

08/11/23 Wef

ASS. REC. BY: [Signature]

REF:

CC4/LPC 22012889/Rpa3

575H

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: GBH 1026D

at Workshop n/s CONVINCE ENGINEERING

of 29, FIRST LORRY RD

Insured: LPC

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.

N/S	O/S

Bal. or Market Value: 63K

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time Action / Instruction

Repair Limit - 55K

Veh No: GBH 1026D Yr Regn: 2018 JAN

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

Truck / Trailer or

Make: TOYOTA HACE DX 3.0 D c.c. 2982

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

Sp. Reading: 28441 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KOH 2010226812

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15C

R: C

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

TOYO / YOKO or

GREENLANDER

Front

Rear

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

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

D.O.A. 24/12/22 D.O.I. 27/12/22

Survey held at CONVINCE

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

O/S FR

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

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: \_\_\_\_\_

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

2) \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

S + RS, SI

Photos

Others

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) \_\_\_\_\_



M/S: LONPAC INSURANCE BHD

300 Beach Road

#17-04/06 The Concourse

Singapore 199555

Tel: 6250 7388

Fax: 6296 2706

Attn : Motor Claim Department

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:

## ESTIMATE

GST Regn No. : 202103677N

Co .Regn No. : 202103677N

Estimate No : E2212003

Date : 24/12/2022

Accident Date : 24/12/2022

Claim No : TP Claim

Policy No. : 5112499167-03

Chassis No. : KDH2010226812

Year : 2018

Make & Model : Toyota Hiace 3.0DXA

Vehicle No.: GBH1026D

S/No	Description	Qty	Unit Price	Amount
<b>List Item :</b>				
1	Front Bumper <i>turn</i>	1	\$ 468.45	\$ 468.45
2	Front Bumper Side Retainer RH?	1	\$ 185.20	\$ 185.20
3	Front Bumper Fog Lamp Cover RH <i>cut</i>	1	\$ 115.62	\$ 115.62
4	Front Corner Panel RH <i>4</i>	1	\$ 225.75	\$ 225.75
5	Side Mirror Assy RH <i>50</i>	1	\$ 683.68	\$ 683.68
6	Front Door RH <i>repair 4</i>	1	\$ 1,642.48	\$ 1,642.48
				\$ 3,321.18
- List Item Discount 25%				\$ 830.30
				\$ 2,490.89
<b>Special Nett Item :</b>				
1	Front Emblem	1	\$ 55.00	\$ <del>55.00</del>
2	Panel Sticker	1	\$ 25.00	\$ 25.00
3	Clip	15	\$ 3.50	\$ <del>30</del> 52.50
4	Company Logo "Premium Catering Pte Ltd"	1	\$ 250.00	\$ <del>100</del> 250.00
				\$ 382.50
<b>Labour :</b>				
1	To Repair Panel Beating, Re-align Front Bumper Inner Panel RH, Bonnet, And Replace Above Items.	1	\$ 800.00	\$ <del>400</del> 800.00
2	To Spray Painting Front Door RH, Front Bumper Inner Panel RH, Bonnet, Front Corner Panel RH And Affected Areas.	1	\$ 1,000.00	\$ <del>500</del> 1,000.00
3	To Apply Anti-Rust.	1	\$ 100.00	\$ <del>X</del> 100.00
4	Check Wiring Function.	1	\$ 50.00	\$ <del>30</del> 50.00
5	Transfer Front Door Mechanism RH	1	\$ 80.00	\$ <del>80</del> 80.00
<b>Labour Item :</b>				\$ 2,030.00
			<b>TOTAL :</b>	\$ 4,903.39
			<b>GST 7% :</b>	\$ 343.24
			<b>Total Amount :</b>	\$ 5,246.62

CONVINCE ENGINEERING PTE LTD

CONVINCE ENGINEERING PTE LTD

29 First Lok Yang Road Singapore 629736

Tel: +65 6556 1131 Fax: +65 6553 1131 Email: convinceapl@convinceauto.com.sg



## 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	24/12/2022 15:03 (SGT)
Reported by	Driver
Date of Accident	24/12/2022 06:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SUNGEI TENGAH LARGE @500 OLD CHOA CHU KANG RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1026D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CONVINCE AUTO PTE LTD
Company Reg No	200516575H
Email Address	DAPHNE@CONVINCEAUTO.COM.SG
Mobile Phone No	(Phone) +65-65561131
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5112499167

### DRIVER

Name of Driver	KARUPPAIYAN LAKSHMANAM
Work Permit No	G6512568X
Date Of Birth	04/06/1987
Occupation	Outdoor

Date Of Driving Pass	13/07/2021
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93427382
Alt. Phone Number	-
Email Address	DAPHNE@CONVINCEAUTO.COM.SG
Address	CONVINCE AUTO PTE LTD
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD1119E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GANAPATHI MEYARAJA
-	F8152248X

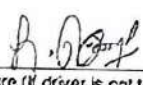
Contact Number	
Address	(Phone) +65-83036664
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

**SKETCH PLAN**

**IMPORTANT NOTICE**

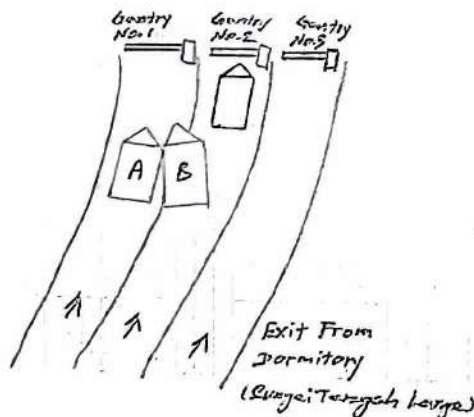
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 making 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

**Sketch Plan**



A) GEH 1026 D

B) XD 1119 E




**Describe Circumstances of the Accident**


On 24/12/2022 about 06:05, I was driving of my vehicle A (GBH1026D) at dormitory of Sinyoi Tengale Lango to delivery goods. After sending goods, I'm driving and leaving of the place. My vehicle heading to gantry No.1 to exit.


Suddenly, I felt an impact from my right hit by vehicle B (XJ 1119E) came from right lane Exit gantry No.2.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	575H
Vehicle No.:	GBH1026D
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Dec 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 3.0 AUTO
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	1KD2727733
Chassis No.:	KDH2010226812
Maximum Power Output:	-
Open Market Value:	\$33,251.00
Original Registration Date:	03 Jan 2018
First Registration Date:	03 Jan 2018
Transfer Count:	0
Actual ARF Paid:	\$1,663.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	02 Jan 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$15,431.00
COE Rebate Amount:	\$7,736.00
Total Rebate Amount:	\$7,736.00

The information contained herein is correct as at 28 Dec 2022

OK



# Toyota Hiace 3.0A DX

Overview

Financial

Accessories

Similar

Research

Photos

Map



## Think One Automobile



Price	<b>\$63,800</b>	Lifespan	05-Jan-2038
Depreciation	\$12,700 /yr View models with similar depre	Reg Date	06-Jan-2018 (5yrs 8days COE left)
Mileage	115,000 km (23.1k /yr)	Manufactured	2016
Road Tax	N.A.	Transmission	Auto
Dereg Value	\$20,149 as of today (change)	Fuel Type	Diesel
COE	\$40,101	OMV	\$36,326
Engine Cap	2,982 cc	ARF	\$1,817
Curb Weight	1,800 kg	No. of Owners	1