SIS. RECIBY: TOUTH - REF. CS/CT(27)	GNIVLENT
	Veh No: PC 6680S Yr Regn: 2017+ Now.
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
=stimated lost:	Truck / Trailer pr
OD (TP I WS I TP RES I OD RES I EVA / INV I MV	Make: Toyota Hiace Communitar c.c 2982
To Inspect/Vehicle No:	10 Incurred Std NI NA
at Workship m/s	Colour / UV/CE A/C. Insured / Std / N1 / NA
of	Sp. Reading Sp. Reading
Insured:	Eng/No:
Policy No.	C/No: KOH 22300 34078.
Claims Nu	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insued: Excess:	Steering: inorder / Jammed / Leaked / Burnt or
(Client'sRecord)	Brake: Inorder / Jammed / Leakad / Burnt or
Make of Veh:	Modi: Wil, I S/Rim I STD A/Rim or
·	Tyre Size: F:
(Policy Condition)	R: 12
Remark: The veh had commenced its N/S O/S	Hal lend
repair at the time of inspection.	TOYOTYOKO D. Habilead
Bal. or Market Value:	Front Rear R/Bal. 6 mm
IDAC Accident Rport:Consistent? : Yes or No	NDal, IIIII
GIA / PR Seen: Consistent? : Yes or No	DDal. 14/9/27
Est. Repairs:days Res.: Yes or No	D.O.A. Burvey held at Bigliost
Lum Sum:% 3 Val.: Yes or No	Des. of Damages: Frt Rear O/S N/S U/C Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN/C	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date /Time Action / Instruction	
)	
	Dove Of Poppir
Date/Tine, File Pass 10? : Preli. Report	Days Of Repair: Resurvey No. of Trin: Survey Fee:
: Final Report	Resurvey No. of Trip: Survey Fee: Transportation:
Date/Time, File Return to?	d Fee: Site Insp (\$)_s+Rs_si
2)	: Interview (\$) Photos
Proceeds Exemples 4	: Tech Invs (\$) Others
Report Format:	: Weelend (\$
Lump Sum / I.B.I: (%	1 1 A C to 1 at 10 A.

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT #01-49 SINGAPORE 415875

Tel: +65 64524457 Fax: +65 64524584

Company Reg No: 201929175W

Repair Estimate

Vehicle number: PC6680S

Make & Model: Toyota Hiace Commuter Chassis number: KDH2230034078

Date of survey: Name of surveyor: Contacts

\$

9,955.50

Description of spare parts Qty Amount S\$ 2,001.00 1 \$ Tailgate 48.00 ong/ 1 2 Tailgate centre emblem 1 430.00 Tailgate outer handle 112.00 1 \$ Tailgate RH number plate lamp 112.00 Tailgate LH number plate lamp 5 \$ 387.00 1 Tailgate weatherstrip 505.00 1 Tailgate inner trim board \$ 398.00 Tailgate lock
Tailgate lock catch 1 \$ 8 1 \$ 87.00 9 445.00 1 10 Tailgate central locking assy 371.00 \$ 1 11 Tailgate RH damper 12 Tailgate LH damper 1 \$ 371.00 13 Tailgate RH hinge \$ 178.00 178.00 1 14 Tailgate LH hinge de \$ 71.00 15 Rear bumper RH side retainer 1 71.00 16 Rear bumper LH side retainer 1 \$ 17 Rear bumper lower brackets A \$ 96.00 389.00 18 RH taillamp assy 1 134.00 19 RH taillamp lower cover 171.00 20 RH taillamp lower cover retainer 1 \$ 1 571.00 21 RH taillamp panel 1 389.00 LH taillamp assy 134.00 \$ 23 LH taillamp lower cover 1 171 00 24 LH taillamp lower cover retainer 1 \$ 1 571.00 25 LH taillamp panel 567.00 bt 26 End panel (outer) 1 789.00 27 End panel (inner) \$ 374.00 1 28 End panel inner top garnish 251.00 1 \$ 29 End RH side panel 30 End LH side panel 1 251.00 781.00 1 31 Rear RH fender inner trim 781.00 1 \$ Rear LH fender inner trim 33 Spare tyre carriage 1 \$ 404.00 \$ 178.00 1 34 Spare tyre carriage bracket 121.00 1 \$ 35 Spare tyre carriage bracket screw 349.00 \$ 36 Exhaust silencer 1 1 \$ 37.00 37 Exhaust silencer gasket 13,274.00 Parts less 25% \$
Total \$ 3 318 50

No.	Special Nett Items	Qty	A	mount S\$	
1	Tailgate windscreen glass sealant	1	\$	80.00	50m1/
2	Tailgate windscreen glass inner seal	1	\$	60.00	40 ner-
3	Tailgate high spoiler	1	\$	1,250.00	×

4	Tailgate centre spoiler	1		\$ 950.00	×
5	Tailgate outer handle spoiler	1		\$ 500.00	×
6	Tailgate "70km/h" sticker	1		\$ 28.00	nei
7	Tailgate sealant	1		\$ 120.00	×
8	Tailgate reverse camera	1		\$ 750.00	K
9	Rear number plate	1		\$ 80.00	×
	Rrear bumper (after market) # thuh grita	1		\$ 1,050.00	cur-
11	Rear bumper clips	1		\$ 80.00	30 nei
12	End panel joint sealant (outer)	1		\$	40ne-
	End panel joint sealant (inner)	1		\$ 80.00	×
14	End RH side panel joint sealant	1		\$ 40.00	×
15	End LH side panel joint sealant	1		\$ 40.00	×
			_		
_					
		Total:		\$ 5,188.00	

No.	Labour and painting	Ar	nount S\$	
			1.500.00	Go
1	Labour charges to remove, check, replace and reinstall	\$	1,500.00	7
	damages bodyparts. To panel beating, cut/weld and	_		
	realign all affected panels and areas			
2	Spray painting on affected areas and panels	\$	1,400.00	70
3	Check wiring and lighting system on affected areas	\$	80.00	X
4	Apply rust coating chemical on affected areas and panels	\$	120.00	30
5	Remove and reinstall tailgate windscreen glass to assist repair	\$	280.00	120
6	Remove and replace tailgate reverse camera to assist repair	\$	120.00	30
7	Remove and replace tailgate inner mechansim to new tailgate	\$	180.00	60
8	Remove and replace exhaust silencer and gasket to assist repair	\$	180.00	X
9	Remove and replace rear inner trims and garnish to assist repair	\$	320.00	X
10	Remove and replace rear bumper reverse camera to assist repair	\$	100.00	30
	Total	\$	4,280.00	

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

Tauphin 97495749

WP 14/9/22 17 pm

LIS Pasying of the upper Lamphin Clahanto.com

5 days

LKK Auto Consultants hence notify the Repairer of the following:

9,955.50

5,188.00 4,280.00

19,423.50

- 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:

Spare Parts: \$
Special Nett: \$

Labour:

Total Amount: \$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 07 Sep 2022

Business

582E

PC6680S

Yes

08 Sep 2022

TOYOTA

HIACE COMMUTER GL 3.0 A

Silver 2017

1KD2750129

KDH2230034078

\$41,806.00 30 Nov 2017 30 Nov 2017

2

\$2,091.00

No

\$0.00

29 Nov 2027

C - Goods Vehicle & Bus

10

\$32,287.00 \$16,878.00

\$16,878.00

Roof.

VEHICLE NO: PC 6680 5	MAKE & MODEL: T	MOTH HINGE MIGH.	OTO / MANUAL
DATE OF ACCIDENT	07/09/21	THE PARTY OF THE P	C.C. 3. 0.
TIME OF ACCIDENT	1000	AM / PM	
LOCATION OF ACCIDENT		DLANDS GIAY.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	F EMPLOYMENT / PRI	VATE USE / PRIVATE HIP	E
NAME OF OWNER		ANSPORT SERVICES	
EMAIL JESFIKKY Camail. Com	OFFICE	MOBILE 2 CKNICES	G 2 0 00
NRIC	53377582E.	. IVIODILE:	96192420.
CLAIM TYPE	OD / THIRTY PAP	TY / REPORTING ONLY	
FLEET POLICY	YES / NO?	11 / REFORTING ONLI	
INCURENCE CO.			-
TYPE OF COVERAGE	Mic Comprehensive (This	d Party / Third Party Fire 8	mi . c
POLICY NO.			& Theft
	5111691265-0		
NAME OF DRIVER	AS ABOVE / IF NO:	FICKY APLIANDY	
NRIC	281064601		
DATE OF BIRTH	05/03/81		
ANY PASSENGER	YES/NO; 2 1493	TENGERS.	E .
NAME OF PASSENGER	(F) ASHICA ,	CF) ARICA.	
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	09/06/05		1
GENDER	MALE / FEMALE		
CONTACT NO.	Mobile 96192420 Of	ice: Home:	
EMAIL	JESFIKKY @ 60		
ADDRESS	GIS WOODLIANDS	DRIVE 52 # 06-66	8(230615)
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:	INSURE: -	507300117.
RELATIONSHIP	Employee / If No:	hall ages.	
WEATHER CONDITION	Clear / Raining / Other		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes, Who? OR	VER +2 MASSENGE	TR & CCEDING
CONTACT NO.		1001- (214)250,000	Tra Cacistons
ROLICE REPORT	No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?		
VEHICLE B NO.	Sm Q 65672	Any Passenger: DR	ILCO CALL
NAME	211101010	1 Me	vele oldet.
CONTACT NO.			
VEHICLE C NO.		Any Passenger:	
VEHICLE D NO.		Any Passenger:	
VEHICLE E NO.	1	Any Passenger:	×
VEHICLE F NO.		Any Passenger:	
ANY WITNESS		7	
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/		
Original Language Used	English/ Mandarin,	Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES KNO	

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.

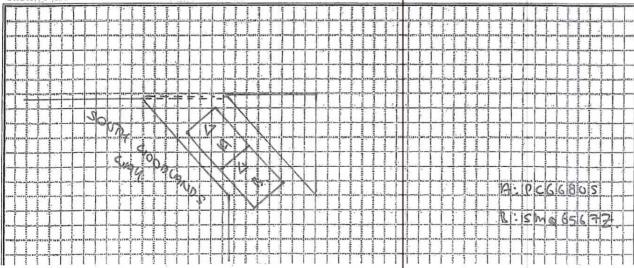
\$3377903E

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 IAND TIME,	1 CAME TO 1A
STOP DUE TO ME STOP LINE.	
GUT OF MOLHERS, I FELT MIN	IMPACT FROM
THE REAR.	

Declaration

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



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

Witnessed by Reporting Centre Personnel