

Kenneth

ASS. REC. BY:

REF:

PGZ / 220049181K943

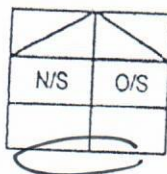
C

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____ EM
of _____
Insured: _____
Policy No. _____
Claims No. D22001544 MFCV
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: \$8k
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 06 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS
3/23

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJO 1157K Yr Regn: 03, 98
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toy Vios c.c. 1497
Colour: M. Blue A/C: Insured / Std / NI / NA
Sp. Reading: 212527 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MR 05314Y9305036798
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: Tourada 185/60R15
R: _____

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

Front Rear
R/Bal. 7 mm R/Bal. 2 mm
L/Bal. 7 mm L/Bal. 2 mm
D.O.A. 19/5/22 D.O.I. 25/5/2022

Survey held at

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

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

Date / Time Action / Instruction

26/3 11 Lr @ 38501 Contd (Red to 4378.68, 53%)

Date/Time, File Pass to?

1) 07/6 11:51

Date/Time, File Return to?

2)

☐ : Prel. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

Fees

Others

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech Invs (\$)

☐ : Weekend (\$)

Report Format: TP

Lump Sum / L.B.I: (\$ 3850)

TOTAL

EM Solution Pte Ltd

160 Sin Ming Drive #03-18/19, Sin Ming Autocity

Singapore 575722

Tel: 64560226 Fax: 64584500

GST Reg. No: 201016308K

ESTIMATE

Date : 24th May 2022

Ms **Kang Suyun**
Blk 40 Jalan Rumah Tinggi, #06-278
Singapore 151040

Veh No : **SJD 1157K**
Make/Model : **Toyota Vios**
Chassis No : MR053HY9305036798
Date of Acc : 19.05.22
TP Veh No : GBD 1669U

Not Notarised
11 May 8 3850h
Resurvey After Pain
6 days

S/No	Qty	Description	Unit Price	Amount
Materials				
1	1 pc	Rear Boot Lid		\$ 771.14
2	1 pc	Rear Boot Toyota Logo		\$ 33.70
3	1 pc	Rear Boot Lid Vios Emblem		\$ 36.60
4	1 pc	Rear Boot Lid G Sports Emblem		\$ 42.80
5	1 pc	Rear Boot Lid Outer Moulding		\$ 102.40
6	2 pcs	Rear Boot License Plate Lamp	\$ 41.30	\$ 82.60
7	1 pc	Rear Boot Lid Mechanism Lock		\$ 165.90
8	1 pc	Rear Boot Lid Inner Upholstry		\$ 288.60
9	1 pc	Rear Boot Weatherstrip		\$ 147.60
10	2 pcs	Rear Lamp L/R	\$ 417.80	\$ 835.60
11	2 pcs	Rear Fender L/R	\$ 792.40	\$ 1,584.80
12	1 pc	Rear Fender Liner LH		\$ 96.10
13	1 pc	Rear Bumper		\$ 564.10
14	2 pcs	Rear Bumper Side Retainer L/R	\$ 48.60	\$ 97.20
15	2 pcs	Rear Lamp Lower Bracket L/R	\$ 26.30	\$ 52.60
16	1 pc	Rear End Panel		\$ 864.80
17	1 pc	Rear End Panel Top Garnish		\$ 96.20
18	1 pc	Spare Tire Centre Foam		\$ 112.70
19	2 pcs	Spare Tire Side Foam L/R	\$ 151.40	\$ 302.80

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

Special Nett

1	1 pc	Rear Bumper Lower Spoiler
2	1 set	Rear Bumper Clips
3	1 set	End Garnish Clips
4	1 set	Reverse Sensor
5	1 set	Rear License Plate

Labour

1	To remove & rearrange electrical wirings & check lightings
2	To remove & replace upholstery, trim garnishes to facilitate repairs.
3	To remove, transfer boot lid components
4	To remove, repair & replace damaged bodyparts and where consistent to the accident.
5	Putty and respray painting on affected portions.
6	To remove & renew reverse sensor
7	Rust proofing on affected portions.

Labour Total : \$ 2,260.00

Total Parts & Labour : \$ 8,228.68

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	866E

Vehicle Details

Vehicle No.:	SJD1157K
Vehicle to be Exported:	No
Intended Deregistration Date:	24 May 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS G AUTO
Primary Colour:	Red
Manufacturing Year:	2007
Engine No.:	1NZX650580
Chassis No.:	MR053HY9305036798
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$13,917.00
Original Registration Date:	11 Mar 2008
First Registration Date:	11 Mar 2008
Transfer Count:	3
Actual ARF Paid:	\$15,309.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	10 Mar 2023
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$19,637.00
COE Rebate Amount:	\$3,097.00
Total Rebate Amount:	\$3,097.00

Message

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 23 May 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	23/05/2022 14:31 (SGT)
Date of Accident	19/05/2022 12:28 (SGT)
Exact Location of Accident	Kreta Ayer Rd, Singapore
Additional Location Information	Kreta Ayer Road (B4 Junction of New Bridge Road)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1157K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Kang SuYun
NRIC No	S8733866E
Email Address	nic_kang48@hotmail.com
Mobile Phone No	(Phone) +65-91068876
Alternative Phone No	(Home) +65-91068876

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118382027-01
Cover Note Number	-

DRIVER

Name of Driver	Kang SuYun
NRIC No	S8733866E

Date Of Birth	10/10/1987
Occupation	Outdoor
Date Of Driving Pass	30/09/2009
Driving experience	12 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91068876
Alt. Phone Number	(Home) +65-91068876
Email Address	nic_kang48@hotmail.com
Address	Blk 40Jalan Rumah Tinggi #06-278
Address complement	-
Postcode	151040
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Wet

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?	No
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 attached 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	GBD1669U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Wong Chan Heng
NRIC No	S1290919E
Contact Number	(Phone) +65-93662137
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	Kang SuYun
Gender	Female
Phone No	(Phone) +65-91068876
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJD1157K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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:

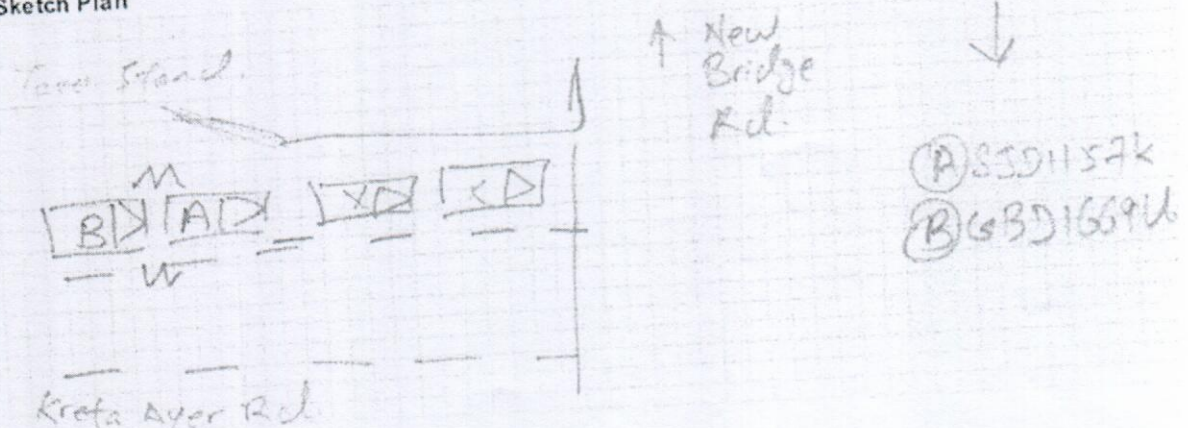
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

My car was stationary at the red light junction behind other vehicles.


A few seconds later, I felt a strong impact from the rear of my car.


I alighted & discovered Veb (B) had collided onto the rear of my car.


I felt some discomfort the next day & consult the doctor at Raffles Medical. I was given 2 days MC.

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

IMAGES



