

ASS. REQ. BY:

REF:

C12 / 220039711KV

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. DMPCSNW00079522100

Claims No. SNM22D202666/C01/TAYHP

Sum Insured:

Excess: 0

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

\$61K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

07

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S2A 2910M

Yr Regn:

02, 16

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

Truck / Trailer or

Make:

Toy Wish

C.C.

1798

Colour

M. P. white

A/C:

Insured / Std / NI / NA

Sp. Reading

88045

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDG620W50J003688

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

195/65R15

R:

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

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

14/4/22

D.O.A.

28/4/2022

Survey held at

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

Frt O/S, Rear wheel cracked

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

7/3

L1 Rmp @ 31501 Cnh

(red 1058.29, 25%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 9/3/23-typist

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

S - RS, SI

: Fuel

: Others

TOTAL

Report Format: Merimen

Lump Sum / H.B.: (\$ 3150)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	234W

Vehicle Details

Vehicle No.:	SLA2910M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	2ZR1720247
Chassis No.:	JTDGG20W50J003688
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,953.00
Original Registration Date:	26 Feb 2016
First Registration Date:	26 Feb 2016
Transfer Count:	1
Actual ARF Paid:	\$19,953.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Feb 2026
PARF Rebate Amount:	\$12,969.00

Intended COE Rebate Details

COE Expiry Date:	25 Feb 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,089.00
COE Rebate Amount:	\$19,260.00
Total Rebate Amount:	\$32,229.00

The information contained herein is correct as at 21 Apr 2022

OK

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	19/04/2022 15:42 (SGT)
Date of Accident	14/04/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOWARDS CHOA CHU KANG DRIVE (BEHIND NORTHVALE CONDO)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2910M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AMY SPA & FOOT REFLEX
Company Reg No	5XXXX234W
Email Address	kwangseng2387@gmail.com
Mobile Phone No	(Phone) +65-98592387
Alternative Phone No	+65-98592387

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	WISH 1.8 CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1798

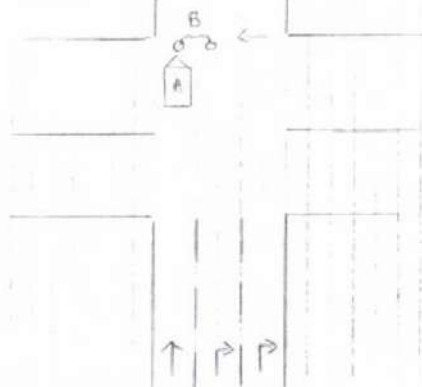
INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00079522100
Cover Note Number	18/04/21 - 25/08/22

DRIVER

Name of Driver	BEK KWANG SENG
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Sketch Plan Northvale Condo



A: SLA2910M

B: Bicycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DoA: 14/4/22 8:30pm
(Towards Chas Cha Kang Drive)
(Behind Northvale Condo)

Traffic light was green in my direction so I proceed to cross.

A bicycle dashed out from my right & hit my right headlamp

then slide towards my front windscreen. Cyclist was conveyed to

hospital by ambulance. Police send me to Traffic Police to record

statement. * I will submit Police Report to my insurance *

So chow accept report without vehicle & police report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

AMY PRESTON FOOT REFLEX

BLK 106 PISHUN RING ROAD
#01-163 SINGAPORE 760106
TEL: 6265 8006

Policyholder's Signature
Date & Time:

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

(75) 19/4/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party (/) Reporting Only
() Claim OD/TP at other workshop ()

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.

AMY SPA & FOOT REFLEX

BLK 106 YISHUN RING ROAD

#01-163 SINGAPORE 760106

TEL: 6265 8006

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE TURN OVER.

Vehicle Category	Mobile equipment
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CYCLIST
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER STATEMENT
Injured person in which vehicle?	BICYCLE
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

NRIC No	SXXXX590H
Date Of Birth	29/11/1963
Occupation	Indoor
Date Of Driving Pass	31/10/1984
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98592387
Alt. Phone Number	-
Email Address	kwangseng2387@gmail.com
Address	BLK 106A CANBERRA STREET #12-409
Address complement	-
Postcode	751106
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
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	Collided into Motorcyclist
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BEAUTICIAN
Gender	Female

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 ATTACHED (CONSENT BY SO CHOW CHINA TAIPING TO ACCEPT REPORT WITHOUT VEHICLE & POLICE REPORT)

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	BICYCLE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Cheng Hoe Motor Pte Ltd
#01-374/382, Blk 1019, Yishun
Industrial Park A
768761

Insurer Reference: SLA2910M
Repairer Reference: A0407
Date calculated: 25/04/2022 11:24 AM

Full Report
Registration: SLA2910M
Printed: 25/04/2022 11:24 AM

Summary Information

Claim

Location:	Singapore (SG)	Work Provider:	China Taiping Insurance (Singapore) Pte Ltd
Printed by:	CHENG HOE	Currency:	SGD
Claim Reference:	SLA2910M	Date of Incident:	14/04/22
Estimated Repair Time:		Hire Car Start:	
Actual Repair Days:		Hire Car End:	

Vehicle Details

Vehicle

Manufacturer:	TOYOTA
Model:	WISH(ZGE21L/ZGE2)
Sub Model:	BASE MODEL
Model Sheet Number:	70 W2 01
Registration:	SLA2910M
VIN number:	JTDGG20W50J003688
Odometer:	

Model Specs

AIR CONDITIONING	FOG LAMPS	1.8 LTR 95 KW	PROD JAPAN
TWO COAT METALLIC	PREPARE OFF VEHICLE		

Not Authorized
1/1/2022
Repairer After Repair

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:

Vehicle Condition

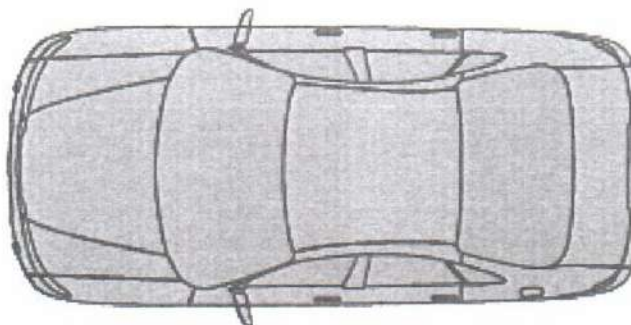
Vehicle Status

Pre-Accident Damage:

Date of Inspection:

Damage Areas

All ☒
Underbody ☐



Tyres Condition

Tyre Brand	Tread (Left Middle), mm	Tread (Left Outer), mm	Tread (Left Inner), mm	Tread (Right Inner), mm	Tread (Right Outer), mm	Tread (Right Middle), mm	Condition
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Spare Tyre Brand	Tread (Spare), mm
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Labour

Code	Description	Time Base 10 WU/h	Price = 42.00 SGD/h	
			WU	Price SGD
810151A	ADJUST HEADLAMP		3.0	12.60
520011)	R + R FRONT BUMPER		3.0	12.60
520011)	RENEW FRONT BUMPER (REMOVED)		6.0	25.20
	INCLUDES: REQUIRED ATTACHED PARTS REMOVE AND REFIT			
810051)	R + R RIGHT HEADLAMP		7.0	29.40
530051)	TRANSFER ATTACHED PARTS FROM BONNET		3.0	12.60
530051)	RENEW BONNET		1.0	4.20
	INCLUDES: R + R OR RENEW ATTACHED PARTS			
530111	R + R BONNET LOCK		2.0	8.40
554011	R + R FRONT SCREEN		30.0	126.00
	INCLUDES: TRIM, WIPER ARMS, DRIP RAIL MOULDING, A-PILLAR TRIM, EDGE PROTECTION, SUN VISORS AND INTERIOR MIRROR			
743201	R + R HEADLINING		22.0	92.40
550451)	R + R INSTRUMENT PANEL		7.0	29.40
	INCLUDES: R + R STEERING WHEEL, AIRBAG,			

Code	Description	WU	Price SGD
	COMBINATION SWITCH, INSTRUMENTS, CENTRE CONSOLE AND NECESSARY ATTACHED PARTS AND TRIMS		
550451)	RENEW INSTRUMENT PANEL (REMOVED)	6.0	25.20
0340	FRONT BUMPER SUPPORT REPAIR	6 10.0*	42.00
0742	R/F WING REPAIR	10 15.0*	63.00
1009	FRONT PANEL CPL REPAIR	6 10.0*	42.00
2351	ROOF REPAIR	60 80.0*	336.00
Labour Cost		Hrs	WU
Panel / Mechanical Labour		20.50	205.0
Total of Labour			861.00

Paint

Paint Work	SYSTEM AZT	Time Basis 10 WU/h
Code	Description - TWO COAT METALLIC	WU Price SGD
	BONNET NEW PART PAINTING	15.0
	L/F WING REPAIR PAINTING >50%	17.0
	R/F WING REPAIR PAINTING >50%	17.0
	ROOF REPAIR PAINTING >50%	62.0
	FRONT PANEL CPL SURFACE PAINT	6.0

Paint Material Per Part

Code	Description	Price SGD
0471	BONNET NEW PART PAINTING	42.83
0741	L/F WING REPAIR PAINTING >50%	16.59
0742	R/F WING REPAIR PAINTING >50%	16.59
2351	ROOF REPAIR PAINTING >50%	112.58
1009	FRONT PANEL CPL SURFACE PAINT	13.70

Labour Cost - Paint		Hrs	WU	Price SGD
Factor	42.00 SGD/h			
Time Paint			117.0	
Preparation Main Work Metal		2.50	25.0	105.00
Total	10 WU/h	14.20	142.0	596.40

Material Cost - Paint		Price SGD
New Part Painting		42.83
Repair Painting		145.76
Surface-/Blend Paint		13.70
Material-constant Metal Preparation		28.60
Total		230.89

Spare Parts

Code	Description	Part Number	Part Source	prices as at 2015-06-01/01	Price SGD
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Code	Description	Part Number	Part Source	Price SGD
0471	BONNET	53301 68020	Original	350.00 ✓
1416	CHECK	56116 22050		0.00
1415	CLIP FASTENING	56115 30100		0.00
0281	FRONT BUMPER	52119 68130A0	Original	250.00 ✓
1413	FRT SCREEN MNTG KIT	USE SINGLE PARTS		
2427	L/F DRIP RAIL MLDG	75552 68020	Original	100.00 ✓
0431	MANUFACTURER BADGE	75303 68010	Original	30.00 ✓
0318	R/F BUMPER BRACKET	52115 68040	Original	35.00 ✓
2428	R/F DRIP RAIL MLDG	75551 68020	Original	100.00 ✓
0562	RIGHT HEADLAMP ASSY	81130 68070	Original	420.00 ✓
1408	UPP FRT SCREEN SEAL	56118 68020		0.00
4331	UPP INSTRUMENT PANEL	55302 68900B0	Original	490.00 X
1401	WINDSCREEN	56101 68060	Original	500.00 ✓
1411	WINDSCREEN REP KIT	KNGKWI2		0.00
1412	WINDSCREEN SEAL	56117 68020	Original	50.00 ✓
f: OEM Parts				0.00
n: Non-OEM Parts				2,325.00
u: Used parts				100.00
Savings				0.00
Subtotal				2,325.00
Fixed Sundry Parts Price				100.00
Total				2,425.00

Extras

Code	Description	Price SGD
1000	WINDSCREEN SEALANT	40.00* ✓
1001	FRT NO.PLATE	35.00* ✓
1002	ERP BRACKET	20.00* ✓
Total Extras		95.00

Final Calculation

	SGD	SGD
Parts	2,325.00	
Fixed Sundry Parts Price	100.00	
Total Parts		2,425.00
Labour Time Base 10 WU/h		
Total 205.0 WU X 42.00 SGD/h	861.00	667.80
Total of Labour		861.00
Total Of Extras		95.00
Paint Work Time Base 10 WU/h		
Labour Cost 142.0 WU X 42.00 SGD/h	596.40	
Material Cost	230.89	
Total Paint Including Material		827.29
Repair Cost Excludes GST		4,208.29
GST (+7.0%)		294.58
Repair Cost Included GST		4,502.87

Comments

* - USER SUPPLIED DATA
NN - NO MANUFACTURERS CODE EXISTS
) - WU PARTIAL INCL IN OTHER POSITIONS

Assessment Note

No assessment notes entered.