

AS/S. REC/BY: Toupin

REP: as/CTI 22/03/23/7uy3

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No _____

Claims No _____

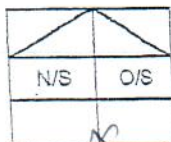
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$127K.

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA 9198G. Yr Regn: 2016 Jan.

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

Truck / Trailer or

Make: Toyota Lexus RX200 c.c. 1998.

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

Sp. Reading: 141379 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ST JZAMCA 50200/288.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/60 R18

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 18/6/22

Survey held at Bifrost

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Form:

Lum Sum / I.B. / P.

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

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: SLA9198G

Make & Model: Lexus RX200T

Chassis number: JTJZAMCA502001288

Date of survey:

Name of surveyor:

Contacts:

No.	Description of spare parts	Qty	Amount S\$
1	Tailgate	1	\$ 1,850.50
2	Tailgate windscreen glass rubber moulding	1	\$ 241.20
3	Tailgate "Lexus" emblem	1	\$ 85.60
4	Tailgate centre emblem	1	\$ 78.30
5	Tailgate "RX200T" emblem	1	\$ 75.10
6	Tailgate RH lamp	1	\$ 556.80
7	Tailgate LH lamp	1	\$ 556.80
8	Tailgate lock	1	\$ 322.40
9	Tailgate inner trim board	1	\$ 718.90
10	Tailgate reverse camera	1	\$ 933.20
11	Rear bumper	1	\$ 1,155.30
12	Rear bumper lower garnish	1	\$ 314.50
13	Rear bumper RH side reverse sensor	1	\$ 381.00
14	Rear bumper RH centre reverse sensor	1	\$ 381.00
15	Rear bumper LH centre reverse sensor	1	\$ 381.00
16	Rear bumper LH side reverse sensor	1	\$ 381.00
17	Rear bumper RH exhaust chrome	1	\$ 211.90
18	Rear bumper LH exhaust chrome	1	\$ 211.90
19	Rear bumper RH reflector	1	\$ 78.60
20	Rear bumper LH reflector	1	\$ 78.60
21	Rear bumper inner sponge	1	\$ 147.80
22	Rear bumper reinforcement	1	\$ 730.60
23	Rear bumper RH side retainer	1	\$ 83.10
24	Rear bumper LH side retainer	1	\$ 83.10
25	Rear bumper RH bracket	1	\$ 88.30
26	Rear bumper LH bracket	1	\$ 88.30
27	Rear bumper lower cover	1	\$ 234.90
28	RH taillamp assy	1	\$ 910.40
29	RH taillamp lower bracket	1	\$ 90.30
30	RH taillamp panel	1	\$ 189.30
31	RH taillamp lock clips	1set	\$ 40.00
32	LH taillamp assy	1	\$ 910.40

33	LH taillamp lower bracket	1	\$	90.30	aa
34	LH taillamp panel	1	\$	189.30	x
35	LH taillamp lock clips	1set	\$	40.00	x
36	End panel	1	\$	832.10	Bo
37	End panel inner garnish	1	\$	287.00	de
38	Spare tyre panel top cover board	1	\$	588.00	x
39	Rear fender RH inner trim board	1	\$	618.90	x
40	Rear fender LH inner trim board	1	\$	618.90	x
41	Exhaust silencer	1	\$	1,865.40	x
42	Exhaust silencer gasket	1	\$	68.00	x

\$ 17,788.00

Parts less 10% \$ 1,778.80

Total \$ 16,009.20

No.	Special Nett Items	Qty	Amount S\$
1	Tailgate windscreen glass sealant	1	\$ 80.00
2	Tailgate windscreen glass inner seal	1	\$ 60.00
3	Tailgate sealant	1	\$ 100.00
4	Tailgate inner trim board clips	1set	\$ 80.00
5	Rear bumper clips	1set	\$ 80.00
6	Rear bumper lower cover clips	1set	\$ 60.00
7	Rear fender RH inner trim board clips	1set	\$ 80.00
8	Rear fender LH inner trim board clips	1set	\$ 80.00
9	End panel inner garnish clips	1set	\$ 50.00
10	Rear number plate	1	\$ 80.00

Total: \$ 750.00

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	\$ 1,400.00
2	Spray painting on affected areas and panels	\$ 1,200.00
3	Check wiring and lighting system on affected areas	\$ 100.00
4	Apply rust coating chemical on affected areas and panels	\$ 120.00
5	Remove and reinstall tailgate windscreen glass and replace sealants	\$ 280.00

1200

6	Remove and replace tailgate reverse camera to assist repair	\$ 180.00	40
7	Remove and replace tailgate inner mechanism to new tailgate	\$ 220.00	60
8	Remove and replace rear bumper reverse sensors to assist repair	\$ 100.00	40
9	Remove and replace rear inner trims and garnish to assist repair	\$ 350.00	60
10	Remove and replace exhaust silencers to assist repair	\$ 380.00	X

Total: \$ 4,330.00

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

Working days: _____

Spare Parts: \$ 16,009.20

Special Nett \$ 750.00

Labour: \$ 4,330.00

Total Amount: \$ 21,089.20

Tanf'm 97495749

WP 18/10/22 @ 430pm

1/5 Resurvey after repair
6 days

Tanf'm @ 11hants.com

* To check consistency of accident
* To check part prices

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
- Resurvey is on a "Without Prejudice" basis
- No illegal or fraudulent claims
- Signed/signed agent(s) must be resurveyed and
is subject to final approval from Insurance Company

Authorised by Repairer:

Signature:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

627K

Vehicle Details

Vehicle No.:

SLA9198G

Vehicle to be Exported:

Yes

Intended Deregistration Date:

18 Oct 2022

Vehicle Make:

TOYOTA

Vehicle Model:

LEXUS RX200T EXECUTIVE 2WD

Primary Colour:

Black

Manufacturing Year:

2015

Engine No.:

8ARW183994

Chassis No.:

JTJZAMCA502001288

Maximum Power Output:

175.0 kW (234 bhp)

Open Market Value:

\$50,003.00

Original Registration Date:

29 Jan 2016

First Registration Date:

29 Jan 2016

Transfer Count:

0

Actual ARF Paid:

\$62,006.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

28 Jan 2026

PARF Rebate Amount:

\$40,303.00

Intended COE Rebate Details

COE Expiry Date:

28 Jan 2026

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$60,001.00

COE Rebate Amount:

\$19,661.00

Total Rebate Amount:

\$59,964.00

The information contained herein is correct as at 17 Oct 2022

OK

VEHICLE NO: SLK3198G.

MAKE & MODEL: LEXUS RX200T.

AUTO/MANUAL
C.C.

DATE OF ACCIDENT	15 / 10 / 22.
TIME OF ACCIDENT	0910 AM / PM
LOCATION OF ACCIDENT	KPECEP) AFTER TAMPING RD ENTRANCE.
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	CSK GROUP PTE LTD.
EMAIL	JUSTINA.CHUA@hotmail.com
NRIC	201313627K.
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY
FLEET POLICY	YES / NO?
INCURANCE CO.	AIG
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	2100450303-06.
NAME OF DRIVER	AS ABOVE / IF NO: THEON TAY RUFY JYH.
NRIC	59529794C.
DATE OF BIRTH	21 / 08 / 1975.
ANY PASSENGER	YES / NO: 1
NAME OF PASSENGER	ANGEL LUNG.
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	03 / 10 / 19.
GENDER	MALE / FEMALE
CONTACT NO.	Mobile: 81335195. Office: Home:
EMAIL	THEON@LIVE.COM.SG.
ADDRESS	27AD COMPAHUNG LINK #10-308 S(599277).
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes, Who? DRIVER + PASSENGER.
CONTACT NO.	
ROLICE REPORT	No / If yes, Where?
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?
VEHICLE B NO.	SLK3995H. Any Passenger: 1P/1M/1L.
NAME	NO PASSENGER.
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	Any Passenger:
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.

JUSTINA.CHUA@hotmail.com
94516688.

THEON@LIVE.COM.SG.
81335195.

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 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.



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 WAS COMING
TO A SLOW STOP DUE TO THE CONGESTION.
OUT OF NOWHERE, I FELT A GREAT IMPACT
FROM THE REAR.

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be "JG".

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

Witnessed by Reporting Centre Personnel