

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT
#01-49 SINGAPORE 415875
Tel: +65 64524457
Fax: +65 64524584
Company Reg No: 201929175W

Vehicle number: PC6680S
Make & Model: Toyota Hiace Commuter
Chassis number: KDH2230034078

Date of survey:
Name of surveyor:
Contacts:

	\$	13,274.00
Parts less 25%	\$	3,318.50
Total	\$	9,955.50

50 ml /
40 ml -
X

4	Tailgate centre spoiler	1	\$	950.00	x
5	Tailgate outer handle spoiler	1	\$	500.00	x
6	Tailgate "70km/h" sticker	1	\$	28.00	nei
7	Tailgate sealant	1	\$	120.00	x
8	Tailgate reverse camera	1	\$	750.00	x
9	Rear number plate	1	\$	80.00	x
10	Rear bumper (after market) <i># check price</i>	1	\$	1,050.00	cm
11	Rear bumper clips	1	\$	80.00	30 per
12	End panel joint sealant (outer)	1	\$	80.00	How
13	End panel joint sealant (inner)	1	\$	80.00	x
14	End RH side panel joint sealant	1	\$	40.00	x
15	End LH side panel joint sealant	1	\$	40.00	x
Total:			\$	5,188.00	

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 1,500.00
2	Spray painting on affected areas and panels	\$ 1,400.00
3	Check wiring and lighting system on affected areas	\$ 80.00
4	Apply rust coating chemical on affected areas and panels	\$ 120.00
5	Remove and reinstall tailgate windscreen glass to assist repair	\$ 280.00
6	Remove and replace tailgate reverse camera to assist repair	\$ 120.00
7	Remove and replace tailgate inner mechanism to new tailgate	\$ 180.00
8	Remove and replace exhaust silencer and gasket to assist repair	\$ 180.00
9	Remove and replace rear inner trims and garnish to assist repair	\$ 320.00
10	Remove and replace rear bumper reverse camera to assist repair	\$ 100.00
Total:		\$ 4,280.00

Agreed Amount: _____ (Part by Part / Lump sum)
Working days: _____

Spare Parts: \$ 9,955.50
Special Nett: \$ 5,188.00
Labour: \$ 4,280.00

Total Amount: \$ 19,423.50

Tanpin 97495749
WP' 14/9/22 @ 12pm
L/S Resurvey after repair
Tanpin C (khanfo.com)
= 5 days

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: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 582E

Vehicle Details

Vehicle No.: PC6680S
Vehicle to be Exported: Yes
Intended Deregistration Date: 08 Sep 2022
Vehicle Make: TOYOTA
Vehicle Model: HIACE COMMUTER GL 3.0 A
Primary Colour: Silver
Manufacturing Year: 2017
Engine No.: 1KD2750129
Chassis No.: KDH2230034078
Maximum Power Output: -
Open Market Value: \$41,806.00
Original Registration Date: 30 Nov 2017
First Registration Date: 30 Nov 2017
Transfer Count: 2
Actual ARF Paid: \$2,091.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 29 Nov 2027
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$32,287.00
COE Rebate Amount: \$16,878.00
Total Rebate Amount: \$16,878.00

The information contained herein is correct as at 07 Sep 2022

OK

VEHICLE NO: PC 6680 S

MAKE & MODEL: ^{R-CP} TOMOTA KIMCE HIGH AUTO / MANUAL

DATE OF ACCIDENT	07 / 09 / 22	C.C.3.0.
TIME OF ACCIDENT	1000	AM / PM
LOCATION OF ACCIDENT	SOUTH WOODLANDS WAY.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	JIANE THE TRANSPORT SERVICES.	
EMAIL	JFSFIKKY@gmail.com	OFFICE: MOBILE: 96192420.
NRIC	533775826.	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INCURANCE CO.	NINC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5111691265-07.	
NAME OF DRIVER	AS ABOVE / IF NO: FIKKY ALLIANDY	
NRIC	S81064609.	
DATE OF BIRTH	05 / 03 / 81.	
ANY PASSENGER	YES / NO: 2 PASSENGERS.	
NAME OF PASSENGER	(F) ASHICA, (F) ALICA.	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	09 / 06 / 05.	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 96192420 Office: Home:	
EMAIL	JFSFIKKY@gmail.com	
ADDRESS	619 WOODLANDS DRIVE 52 # 06-66 SC730619).	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -	
RELATIONSHIP	Employee / If No: EMPLOYEE.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? DRIVER + 2 PASSENGERS (SERIOUS).	
CONTACT NO.		
ROLICE REPORT	NO / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Who?	
VEHICLE B NO.	SMQ 65672	Any Passenger: 1 DRIVER ONLY.
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / 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 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 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.



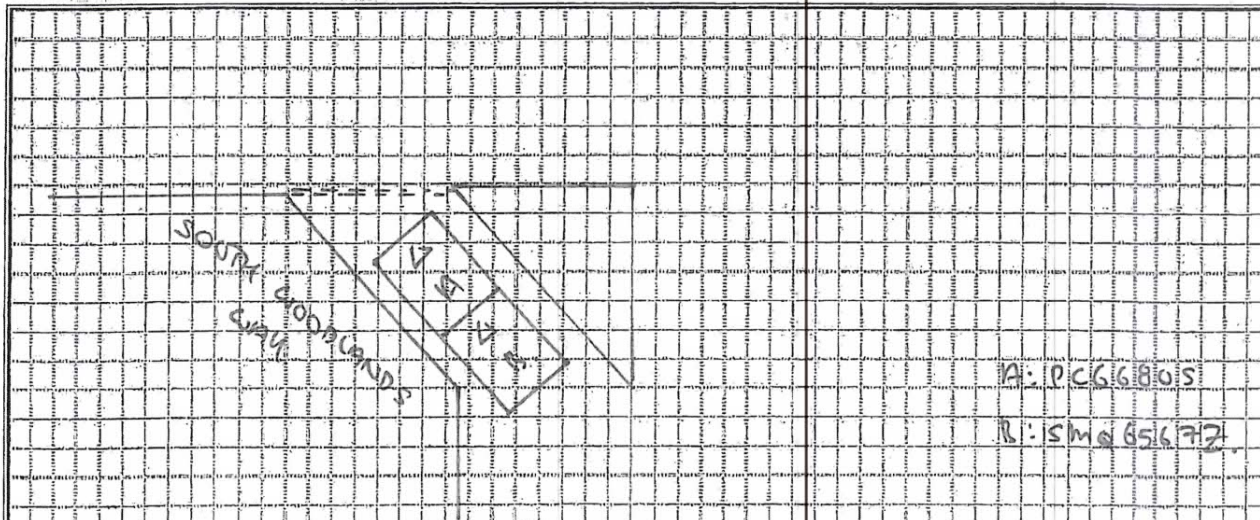
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Policyholder's Signature / Date & Time

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 THE STATED DATE AND TIME, I CAME TO A
STOP DUE TO THE STOP LINE.
OUT OF NOWHERE, I FELT AN IMPACT FROM
THE REAR.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel