

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. _____

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMH 6445P Yr Regn: 29/1/19Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Toyota Sienta c.c. 1496Colour: Black A/C: ☐ Insured / ☐ Std / ☐ Nil / ☐ NASp. Reading: 44447 T/Radio: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA

Eng/No: _____

C/No: NHPT707126852Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 185/60R15R: 11BS / ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ mm

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 12/7/22Survey held at Hua HongDes. of Damages: ☒ Front / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-90A

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.F. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	793A
Vehicle Details	
Vehicle No.:	SMH6445P
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jul 2022
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA HYBRID 1.5X CVT
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	1NZ8549908
Chassis No.:	NHP1707126852
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$22,972.00
Original Registration Date:	29 Jan 2019
First Registration Date:	29 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$14,161.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jan 2029
PARF Rebate Amount:	\$10,620.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$25,920.00
COE Rebate Amount:	\$16,952.00
Total Rebate Amount:	\$27,572.00

The information contained herein is correct as at 13 Jul 2022

OK



Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)
Email: motor@wahhong.sg
(199806235M)

Vehicle No. SMH6445P TOYOTA SIENTA HYBRID 1.5X

Page No. 1

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$)	SURVEYOR'S ADJUSTMENT
PARTS (LIST ITEMS)				
1	Bonnet / <i>OD</i>		979.00	
2	Bonnet hinge LH/RH @2*\$171 / <i>OT</i>		342.00	
1	Bonnet lock		231.00	
1	Front fender LH/RH @2*\$379 / <i>OD</i>		758.00	
②	Front fender shield LH/RH @2*\$361 / <i>OR</i>		722.00	
2	Front both fender emblem "hybrid" LH/RH @2*\$62 / <i>MC</i>		124.00	
1	Horn Low pitch / <i>OR</i>		231.00	
1	Front bumper / <i>MIS</i>		490.00	
2	Front bumper side retainer LH/RH @2*\$231 / <i>OR</i>		462.00	
1	Front bumper top center rubber seal / <i>MIS</i>		172.00	
1	Front bumper top garnish / <i>MIS</i>		371.00	
1	Front bumper under cover / <i>OR</i>		290.00	
2	Fog lamp cover LH/RH @2*\$231 / <i>MIS</i>		462.00	
2	Fog lamp LH/RH @2*\$371 / <i>MIS</i>		742.00	
1	Center grille / <i>MIS</i>		979.00	
1	Center grille towing cover / <i>MIS</i>		62.00	
1	Center grille logo badge / <i>MIS</i>		84.00	
1	Front bumper sponge / <i>MIS</i>		180.00	
1	Front reinforcement / <i>OD</i>		379.00	
1	Support panel (Top center panel) / <i>OD</i>		1218.00	
1	Headlamp top panel LH/RH @2*\$181 / <i>OT</i>		362.00	
1	Brace panel / <i>OT</i>		231.00	
②	Radiator side air guide top LH/RH @2*\$179 / <i>OR</i>		358.00	
1	Radiator side air guide lower LH/RH @2*\$179 / <i>OR</i>		358.00	
1	Radiator top air duct / <i>MIS</i>		371.00	
1	Condense ?		1219.00	
1	Radiator small ? / <i>OT</i>		1018.00	
1	Radiator big ?		1719.00	
1	Front door RH (Repair refer to labour) <i>X R</i>		0.00	
			14914.00	
			-25% -3728.50	
			11185.50	
SPECIAL NETT ITEMS				
1	Front bumper clips / <i>MC</i>		30 35.00	
1	Center grille clips / <i>MC</i>		30 30.00	
1	Front carplate with holder / <i>MIS</i>		35.00	
1	Coolant <i>AA</i> ?		50.00	
2	Front fender clips LH/RH / <i>MC</i>		30 50.00	
Total Parts			11385.50	



Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)
Email: motor@wahhong.sg
(199806235M)

Vehicle No. SMH6445P TOYOTA SIENTA HYBRID 1.5X

Page No. 2

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYOR'S ADJUSTMENT
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	1200.00	1000
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	1200.00	1000
3	To remove and refix wiring system at accident damaged area and check for all electrical proper	60.00	30
4	To perform anti-rust treatment on affected areas	60.00	30
5	To remove/refix and replace air-con condenser, pipes, vacuum and recharging gas.	100.00	?
Labour Total:		2620.00	
TOTAL (PARTS & LABOUR):		14005.50	

Steve (LKK)
14/7/22, 10.10c

Mr MC
P/P
by ALY
6 dgr

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) for resurvey
- Parts price is valid
- Third party survey is on a fixed 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:

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 13/07/2022 14:30 (SGT)
Reported by Driver
Date of Accident 12/07/2022 20:30 (SGT)
Exact Location of Accident Near 271 Jurong East Street 21, Singapore 609603
Additional Location Information BETWEEN JURONG EAST ST 21 AND JURONG EAST CENTRAL
TRAFFIC JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH6445P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GUI FENG YI
NRIC No SXXXX793A
Email Address GFENGYI@HOTMAIL.COM
Mobile Phone No (Phone) +65-92322252
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 1496

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/01002426

DRIVER

Name of Driver TEO KOK LEONG CALVIN
NRIC No SXXXX537A
Date Of Birth 11/10/1983

are accident
was there

Occupation	Outdoor
Date Of Driving Pass	20/01/2014
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97254466
Alt. Phone Number	-
Email Address	CALVINTEO83@GMAIL.COM
Address	BLK 287B JURONG EAST ST 21 #10-338
Address complement	-
Postcode	602287
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Cross Junction
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	GUI FENG YI
Gender	Female

PASSENGER 2

Name	DARIUS TEO JIEXU
Gender	Male

PASSENGER 3

Name	ELLIE TEO RUIEN
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 TO SKETCH PLAN AND SUMMARY

ATTACHMENT(S)

Accident photos available for attachment? Yes
Were any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS8667T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG TECK WAH
Contact Number	(Phone) +65-97513102
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Lonpac Insurance Bhd
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

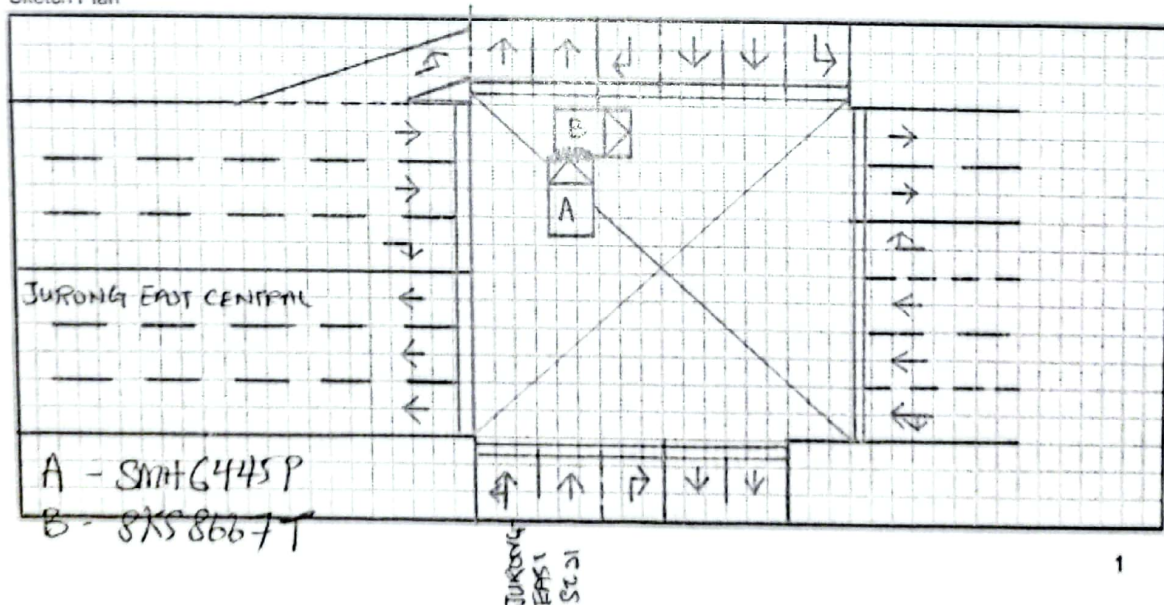
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 12 July 2022 at about 8:30pm, I was driving my vehicle SAM 6445P along Turing East St 21. I was stopping at the junction as it was a red light. As the traffic light turned green, I started to drive straight and paid attention to the right as there was a car inching out from a discretionary right turn. ~~When~~ Before I could react, a car from the left, SKS 8667T, beat the red light and I collided with the vehicle. Accident happened at the junction between Turing East St 21 and Turing East Central.

I was with my wife, son and daughter ~~when~~ the accident happened.

Declaration

I/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 (name as in NRIC/ID card)

