJ32060LK54868
2. Name of Policyholder : JOEHAN TOHKINGKEO
3. Effective Date of Insurance : 04 Sep 2021
4. Expiry Date of Insurance : 03 Sep 2022
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

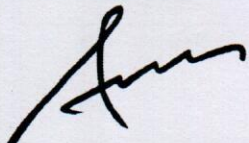
This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: JOEHAN TOHKINGKEO@HAN TOHKINGKEO
NAMED DRIVER (1)	: JINDEE TOHKINGKEO
NAMED DRIVER (2)	: THORNG TOHKINGKEO
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 15 Jul 2021 14:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Enquire Vehicle Registration Details

Vehicle Registration Details

Vehicle No.

SLL2512X

Make/Model

B.M.W./X4 XDRIVE30I MSPT NAV

Vehicle Scheme

-

Current Propellant

Petrol

Chassis No.

WBAUJ32060LK54868

Vehicle Type

Passenger Station Wagon/Jeep/Land Rover

Owner's Details

Owner Name:

JOEHAN TOHKINGKEO @HAN TOHKINGKEO

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S1483498B

Registered Address:

APT BLK 251 KIM KEAT LINK #08-117 SINGAPORE 310251

Mailing Address:

-

Max Unladen Weight:

1720 kg

Maximum Laden Weight:

2400 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$57,843.00

Additional Registration Fee Rate:

First \$20,000.00 (100%), next \$30,000.00 (140%), next \$7,843.00 (180%)

Actual ARF Paid:

\$76,118.00

Vehicle Lifespan Expiry Date:

No Lifespan

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$40,009.00

COE No.:

2019120103000449K

COE Expiry Date:

15 Jan 2030

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Registration Category:

B - Car above 1600cc or 97kW (130bhp)

Quota Premium (QP) / Prevailing Quota Premium