

Steve

CS/CT122005459/EVY3

ASSIGNMENT

Front: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: YQ 4382K

Policy No. DMCVSNW00123222100

Claims No. SNM22D203905/C02/TANKW

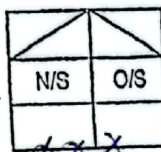
Sum Insured: _____ Excess: _____

(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: SL2 6370M Yr Regn: 11/5/18

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

Truck / Trailer or

Make: Toyota Prius Alpha c.c. 1798

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 152034 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2VW400928697

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 195/55R15

R: 11

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 2/6/22 D.O.I. 9/6/22

Survey held at AF & CAS

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
	MIR-95K
14/6/22	Steve informed LS \$4400 (Red 5381 17, 55%)

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 15/6/22-typist

Report Format: Merimen

Lump Sum / L.S. (\$ \$4400)

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

AF & CARS PTE LTD
NO.48 TOH GUAN ROAD EAST
#01-121 ENTERPRISE HUB
SINGAPORE 608586
M: 86118181

ASIA CARZ LEASING PTE LTD

Steve (LKK)
9/6/22, 11-11-11
83228813

M PL
L/S
M AL
S 45

LKK Auto Consultant's hence notify
the Repairer of the following:
• To resurvey before/after spray painting
• To display damaged parts during resurvey
• Parts prices are subject to market fluctuation
• Third party survey is on a "without prejudice" basis
• No legal liability is accepted
• Survey is only valid if the repairer is signed and
is subject to final approval from insurance Company

Estimate
Code: AF-000084
Date: 3-Jun-22
Vehicle No: SLZ6370M
Model: TOYOTA PRIUS ALPHA
CHASSIS #: ZVW40-0028697

NO.	Particular	Quantity	Unit Price	Amount
LIST PRICE PARTS				
1	REAR BUMPER / ON	1	\$580.10	\$580.10
2	REAR BUMPER SIDE RETAINER L/R - BR	2	\$190.10	\$380.20
3	REAR BUMPER REFLECTOR L/R X	2	\$230.10	\$460.20
4	REAR BUMPER NUT & WASHER X	1	\$61.90	\$61.90
5	REAR TAILLAMP LH / BR	1	\$780.00	\$780.00
6	REAR TAILGATE / ON	1	\$1,718.90	\$1,718.90
7	REAR TAILGATE HINGES L/R X	2	\$230.10	\$460.20
8	REAR TAILGATE DAMPER L/R X	2	\$380.10	\$760.20
9	REAR TAILGATE MECHANISM LOCK /	1	\$780.10	\$780.10
10	REAR TAILGATE MECHANISM LOCK STRICKER X	1	\$61.90	\$61.90
11	REAR TAILGATE LOGO EMBLEM - MC	1	\$61.70	\$61.70
12	REAR TAILGATE PRIUS EMBLEM - MC	1	\$61.29	\$61.29
13	REAR TAILGATE HYBRID EMBLEM - MC	1	\$51.90	\$51.90
14	REAR TAILGATE INNER TRIMBOUND X (Tailgate garnish)	1 - BR	\$890.10	\$890.10
15	REAR TAILGATE INNER TRIMBOUND CLIPS X	10	\$8.00	\$80.00
16	REAR TAILGATE BUSH L/R X	2	\$54.20	\$108.40
17	REAR TAILGATE DOOR PULL HANDLE X	1	\$91.30	\$91.30
18	REAR TAILGATE WEATHER STRIP - CR4	1	\$478.10	\$478.10
19	REAR END PANEL (INNER) X R	1	\$978.10	\$978.10
20	REAR END PANEL (OUTER) / ON	1	\$580.20	\$580.20
21	REAR END PANEL TOP GARNISH X	1	\$370.10	\$370.10
SUB-TOTAL BEFORE DISCOUNT				\$9,794.89
PERCENTAGE DISCOUNT 25%				\$2,448.72
Sub-total 1				\$7,346.17

NO.	SPECIAL NETT PRICE PARTS			
1	REAR BUMPER REVERSE SENSOR(SET) - Sheld	1	\$350.00	\$350.00
2	REAR BUMPER CLIPS(SET) - MC	1	\$35.00	\$35.00
3	REAR NUMBER PLATE - CR4	1	\$25.00	\$25.00
4	REAR NUMBER PLATE GARNISH - CR4	1	\$25.00	\$25.00
Sub-total 2				\$435.00

NO.	LABOUR			
1	To remove & refix parking sensor assy and retify for proper functioning	1	\$80.00	\$80.00
2	To diagnose, replace/or repair on the rear portion electrical system for proper functioning and where consistent to the accident	1	\$200.00	\$200.00
3	To respray, painting on the change bodyparts, repair portion and where consistent to the accident	1	\$800.00	\$800.00
4	To provide labour, workmanship to change damaged bodyparts, repair, align body structure & damaged and where consistent to the accident	1	\$800.00	\$800.00
Sub-total 3				\$1,880.00

S. Remove & Refix Rear Windscreen glass \$120
Total for Parts & Labour \$9,661.17



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	03/06/2022 14:00 (SGT)
Date of Accident	02/06/2022 14:00 (SGT)
Exact Location of Accident	Yishun Ave 8, Singapore
Additional Location Information	YISHUN AVENUE 8 TOWARDS YISHUN AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6370M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALTITUDE CAR LEASING PTE LTD
Company Reg No	201703858E
Email Address	leasing@asiacarz.com.sg
Mobile Phone No	(Phone) +65-85228455
Alternative Phone No	(Office) +65-85228455

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1797

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5121203946-01
Cover Note Number	-

DRIVER

Name of Driver	ONG WEE LOONG
NRIC No	S7525333H



Accident report SA0D22630001

Date Of Birth	24/08/1975
Occupation	Outdoor
Date Of Driving Pass	06/11/2000
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96207577
Alt. Phone Number	-
Email Address	weeloongsteven@gmail.com
Address	BLK 933A HOUGANG AVENUE 9 #15-112
Address complement	-
Postcode	531933
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	WONG YEN YING CATHERINE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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	YQ4382K
Vehicle Manufacturer	Toyota

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Dyna
-
-
Commercial vehicle
TAN CHIN NGUAN
S1233134G
(Phone) +65-94309818
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG WEE LOONG
Gender	Male
Phone No	(Phone) +65-96207577
Address	BLK 933A HOUGANG AVENUE 9 #15-112
Address Complement	-
Post Code	531933
Approximate Age Years Old	46
Injuries Sustained	SLIGHT DEGREE OF INJURY - OBTAINED 4 DAYS MC
Injured person in which vehicle?	SLZ6370M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

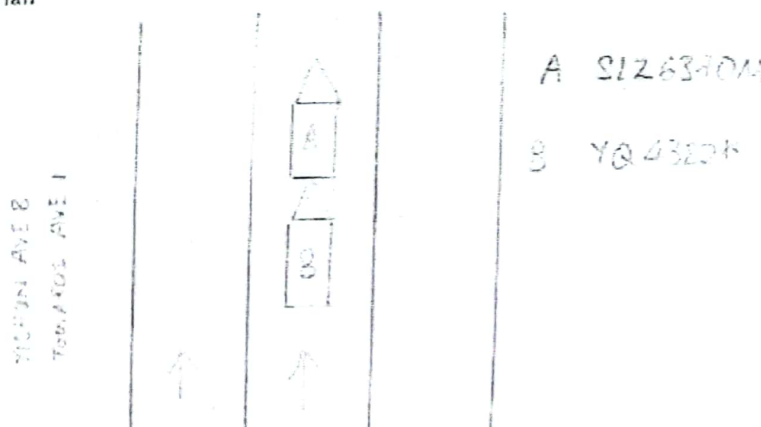
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

Witnessed by Reporting Centre Personnel
Joelle Tan
ARK Infopoint
P/L
03.06.2022

Sketch Plan



Describe Circumstances of the Accident

On 02nd June 2022, I was driving along Victoria Ave B towards Victoria Ave I at almost 50 km/h. I was driving slowly that time as the vehicle in front of me was a school bus. I depressed my foot brake on time but had an impact with the car after some 2-3m. I was not involved in the first position.

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

Real

Witnessed by Reporting Centre Personnel

J. Jelle Tan

AME OUTPOINT P/L
03.06.2022