

(08/11/0) wef

ASS. REC. BY: Sam

REF:

CS/CT122007483/eqy3

458k

## ASSIGNMENT

From:

Date:

Veh No:

PC 6527C

Yr Regn: 2017 / OCT

Estimated Cost:

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

Truck / Trailer or

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

To inspect Vehicle No: PC 6527CMake: TOYOTA HIACE COM 3.0GLA c.c 2982at Workshop m/s SC AUTOColour WHITE A/C: Insured / Std / NI / NAof SL-SERVO RDSp. Reading 13996 T/Radio: Insured / Std / NI / NAInsured: CTI

Eng/No:

Policy No.

C/No: KDH 223 0033815

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: ☒ In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ In order / Jammed / Leaked / Burnt or

Make of Veh:

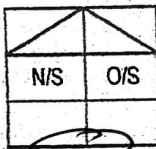
Modi: ☒ Nil / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 155R15C

R:

Remark: The veh had commenced its repair at the time of inspection.

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

Bal. or Market Value:

78K

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal. 7 mmR/Bal. 7 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal. 7 mmL/Bal. 7 mm

Est. Repairs:

days Res.: Yes or No

D.O.A. 03/08/22D.O.I. 11/08/22

Lum Sum:

% 3 Val.: Yes or No

Survey held at

SC AUTO

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

REPAIR LIMIT - 60K

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: ☐ : Site Insp (\$

) S + RS SI

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

)

Report Format :

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

TOTAL



# SC AUTO INDUSTRIES (S) PTE LTD

51 Senoko Road, Singapore 758133  
T 65 6758 2222 F 65 6257 6931  
E sales@scauto.com.sg  
scauto.com.sg

Co. Reg. No.

199800107D

M/S CHINA TAIPING INSURANCE (S)  
PTE LTD  
3 ANSON RD, #16-00 SPRINGLEFT  
TOWER SINGAPORE 079909

Insured TONG TAR TRANSPORT SERVICES PTE

Policy SP2000572233

## ESTIMATE BILL

GST Reg. No: 199800107D

Date: 5/8/2022

Our Case Ref.

Accident Date 3/8/2022

Damaged Vehicle No: PC6527C

S/no	Description	QTY	Price	Amount	Remark
<b>Replaced Parts</b>					
1	REAR WINDSCREEN X	1 PC	\$1,350.00	\$ 1,350.00	
2	REAR WINDSCREEN SEALANT ✓	4 PC	\$ 50.00	\$ 200.00	
3	TAILAMP LH & RH X	2 PC	\$ 360.00	\$ 720.00	
4	TAILGATE CHROME ✓	1 PC	\$ 520.50	\$ 520.50	
5	REAR PANEL INNER ✓	1 PC	\$1,550.00	\$ 1,550.00	
6	REAR LOGO ✓	1 PC	\$ 115.60	\$ 115.60	
7	REAR EMBLEM ✓	1 PC	\$ 125.60	\$ 125.60	
8	REAR REVERSE SENSOR ✓	2 PC	\$ 385.50	\$ 771.00	
9	TAILGATE ✓	1 PC	\$3,200.00	\$ 3,200.00	
10	TAILGATE LOCK ✓	1 PC	\$ 589.50	\$ 589.50	
11	REAR NUMBER PLATE WITH PLATE HOLDER X	1 PC	\$ 80.00	\$ 80.00	
12	INFORMATION STICKER ✓	1 PC	\$ 65.00	\$ 65.00	
13	SUNDRIES		\$ 200.00	\$ 200.00	120
<b>Labour Charges</b>					
1	LABOUR TO REMOVE, REINSTALL AND CHECK REAR BUMPER WIRENESS AND RECORDING CAMERA.			\$ 650.00	350
2	LABOUR TO REINSTALL REAR WINDSCREEN			\$ 800.00	300
3	LABOUR TO REMOVE, REPAIR AND REINSTALL REAR BUMPER, REAR PANEL, TAILGATE, FLOOR BOOT			\$ 5,200.00	2400
4	LABOUR TO RESPRAY REAR PANEL, TAILGATE, FLOOR BOOT			\$ 2,600.00	1500
5	LABOUR TO REMOVE AND REINSTALL SEAT, UPHOLSTREY			\$ 1,000.00	300
6	LABOUR TO CARRY OUT DIAGNOSTIC CHECK			\$ 350.00	100
TOTAL				\$ 20,087.20	

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:

6 days  
P/P  
11/08/22 @ 1045  
Reg before print (old & new)



# 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 Actual 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	03/08/2022 15:54 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 12:53 (SGT)
Exact Location of Accident	8QXV+V6 Singapore
Additional Location Information	PIE TOWARDS BKE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6527C
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TONG TAR TRANSPORT SERVICE PTE LTD
Company Reg No	1XXXXX458K
Email Address	jo@tongtar.com
Mobile Phone No	(Phone) +65-98292152
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Goods vehicle
Transmission	Auto
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000572233

### DRIVER

Name of Driver	NG LYE HOCK
NRIC No	SXXXX077B
Date Of Birth	16/11/1953
Occupation	Outdoor

Date Of Driving Pass	01/07/2010
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84071444
Alt. Phone Number	-
Email Address	jo@tongtar.com
Address	BLK 155 YUNG LOH ROAD
Address complement	#08-08
Postcode	610155
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

I WAS DRIVING ALONG PIE TOWARDS BKE. SUDDENLY I NOTICED FRONT HAVE ACCIDENT, SO I SLOW DOWN MY VAN THEN VEHICLE NO: GBE9499K HIT MY VAN FROM BEHIND. AT THAT TIME RAINING AND WET ROAD SURFACE.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE9499K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Goods vehicle
Vehicle Category	-
Name of Driver	-



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

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## IMPORTANT NOTICE

## SKETCH PLAN

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 wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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.
- (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

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

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

Sketch Plan

Sketch Plan

A: PL 6527C  
B: GBE9449K

5/8/2022

Jun2022



Describe Circumstance of the Accident

I was driving along for towards CBE. Suddenly I noticed front lane accident, so I slow down my van then vehicle no. GCE4499K hit my van from behind. At that time, raining and wet road surface.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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

4/2/2012

2

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	458K
Vehicle No.:	PC6527C
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER 3.0 GL AUTO
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	1KD2744852
Chassis No.:	KDH2230033815
Maximum Power Output:	-
Open Market Value:	\$42,311.00
Original Registration Date:	25 Oct 2017
First Registration Date:	25 Oct 2017
Transfer Count:	1
Actual ARF Paid:	\$2,116.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	24 Oct 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$35,799.00
COE Rebate Amount:	\$18,611.00
Total Rebate Amount:	\$18,611.00

The information contained herein is correct as at 12 Aug 2022

OK