ASS. REC. BY: Kenneth

REF: INC/22008795/K943

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Autoworx

of 6056

Insured: _____

Policy No. _____

Claims No. _____

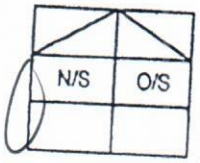
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJR 7855C Yr Regn: 08, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: '07 Sienta (A) c.c 1496

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 188776 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NSP172-7001272

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rlm / STD A/Rlm or _____

Tyre Size: F: 185/60R15

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	3/8/22	D.O.I.	7/9/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
11/4	I/Rep @ 2300 Smart
11/4/22 @ 4.59pm	Nisha said she already obtain whatapps Kenneth & confirmed LS @ 2300, 4 days. Chad @ 4630, 67%)

Date/Time, File Pass to?

1) 11/4/22 @ 5pm

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum / I.B.I: (S 2300)

AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721
TEL: 64520715 FAX: 64529250

Not Authorised
L/Lay @ 230/h
Resurvey After Paint
4 days

ESTIMATE

MACQUEEN RENTALS PTE LTD
c/o 46 Lentor Plain
Singapore 786548

Date: 13/08/2022

QUANTITY	PARTICULARS	AMOUNT ($)	
	RE: TOYOTA SIENTA WELCAB / SLR 7655 C		
1pc	rear door LH	Rp 1,164.50	—
1pc	rear door protector 225.	Rpl 514.50	—
1pc	rear door outer handle	Rn 341.60	X
1pc	rear door window regulator 218.70	Rpl 435.10	2
1pc	rear door window regulator motor	Rp 514.50	2
1pc	rear door slide lower	Rn 116.70	X
1pc	rear door slide upper	Rn 150.60	X
1pc	rear door slide rail lower	Rn 245.10	X
1pc	rear fender	R 1,057.40	X
1pc	rear fender arch protector 108.60	Rpl 245.60	—
1pc	rear bumper	R 1,076.40	X
1pc	rear bumper protector trim	Rn 211.70	X
1pc	rear bumper side retainer	Rn 69.50	X
1pc	rear wheel bearing assy	Rn 567.50	X
1pc	rear axle	Rn 1,540.50	X
1pc	rear fender upper trim	Rn 667.50	X
	Sub-total	8,918.70	
	Less 20%	1,783.74	
	Sub-total	7,134.96	
1pc	alloy rim s.nett	Rn 700.00	X
1pc	rear shock absorber s.nett	R 3,645.00	X
	To remove and replace the parts mentioned above, panel beat and realign the necessary affected areas.	800.00	4.5 cn
	To check wiring system.	80.00	2 cn
	To apply putty and spray painting on affected areas.	900.00	6 cn
	To remove undercarriage	Rn 360.00	X
	To transfer door accessories	60.00	—
	To apply rust proofing on affected areas.	150.00	3 cn
	To apply waterproof sealant on affected areas.	Rn 150.00	X
	To perform 4 wheels computerised alignment	85.00	6 cn
	Total	6,930.00	

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:
Date:

SS2S22840001 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 04/08/2022 14:30 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 1 (04/08/2022 14:30 (SGT))

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 witholding 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	04/08/2022 14:30 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 17:45 (SGT)
Exact Location of Accident	Corporation Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7655C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MCQUEEN RENTALS PTE LTD
Company Reg No	2XXXXX605G
Email Address	ask@mcqueenrentals.com
Mobile Phone No	(Phone) +65-88585551
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5115168776-02

DRIVER

Name of Driver	LIM SENG
NRIC No	SXXXX132E
Date Of Birth	13/04/1954
Occupation	Outdoor

Date Of Driving Pass	27/08/1984
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-96256352
Alt. Phone Number	-
Email Address	limseng54@gmail.com
Address	BLK 37A PINE LANE
Address complement	#09-16
Postcode	391037
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 - Change/cross lane
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)	2
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	N.A
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

PLEASE SEE ATTACHED SKETCH PLANS

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK2812D
Vehicle Manufacturer	Toyota
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SIM CHEE KIAT ALLAN
NRIC No	SXXXX905B
Contact Number	(Phone) +65-98896561
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
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 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.

McQueen Rentals Pte Ltd 20120320

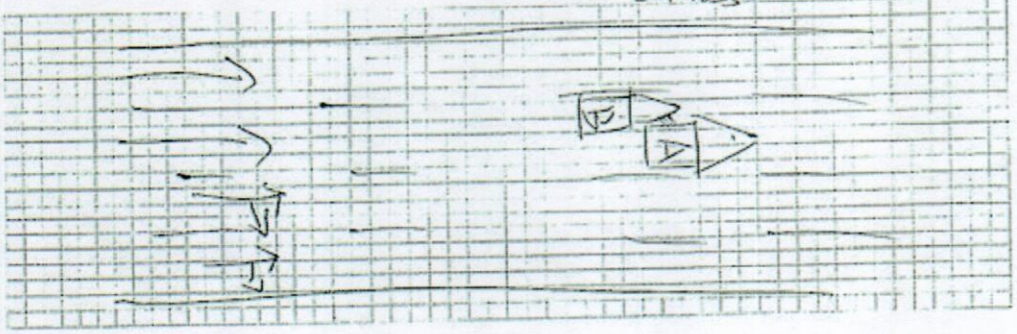
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A : SLR7655C Vehicle B : GBK3812D



SKETCH PLAN #2

Describe Circumstances of the Accident

I was driving along Coporation Rd towards Boon Lay Way. below the Coporation Flyover. a Van (GBK 2812 D) while was travelling behind me made a lane change tried to overtake me from my left. collide into the left side of my vehicle with a hard impact

☐ Claim OD ☐ Claim Third Party ☑ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : Supreme

Email address : admin@supreme.sg.

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.

McQueen Rentals Pte Ltd

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel