/··	1 - 10 -	
ASS. REC. BY: Warn REF: CS ALS 2	-2004707 Ruy3 2004	ž.
	ASSIGNMENT COF XPICY: 2013	784
From: Date:	Ven No:	
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /-	22
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No: 503 35484	Make: TOYOTA UWS & Airo c.c 1497	11 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
at Workshop m/s My CAR consultant	Colour WHITE AC: Insured / Std / NI / NA	
of 60, JLN LAM HUM COM HOS-2		Ĺ.
Insured: ALS	Eng/No:	1
Policy No.	C/No: MROS3449305067874	
Claims No.	Gen. Cond: Good Fait / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	G.E.
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or	
H, *	Tyre Size: F: (95/55R/5	
(Policy Condition)	R:	
	D/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of Inspection.	TOYO/YOKO or ARLVO	
Bal. or Market Value: 13k	Front Rear	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. 6	nm
GIA / PR Seen: Consistent? : Yes or No	L/Bal mm L/Bal. 6 r	mm
Est. Repairs: days Res.: Yes or No	D.O.A. 13 0x 22 D.O.I. 19/05/22	
Lum Sum: % 3 Val.: Yes or No	Survey held at My CAR Consumpant	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / Pate: Person Contacted;		
	The U/C / Chassis frame / Body Structure affected due to colli	ision.
Date / Time Action / Instruction  REPARLANT - 8K		
e/Time, File Pass to? Proli Report	24.5	-
	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	MERSHON
Time, File Return to?	Transportation:	
Add	Fee: : Site Insp (\$)s+Rssi	
	: Interview (\$ ) Photos	
Format :	: Tech. Invs (\$ ) Others	
mp Sum / LBJ: (†	: Weel:end (\$	

#### MY CAR CONSULTANT PTE LTD (Co Reg. No. 201605878Z) **60 JALAN LAM HUAT, CARROS CENTRE** #05-68 (S737869)

Tel: 93911482

то

: ALLIANZ

DATE : 19-May-22

ATTENTION

: MOTOR CLAIMS DEPT

JOB TYPE : T/P CLAIM

OWNER'S PARTICULAR

**VEHICLE DETAILS** 

NAME

**VEHICLE NO:** SJJ3548X

#### **QUOTATION SUMMARY**

**CLAIM DETAIL: PARTS** 

S/N	DESCRIPTION	QTY	UNIT LIST PRICE		TC	PRICE
1	BOOT LID 1	1	\$	659.00	\$	659.00
2	BOOT LID OUTER MOULDING PUL	1	\$	259.00	\$	259.00
3	BOOT LID TOP LOCK CV4	1	\$	231.00	\$	231.00
4	BOOT LID LOWER LOCK 17	1	\$	35.00	\$	35.00
5	BOOT LID WEATHER STRIP 44	1	\$	180.00	\$	180.00
6	BOOT LID HINGE X	2	\$	70.00	\$	140.00
_ 7	BOOT LID LOGO	1	\$	60.00	\$	60.00
_	REAR BUMPER &	1	\$	591.00	\$	591.00
9	REAR BUMPER REFLECTOR IPC RH?	12	\$	90.00	\$	180.00
10	REAR BUMPER SIDE RETAINER (FRONT) ? IR EH	1/2	\$	98.00	\$	196.00
11	REAR BUMPER SIDE RETAINER (REAR) ? IPE RH	12	\$	55.00	\$	110.00
- 1	TAIL LAMP CM/	2	\$	450.00	\$	900.00
13	TAIL LAMP PANEL 🗡	2	\$	276.20	\$	552.40
14 F	REAR FENDER PARILY	2	\$	899.70	\$	1,799.40
15 F	REAR FENDER INNER PANEL 🗡	2	\$	510.00	\$	1,020.00
16 F	REAR FENDER INNER COWLING	2	\$	61.10	\$	122.20
17 R	REAR FENDER INNER TRIM OF ( PC & )	12	\$	321.00	\$	642.00
18 R	EAR FENDER AIR VENT	2	\$	64.30	\$	128.60
9 R	EAR WINDSCREEN MOULDING 🗡	1	\$	186.40	\$	186.40
0 R	EAR DOOR INNER LOCK	2	\$	341.40	\$	682.80
1 R	EAR DOOR WEATHERSTRIP	2	\$	130.00	\$	260.00
2 RE	EAR END PANEL 4/	1	\$	620.00	\$	620.00
3 RE	EAR END PANEL TOP GARNISH ?	1	\$	230.00	\$	230.00
4 RE	EAR FLOOR PANEL	1	\$	987.90	\$	987.90
RE	EAR FLOOR PANEL TOP BOARD	1	\$	135.00	\$	135.00

26 REAR FLOOR PANEL TOP SPONGE (SIDE) ?	2	\$ 221.10	\$ 442.20
27 REAR FLOOR PANEL TOP SPONGE (INNER) 7.	1	\$ 298.10	\$ 298.10
28 REAR SPARE TYRE BOLT 🗡	1	\$ 48.00	\$ 48.00
29 REAR EXHAUST MOUNTING X	2	\$ 25.00	\$ 50.00
30 REAR EXHAUST INSULATOR 🗡	1	\$ 261.70	\$ 261.70
31 REAR EXHAUST PIPE WITH BOX	1	\$ 780.00	\$ 780.00

TOTAL PRICE \$ 12,787.70 LESS 25% \$ 3,196.93 SUB TOTAL PRICE \$ 9,590.78

S/N	DESCRIPTION	QTY	UNI	T S/NETT	тот	AL S/NETT
1	REAR NUMBER PLATE	1	\$	50.00	\$	50.00
2	REAR BUMPER CLIPS	10	\$	6.50	\$	65:00
3	BOOT LID SEALANT 🗡	1	\$	80.00	\$	80.00
4	BOOT LID OUTER MOULDING CLIP	4	\$	6.50	\$	26.00
5	REAR FENDER SEALANT 🗶	2	\$	80.00	\$	160.00
6	REAR FENDER INNER COWLING CLIPS	18	\$	6.50	\$	117:00
7	REAR FENDER INNER TRIM CLIPS	18	\$	6.50	\$	117:00
8	TAIL LAMP CLIPS	4	\$	8.00	\$	32.00
9	TAIL LAMP PANEL SEALANT	2	\$	80.00	\$	160.00
10	REAR END PANEL TOP GARNISH CLIPS **/	6	\$	6.50	\$	39.00
11	REAR END PANEL INSULATION SEAL	1	\$	120.00	\$	120.00
12	REAR FLOOR PANEL INSULATION SEAL	1	\$	150.00	\$	150.00
13	TRIANGLE BREAKDOWN SIGN	1	\$	180.00	\$	180.00
14	REAR EXHAUST CHROME PIPE	1	\$	250.00	\$	250.00
15	REVERSE SENSOR	1	\$	220.00	\$	220.00

TOTAL \$ 1,766.00

#### **CLAIM DETAILS: LABOUR AND SPRAY PAINTING**

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	TO PANEL BEAT, WELD, CUT, KNOCK, GRAZE, ADJUST, REPLACE NEW PARTS	\$ 1,890.00	78	
2	TO PUTTY, SPRAY PAINT, POLISH, WAX ADJACENT PANELS	\$ 1,900.00	800	
3	TUFF COAT	\$ 250.00	Ev	
4	WIRING/ BULB CHECKING	\$ 80:00	30	
	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR	\$ 180.00	60	

REMOVE AND REFIX REVERSE 6 SENSOR AND DISTANCE SETTING	\$ 80,00	60	
7 REMOVE AND REFIX REAR EXHAUST	\$ 150:00	X	
8 TRANSFER BOOT LID MECHANISM	\$ 89.60	60	
TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 180.00	X	

TOTAL \$ 4,600.00

#### **ESTIMATE REPORT**

TOTAL PARTS COST : \$ 11,356.78
TOTAL LABOUR COST : \$ 4,600.00
TOTAL REPAIR COST : \$ 15,956.78

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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Topul
Ap 90010018
6 days
48
19/0x/p2 81530
Rose after repor

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 1. Please report <u>white lay</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthed and accurate as possible. Any white misrepresentation or witholding of material local map 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 aforesald.

#### ACCIDENT STATEMENT

Date of Submission 17/05/2022 18:40 (SGT) **Date of Accident** 13/05/2022 12:15 (SGT) Exact Location of Accident Singapore Additional Location Information LOR CHUAN Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJJ3548X INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner RENTY PTE LTD

Company Reg No 2XXXXX200H Email Address KIM@FRESHCARS.SG Mobile Phone No (Phone) +65-89389818 Alternative Phone No (Home) +65-89389818

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy No **Policy Number** CV00000883601 Cover Note Number

DRIVER

Name of Driver NRIC No

LIN EN CHENG, MICHAEL SXXXX628F

of Birth	
Date Of Birth Occupation	12/08/1993
Date Of Driving Pass	Indoor
	17/07/2013
- 15 TO 10 T	8 YEARS AND 10 MONTHS
As Alla Number	Male MONTHS
MI 400 100 100 100 100 100 100 100 100 100	
Alt. Phone Number	(Phone) +65-89389818
Email Address	MOUNTE
Address	MICLIM93@GMAIL.COM
Address complement	BLK 161 YISHUN STREET 11 #07-192
Postcode	
Is the driver the policyholder?	760161
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Driver	
Insurance Company of Other Vehicle Owned by Driver	) <u>**</u>
or other vehicle owned by briver	: <b>×</b>
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Weather Conditions	Collision - Head to Rear
Weather Conditions  Pond Surface	Clear
Road Surface	Dry
	100 - 100 -
OTHER INFORMATION	
Warrant Colonia (Colonia Colonia Colon	
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)	5
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	
Name	
01	LEWIS
Gender	LEWIS Male
Gender PASSENGER 2	
	Male
PASSENGER 2 Name	Male
PASSENGER 2 Name	Male
PASSENGER 2 Name	Male
PASSENGER 2 Name Gender PASSENGER 3	Male CHRIS Male
PASSENGER 2  Name Gender  PASSENGER 3  Name	Male
PASSENGER 2 Name Gender PASSENGER 3	Male CHRIS Male
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender	Male CHRIS Male SUSAN
PASSENGER 2  Name Gender  PASSENGER 3  Name	Male CHRIS Male SUSAN
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4	Male CHRIS Male SUSAN Female
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4  Jame	Male CHRIS Male SUSAN Female SHIRLEY
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4	Male CHRIS Male SUSAN Female
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4  Jame	Male CHRIS Male SUSAN Female SHIRLEY
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4  Jame	Male CHRIS Male SUSAN Female SHIRLEY
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4  Jame Gender	Male CHRIS Male SUSAN Female SHIRLEY
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4  Name Gender  DETAILS OF POLICE ACTION	Male CHRIS Male SUSAN Female SHIRLEY
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4  Jame Gender  DETAILS OF POLICE ACTION  as the accident reported to the police?	Male  CHRIS Male  SUSAN Female
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4  Jame Gender  DETAILS OF POLICE ACTION  as the accident reported to the police?	Male  CHRIS Male  SUSAN Female  SHIRLEY Female
PASSENGER 2  Name Gender  PASSENGER 3  Name Gender  PASSENGER 4  Name Gender  PASSENGER 4  Name Gender  DETAILS OF POLICE ACTION  as the accident reported to the police?	CHRIS Male  SUSAN Female  SHIRLEY Female

### REFER TO ATTACHED

ATTACHMENT(S)

Was there any audio recorded?

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes Yes With Owner. No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Manufact	SLK6830G
Vehicle Model	-
Vahiala Variant	-
Vehicle Colour	( <b>-</b> )
Vehicle Category	-
Name of Driver	Private car
	ADRIAN
Contact Number Address	(Phone) +65-91849986
Address complement	
Address complement Postcode	. <b>≈</b> 2
	: <b>=</b> 0.
Insurance Company Name Nature Of Damage	<del>:=</del> 06
o. Danage	<del>-</del> 2
Details of property damaged in accident  No. Of Passenger (Including Driver)	<b></b>
(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 may epresentation or withholding of material facts may allow insurance companies to recordate policy liability.
- 4. The assue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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.
- ). 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.
  - & Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 florm) and any other personal information provided by me or possessed by my insurer (colectively 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 Monetery Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s)
  - (1) 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 dains;
  - [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, invokes, 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law ilims, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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.
- 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 luture claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (f) 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 count orders.

RENTY PTE LTD UEN 202008200+1

Policyholder's Signature Date & Time

Driver's Signature

(il ciriver is not the policyholder)

Date & Time:

Gilin

Reporting Centre Personnel's Signature

Name

NRIC/FIN NO.:

HIMA CONSISTING VILLEY

STUHPLAN #2

(II deliver is not the policyholder)

Onte & Time:

Reporting Cents
Name:
NRIC/FIN No.:

HIME SHEELING VA

### , Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	
Owner ID:	Company
Vehicle Details	200H
Vehicle No.:	CHOCANY
Vehicle to be Exported:	SJJ3548X
Intended Deregistration Date:	No .
Vehicle Make:	19 May 2022
Vehicle Model:	TOYOTA
Primary Colour:	VIOS E AUTO
Manufacturing Year:	White
Engine No.:	2008
Chassis No.:	1NZX766325
	MR053HY9305067874
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,344.00
Original Registration Date:	10 Sep 2008
First Registration Date:	10 Sep 2008
Transfer Count:	4
Actual ARF Paid: Intended PARF Rebate Details	\$9,288.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	09 Sep 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	.5
PQP Paid:	\$16,170.00
COE Rebate Amount:	\$4,227.00
Total Rebate Amount: Message	\$4,227.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 May 2022

# Toyota Vios 1.5A E (COE till 04/2024)

Overview Fina	ancial Accessories S	imilar Research	Photos Map
Price	\$20,500		
Depreciation ⑦	\$10,570 /yr	Reg Date	22-May-2009 (1yr 11mths 7days COE left)
Mileage	104,450 km (8k /yr)	Manufactured ⑦	2009
Road Tax ⑦	\$889 /уг	Transmission	Auto
Dereg Value ⑦	\$5,077 as of today (change)	OMV ⑦	\$12,468
COE ②	\$13,088	ARF ①	\$12,468
Engine Cap	1,497 cc	Power	80.0 kW (107 bhp)
Curb Weight 🕖	1,095 kg	No. of Owners 🕖	2
Type of Vehicle	Mid-Sized Sedan		