

LKT GROUP PTE LTD

BLK 3006 UBI ROAD 1

#01-384 SINGAPORE 408700

OFFICE NO. : 6846 6260 / FAX NO. : 6477 9002

E-MAIL : lkt.mabel@gmail.com / claims.lkt@gmail.com

Date : 26-Oct-22

Registration no. : SJX6414E / TOYOTA VIOS J AUTO / 2010

DOA : 25-Oct-22

Estimate No. : LKT006_SJX6414E_VIOS

| S/N | Qty | Item | Amount |
|-------------------|-----|--|-------------------|
| <u>LIST ITEMS</u> | | | |
| 1 | 1 | Roof panel | 870.30 <i>Ry</i> |
| 2 | 2 | Roof panel side moulding x2 | 512.20 <i>ne</i> |
| 3 | 1 | Roof lining | 594.50 <i>x</i> |
| 4 | 1 | Front windscreen | 1430.00 <i>an</i> |
| 5 | 1 | Front windscreen pillar RH | 0.00 <i>Ry</i> |
| 6 | 1 | Front windscreen pillar inner garnish RH | 141.70 <i>x</i> |
| 7 | 1 | Front windscreen pillar LH | 0.00 <i>Ry</i> |
| 8 | 1 | Front windscreen moulding | 176.45 <i>ne</i> |
| 9 | 1 | IU bracket | 25.00 <i>ne</i> |
| 10 | 1 | Rear view mirror | 212.64 <i>bro</i> |
| 11 | 1 | Rear windscreen moulding | 138.00 <i>x</i> |
| 12 | 1 | Front wiper garnish RH | 75.82 <i>cut</i> |
| 13 | 1 | Front wiper garnish LH | 75.82 <i>x</i> |
| 14 | 1 | Bonnet | 821.00 <i>bt</i> |
| 15 | 1 | Front bumper | 745.30 <i>Ry</i> |
| 16 | 2 | Front bumper side retainer x2 | 248.00 <i>x</i> |
| 17 | 2 | Front bumper bracket x2 | 141.00 <i>x</i> |
| 18 | 1 | Headlamp RH | 680.40 <i>cur</i> |
| 19 | 1 | Front fender RH | 674.90 <i>bt</i> |
| 20 | 1 | Front fender emblem 'VVTI' RH | 82.60 <i>ne</i> |
| 21 | 1 | Front door RH | 773.60 <i>bt</i> |
| 22 | 1 | Front door black tape RH | 97.30 <i>ne</i> |
| 23 | 1 | Front door LH | 0.00 <i>Ry</i> |
| 24 | 1 | Front door black tape LH | 97.30 <i>x</i> |
| 25 | 1 | Wing mirror assy RH | 475.00 <i>bro</i> |
| 26 | 1 | Rear door RH | 0.00 <i>Ry</i> |
| 27 | 1 | Rear door black tape RH | 94.00 <i>a</i> |
| 28 | 1 | Rear fender RH | 0.00 <i>Ry</i> |
| 29 | 1 | Bootlid | 0.00 <i>Ry</i> |
| 30 | 1 | Bootlid logo | 95.40 <i>ne</i> |
| 31 | 1 | Bootlid emblem 'VIOS' | 78.20 <i>ne</i> |
| 32 | 1 | Bootlid emblem 'J' | 68.50 <i>ne</i> |
| 33 | 1 | Rear bumper | 0.00 <i>Ry</i> |
| 34 | 2 | Rear bumper side retainer x2 | 240.40 <i>x</i> |
| | | | 9665.33 |
| Less 25% | | | 2416.33 |
| | | | 7249.00 |

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| S/N | Qty | Item | Amount |
|---------------------------|------|-----------------------------------|---------------|
| <u>SPECIAL NETT ITEMS</u> | | | |
| 1 | 1 | Sundries | 60.00 X |
| 2 | 1set | Front bumper clips | 80.00 X |
| 3 | 1set | Rear bumper clips | 80.00 X |
| 4 | 1 | Front door inner seal RH | 100.00 X |
| 5 | 1set | Front door trimboard clips RH | 65.00 X |
| 6 | 1 | Front door inner seal LH | 100.00 X |
| 7 | 1set | Front door trimboard clips LH | 65.00 X |
| 8 | 1 | Rear door inner seal RH | 100.00 X |
| 9 | 1set | Rear door trimboard clips RH | 60.00 X |
| 10 | 1 | Rear fender inner trim clips RH | 70.00 X |
| 11 | 1 | Front windscreen primer & cleaner | 100.00 rel 60 |
| 12 | 1 | Front windscreen sealant | 80.00 rel 60 |
| 13 | 1 | Front windscreen inner seal | 60.00 rel 40 |
| 14 | 1 | Rear windscreen primer & cleaner | 100.00 X |
| 15 | 1 | Rear windscreen sealant | 80.00 X |
| 16 | 1 | Rear windscreen inner seal | 60.00 X |
| Parts Total | | | 1260.00 |
| | | | 8509.00 |

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:

| | | | |
|--|---|--|------------------|
| <u>LABOUR & MISC CHARGES</u> | | | |
| 1 | 1 | Panel beating and strengthen parts on accident area. | 1750.00 1000 |
| 2 | 1 | Check wiring system after disconnect and connect. | 80.00 30 |
| 3 | 1 | To R&R front windscreen for replacement parts. | 150.00 120 |
| 4 | 1 | To R&R rear windscreen for replacement parts. | 150.00 X |
| 5 | 1 | To R&R interior upholstery for replacement parts. | 200.00 100 |
| 6 | 1 | To apply undercoating for rust roofing. | 200.00 12.89 100 |
| 7 | 1 | Spray painting on accident area. | 2400.00 1600 |
| Labour Total | | | 4930.00 |
| Total Parts and Labour Cost of Repair | | | 13439.00 |

20% Lump sum

COR (L/S)

Taufik 97495749/62563561

Not Authorise 09 days

28/10/22 @ 5pm

Ex: to be advise

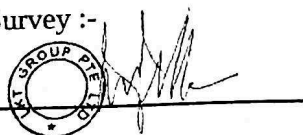
Lumpsum, Resurvey after repair

taufik@lkhauto.com

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Pre-Repair Survey :-

Name :



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 | 27/10/2022 13:36 (SGT) |
| Reported by | Driver |
| Date of Accident | 25/10/2022 17:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BEDOK CAMP COMPOUND CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX6414E

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | No |
| Name Of Registered Owner | TJOENG NGIAN KHIN ALLEN |
| NRIC No | SXXXX818G |
| Email Address | matthew_tioeng@hotmail.com |
| Mobile Phone No | (Phone) +65-82002379 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Toyota |
| Model | Vios |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1497 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMPG22007334 |

DRIVER

| | |
|----------------|------------------------|
| Name of Driver | MATTHEW TJOENG RUI ZHI |
| NRIC No | SXXXX700A |
| Date Of Birth | 26/03/1995 |
| Occupation | Indoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 28/01/2020 |
| Driving experience | 2 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82002379 |
| Alt. Phone Number | - |
| Email Address | matthew_tjoeng@hotmail.com |
| Address | BLK 430 TAMPINES ST 41 #06-509 |
| Address complement | - |
| Postcode | 520430 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| Weather Conditions | AFTER RAIN |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | No |
| Number of Passengers (Including Driver) | 0 |
| 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

REFER TO SKETCH PLAN DRAFT AND REPORT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | 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 Authorized 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.

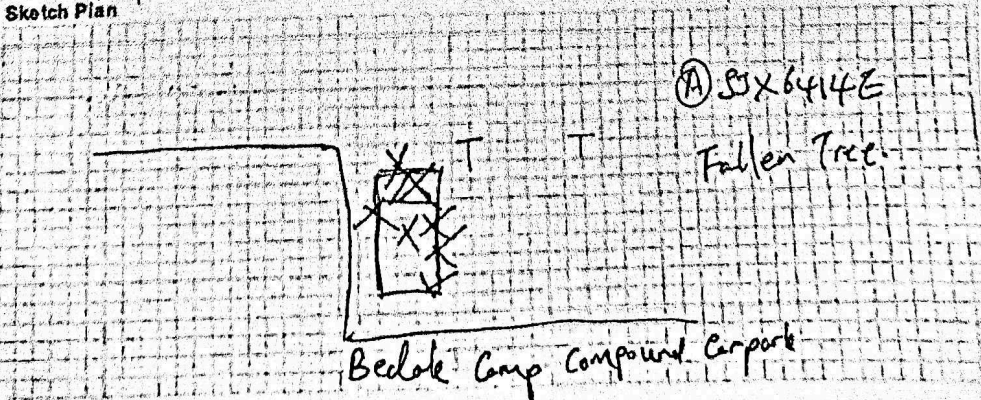


[Signature]
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



URBAN WIFI

Claims for accident to be made

Describe Circumstances of the Accident

On 25/10/2022 Morning, I parked my vehicle at Beulah Camp Compound carpark.

At about 5-30 pm, I went to my vehicle, I saw my vehicle covered with the tree trunk and leaves due to the fallen tree. I'm claiming my own insurance for the damage on my vehicle.

[A large, stylized handwritten '2' is drawn across the remaining lines of the 'Describe Circumstances of the Accident' section.]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (If driver is not the policyholder) / Date & Time

[Stamp: SOUTH AFRICAN POLICE UEN: 291833192C]
Witnessed by Reporting Centre Personnel

PN JENHAPLES we chat pin
(SARIL COP) 9475770 70224

Identified by...
enquiry @ ...