

ASS. RECBY: T. J. M.

REF: CC4 / 11127011 977 / T p13

ASSIGNMENT

2024 May
2004 June

From: _____ Date: _____

Veh No: GX 5176J Yr Regn: _____

Estimated Cost: _____

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

OD / TP / MS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No: _____

Make: Toyota Hiace C.C. 2986

at Workshops _____

Colour: Silver A/C: Insured / Std / NI / NA

of _____

Sp. Reading: 446710 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: 241726120067

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

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

(Policy Condition)

N/S	O/S

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

Tyre Size: F: 185 R14

R: a u

Bal. or Market Value: \$22k

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

IDAC Accident Report: _____ Consistent? : Yes or No

TOYO / YOKO or

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

Front: 6 mm

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

R/Bal. 6 mm

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

L/Bal. 6 mm

CA / REV / REP. / 24 HRS

D.O.A. _____ D.O.I. 30/11/22

Date: _____ Person Contacted: _____

Survey held at Bifrost

Vehicle: IN / OUT

Des. of Damages: Front / 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?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

1) Date/Time, File Return to?

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL

Rep. Format: _____

Lump Sum / L.B.R. (\$ _____)

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

Vehicle number: GX5176J
Make & Model: Toyota Hiace
Chassis number: LH1726120067

Date of survey:
Name of surveyor:
Contacts:

No.	Special Nett Items	Qty	Amount S\$
1	Rear bumper clips	1set	\$ 80.00
2	Rear bumper reverse sensor	1set	\$ 350.00
3	End panel joint sealant (outer)	1	\$ 80.00
4	End panel joint sealant (inner)	1	\$ 80.00
5	Tailgate "5pax" sticker	1	\$ 28.00
6	Tailgate "70km/h" sticker	1	\$ 28.00
7	Rear number plate	1	\$ 70.00

Total: \$ 716.00

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	\$ 1,800.00
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	\$ 100.00
5	Remove and reinstall tailgate windscreen glass to assist repair	\$ 220.00
6	Remove and replace tailgate inner mechanism to new tailgate	\$ 180.00
7	Remove and replace rear bumper reverse sensors to assist repair	\$ 100.00
8	Remove and replace exhaust silencer to assist repair	\$ 180.00
9		

700
700
30
30
120
60
30
x

Total: \$ 4,060.00

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

Spare Parts: \$ 7,618.20
Special Nett: \$ 716.00
Labour: \$ 4,060.00

Total Amount: \$ 12,394.20

Tanfah 97495749
WP 30/11/22 @ 445pm
C/S Resing after repair
Tanfah C/Whan to car
- 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
- 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: 750C

Vehicle Details

Vehicle No.: GX5176J
Vehicle to be Exported: Yes
Intended Deregistration Date: 29 Nov 2022
Vehicle Make: TOYOTA
Vehicle Model: HIACE DIESEL
Primary Colour: Green
Manufacturing Year: 2004
Engine No.: 5L5460427
Chassis No.: LH1726120067
Maximum Power Output: -
Open Market Value: \$22,301.00
Original Registration Date: 23 Jun 2004
First Registration Date: 23 Jun 2004
Transfer Count: 3
Actual ARF Paid: \$1,116.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 31 May 2024
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 5
PQP Paid: \$13,910.00
COE Rebate Amount: \$4,187.00
Total Rebate Amount: \$4,187.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 28 Nov 2022

OK

cc: 2986 -

\$22K.

Date of Accident: 28/11/22 Accident Time: 1410 (24-HR-FORMAT)
 Accident Place: PIE towards tuas
 Vehicle Reg. No (Car plate No.): 9X5176J cc: 2.5
 Insurance Company: tmi/tokio marine Policy No.: _____
 Name of Registered Owner: Company / Individual San he electrical service
 ID of Registered Owner: _____ Co Reg No: _____ Owner's NRIC No: 53135750C
 OWNER EMAIL ADDRESS: Sanheelectrical@gmail.com Co Contact No: _____ Owner's Contact No: 96175673
 DRIVER'S Name: Chong Kok Chay DRIVER'S NRIC No: S2756527A
 DRIVER'S Date of Birth: 04-08-1961 DRIVER'S License Pass Date: 30 July 1997
 Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address: tampines Ave 7 BIK 392 #08-231
 DRIVER'S Contact No./ Alt No.: 1) 8267 3737 2) _____
 DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address: hian-sL1977@gmail.com
 Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 1 Name & Gender: 1 male
 Was the accident reported to the police? YES NO
 Was there any video Captured by car camera: YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) driver and passenger
Other Party Driver's Particulars (if any)
 Vehicle Reg No: 7B1261849 Vehicle Reg No: YM 4484X
 Vehicle Make/Model: _____ Vehicle Make/Model: _____
 Name DRIVER: _____ Name DRIVER: _____
 IC No. DRIVER: _____ IC No. DRIVER: _____
 DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____
 REPORT FORM EXPLAINED IN: ENGLISH \ CHINESE \ MALAY \ TAMIL OTHERS: _____
 WHO REPORTED THE ACCIDENT: OWNER \ DRIVER \ BOTH

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

	<p>A: AX 5176J</p> <p>B: 46K 618116</p> <p>C: 7M 1184X</p>
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Describe Circumstance of the Accident

I was travelling straight along PIE Turn after KPE exit. The vehicle in front of me slow down and stop hence I follow suit to slow down and stop without any contact. Out of sudden, I felt an impact from my vehicle rear portion. When I got down, I saw I was involved in a 3 car chain collision.

Declaration

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

2/5

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel