

Ass. Pco. BY:

REP:

CS/FC122006THH/Acy3

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.

N/S	O/S

Bal. or Market Value: \$55K (Quoted by Simon)

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 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: SLH 262B Yr Regn: 2009, May

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

Truck / Trailer or

Make: Toyota Camry c.c. 1998

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

Sp. Reading: 198354 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROS3 BK410704420

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: 215/60R16

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 15/07/22

Survey held at HD Refect.

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

Front o/s.

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

Date / Time	Action / Instruction
10/8	TP / 1st Cap. COE Expiry: 31/03/29.
	Adrian finalised LR \$4900; 5 days with repaire. (Red. 12, 16, 15, 12)
	MV: \$55,000
	PV: \$21,044
	Nett: \$33,956

Date/Time, File Pass to?

☐

: Preli. Report

1)

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Trans. Fee:

1/2 RS ... SI

Phone

Other

Art'd Fee

☐

Site Insp (\$

☐

Work Inv (\$

☐

Tech. Invs (\$

Report Form 1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	189W
Vehicle Details	
Vehicle No.:	SLH262B
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Nov 2022
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	1AZE134480
Chassis No.:	MR053BK4107044420
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	\$26,727.00
Original Registration Date:	05 May 2009
First Registration Date:	05 May 2009
Transfer Count:	3
Actual ARF Paid:	\$26,727.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$33,018.00
COE Rebate Amount:	\$21,044.00
Total Rebate Amount:	\$21,044.00

The information contained herein is correct as at 16 Nov 2022

OK

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

14/07/2022

Time of Accident:

2:10

(AM / PM)

Location of Accident:

Hougang Avenue 8 towards Hougang Avenue 7

Country/State of Loss:

Singapore

Type of Accident:

Side - to - Side

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify

-

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

-

No. of vehicles Involved in the accident (include own vehicle) 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

-

Was notice of Prosecution given?

Yes / No

If yes, against whom?

-

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

Details of Own Vehicle

Vehicle Registration No: SLH262B

Vehicle Category: B

Vehicle Manufacturer: Toyota Vehicle Model: Camry

Transmission: Manual / (Auto) Cc: 2.0

Exact purpose for which vehicle was being used at the time of accident:

Private Car / (Private Use) / Employment

No. of passengers (including driver) 01

Passenger Name: -

Gender: Male / Female

Passenger Name: -

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: NTUC

Coverage Type: ACT / (Comprehensive) / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / (No)

Registered Owner Name: Swee Heng Motor Leasing Pte. Ltd.

ID Type: (UEN) / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 201827189W

Email: Sweeheengmotortrading@gmail.com

Mobile No: 9889 5558

Alt. No Type: Home / Office / Not in List

If Not in List, please specify -

Owner Alt Phone No: -

Driver's Information

Is the driver the policy holder? Yes / ☒ No

Name of Driver: Ong Jun Kiat Benedick

Gender: ☒ Male / Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: S9522069Z

Date of Birth: 25/06/1995

Driving Pass Date: 03/02/2016

Mobile No: 8588 5141

Email: -

Address 1: BLK 632B Senja Road #02-127

Address 2: - Postal Code: 672632

Occupation: Indoor ☒ Outdoor

Driver Owner Relationship Leasing

Does Driver own other vehicles? Yes ☒ No

If yes, please provide Vehicle Registration No: -

Handling Insurer: -

TP Vehicle or Property

Was there any other vehicle or property damaged? ☒ Yes / No

If yes, please provide:

(i) Vehicle Registration No: SG6324P

(ii) Vehicle Category: -

(iii) No. of passengers (including driver) -

Passenger Name: -

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes ☒ No

Name of Translator: _____

ID Type: _____ NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? ☒ Yes / No

Any injured conveyed to hospital by Ambulance? Yes / ☒ No

If yes, please provide:

- (i) Name: Ong Jun Kiat Benedict
- (ii) Gender: Male / Female
- (iii) Injured Person in which Vehicle? SLH 262B
- (iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / ☒ No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

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.

(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.

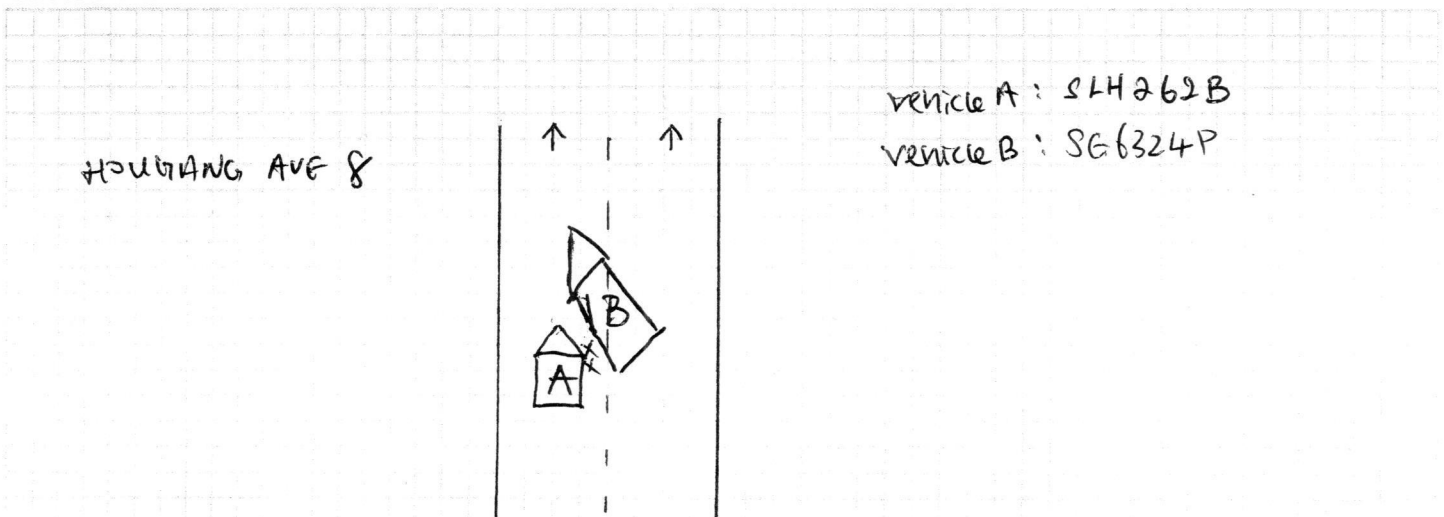


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

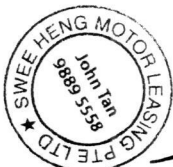
On 14.07.2022 at about 14:10 hours along Hougang Avenue 8 towards Hougang Avenue 7, I was travelling straight on lane 2 (left lane) at the above mentioned location and suddenly vehicle (B) from lane 1 make a lane change abruptly into my lane hence collided onto the front right hand side portion of my vehicle (A).

Vehicle (A): SLH 262B

Vehicle (B): SG 6324P

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

Company Reg No: 202136904Z

Tel : 6341 6789 Fax: 6341 6778



DATE : 15.07.2022

MR053BK410704420

Celine

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

CLAIM DETAIL : PARTS				
S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BUMPER <i>Behind</i>	1	\$ 520.00	\$ 520.00
2	FRONT BUMPER FOGLAMP <i>Crashed RH</i>	2	\$ 290.00	\$ 580.00
3	FRONT BUMPER FOGLAMP COVER RH <i>New</i>	1	\$ 130.00	\$ 130.00
4	FRONT BUMPER FOGLAMP COVER SIDE CHROME RH <i>New</i>	1	\$ 86.00	\$ 86.00
5	FRONT BUMPER TOW HOOK COVER <i>New</i>	1	\$ 30.00	\$ 30.00
6	FRONT BUMPER GRILLE (UPPER) <i>New</i>	1	\$ 570.00	\$ 570.00
7	FRONT BUMPER GRILLE LOGO <i>New</i>	1	\$ 65.00	\$ 65.00
8	FRONT BUMPER RETAINER <i>RH Bnd</i>	2	\$ 85.00	\$ 170.00
9	FRONT BUMPER SPONGE <i>New</i>	1	\$ 105.00	\$ 105.00
10	FRONT DOOR VIEW MIRROR RH <i>Damaged</i>	1	\$ 1,460.00	\$ 1,460.00
11	FRONT DOOR PROTECTOR RH <i>New</i>	1	\$ 185.00	\$ 185.00
12	HEADLAMP RH <i>Cut</i>	1	\$ 1,158.00	\$ 1,158.00
13	ENGINE UNDER COVER <i>New</i>	2	\$ 330.00	\$ 660.00
14	FRONT WIPER WASHER TANK <i>Behind</i>	1	\$ 185.00	\$ 185.00
15	FRONT WIPER WASHER TANK MOTOR <i>New</i>	1	\$ 245.00	\$ 245.00
16	FRONT FENDER RH <i>Dented</i>	1	\$ 820.00	\$ 820.00
17	FRONT FENDER EMBLEM 'VVTI' <i>New</i>	1	\$ 55.00	\$ 55.00
18	FRONT FENDER COWLING <i>Behind</i>	1	\$ 160.00	\$ 160.00
19	FRONT FENDER UPPER INNER GARNISH <i>New</i>	1	\$ 85.00	\$ 85.00
20	FRONT ABS SENSOR RH <i>New</i>	1	\$ 455.00	\$ 455.00
21	FRONT ANTI ROLL BAR LINKAGE RH <i>New</i>	1	\$ 180.00	\$ 180.00
22	FRONT KNUCLE ARM RH <i>Bnd</i>	1	\$ 615.00	\$ 615.00
23	FRONT KNUCLE BEARING RH <i>Bnd</i>	1	\$ 165.00	\$ 165.00
24	FRONT WHEEL HUP RH <i>Bnd</i>	1	\$ 260.00	\$ 260.00

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TO : MS FIRST CAPITAL MOTOR CL/
 VEHICLE NO : SLH262B
 MODEL : TOYOTA CAMRY
 DATE OF ACCIDENT : 14.07.2022
 TIME OF ACCIDENT : 14:10HRS

25	FRONT SHOCK ABSORBER RH <i>He m</i>	1	\$ 435.00	\$ 435.00	+
26	FRONT LOWER ARM RH <i>Best</i>	1	\$ 610.00	\$ 610.00	✓ 435
27	FRONT STEERING RACK AND PINION <i>He m</i>	1	\$ 3,470.00	\$ 3,470.00	+
28	FRONT DRIVESHAFT RH <i>He m</i>	1	\$ 1,430.00	\$ 1,430.00	+

5862
4396.50

TOTAL PRICE \$ 14,889.00
 LESS 25% \$ 3,722.25
 SUB TOTAL PRICE \$ 11,166.75

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	FRONT NUMBER PLATE <i>He m</i>	1	\$ 50.00	\$ 50.00	+
2	FRONT BUMPER CLIPS (SET) <i>He m</i>	1	\$ 50.00	\$ 50.00	30
3	FRONT BUMPER GRILLE (UPPER) CLIP (SET) <i>He m</i>	1	\$ 30.00	\$ 30.00	+
4	FRONT BUMPER UNDER COVER CLIP (SET) <i>He m</i>	1	\$ 50.00	\$ 50.00	+
5	FRONT FENDER INNER COWLING CLIP (SET) <i>He m</i>	1	\$ 50.00	\$ 50.00	30
6	FRONT FENDER UPPER INNER GARNISH CLIP (SET) <i>He m</i>	1	\$ 50.00	\$ 50.00	+
7	FRONT ENGINE COVER GARNISH CLIP LH (SET) <i>He m</i>	1	\$ 30.00	\$ 30.00	+
8	FRONT WHEEL TYRE RH <i>He m</i>	1	\$ 350.00	\$ 350.00	+
9	FRONT WHEEL RIM RH <i>He m</i>	1	\$ 650.00	\$ 650.00	450
10	BRAKE OIL <i>He m</i>	1	\$ 50.00	\$ 50.00	+

510

TOTAL \$ 1,360.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVING AND REPLACING PARTS	\$ 1,800.00	500
2	SPRAY PAINTING TO AFFECTED AREA	\$ 1,500.00	500
3	REFOCUS HEADLAMP BEAM	\$ 60.00	x
4	REMOVE AND REFIX FRONT UNDERCARRIAGE	\$ 650.00	180
5	TO PRESS FRONT WHEEL BEARING	\$ 80.00	x
6	REMOVE AND REFIX POWER STEERING RACK AND PINION	\$ 350.00	x
7	FOUR WHEEL ALIGNMNET	\$ 120.00	80
8	RESET ABS LIGHT	\$ 350.00	x

TO : MS FIRST CAPITAL MOTOR CL/
VEHICLE NO : SLH262B
MODEL : TOYOTA CAMRY
DATE OF ACCIDENT : 14.07.2022
TIME OF ACCIDENT : 14:10HRS

TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET 9 MEMORIES TO SPECIFICATION ETC.	\$ 180.00	X
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1260

TOTAL \$ 5,090.00

TOTAL PARTS COST : \$ 12,526.75
TOTAL LABOUR COST : \$ 5,090.00
TOTAL REPAIR COST : \$ 17,616.75

Adrian Lj
L/S 15/07/22

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE
CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED
ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.
PARTS PRICES ARE SUBJECT TO CHANGES.

05 Days.

YOURS FAITHFULLY,

IRENE

SERVICE ADVISOR
IRENE
HP : 8297 9787

total 6166.80
L/S: A.9K.

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:

Company Reg No: 202136904Z

Tel : 6341 6789 Fax: 6341 6778

鴻達

HD PERFECT
AUTOWORK PTE LTD

DATE : 15.07.2022

M2053B/C41070+4+20

Celine

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EXAM-DETAIL PARTS				
S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
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2	FRONT BUMPER FOGLAMP <i>Crushed RH</i>	2	\$ 290.00	\$ 580.00
3	FRONT BUMPER FOGLAMP COVER RH <i>New</i>	1	\$ 130.00	\$ 130.00
4	FRONT BUMPER FOGLAMP COVER SIDE CHROME RH <i>New</i>	1	\$ 86.00	\$ 86.00
5	FRONT BUMPER TOW HOOK COVER <i>New New</i>	1	\$ 30.00	\$ 30.00
6	FRONT BUMPER GRILLE (UPPER) <i>New</i>	1	\$ 570.00	\$ 570.00
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26	FRONT LOWER ARM RH <i>Best</i>	1	\$ 610.00	\$ 610.00	<i>435</i>
27	FRONT STEERING RACK AND PINION <i>Mem</i>	1	\$ 3,470.00	\$ 3,470.00	<i>+</i>
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6	FRONT FENDER UPPER INNER GARNISH CLIP (SET) <i>Mem</i>	1	\$ 50.00	\$ 50.00	<i>+</i>
7	FRONT ENGINE COVER GARNISH CLIP LH (SET) <i>Mem</i>	1	\$ 30.00	\$ 30.00	<i>+</i>
8	FRONT WHEEL TYRE RH <i>Mem</i>	1	\$ 350.00	\$ 350.00	<i>+</i>
9	FRONT WHEEL RIM RH <i>Cut</i>	1	\$ 650.00	\$ 650.00	<i>450</i>
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510

TOTAL \$ 1,360.00

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7	FOUR WHEEL ALIGNMENT	\$ 120.00	<i>80</i>
8	RESET ABS LIGHT	\$ 350.00	<i>+</i>

TO : MS FIRST CAPITAL MOTOR CL/
VEHICLE NO : SLH262B
MODEL : TOYOTA CAMRY
DATE OF ACCIDENT : 14.07.2022
TIME OF ACCIDENT : 14:10HRS

9	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS,RESET MEMORIES TO SPECIFICATION ETC.	\$ 180.00	X
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1260

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ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.
PARTS PRICES ARE SUBJECT TO CHANGES.

05 Days.

YOURS FAITHFULLY,

IRENE

SERVICE ADVISOR
IRENE
HP : 8297 9787

total: 6166.80
L/S: A.9K.

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: