

ASS. REC. BY:

REF:

F62/23000511/KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBK 9902G

Policy No.

Claims No. D23000219MFCV

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

days

Res.: Yes or No

Lum Sum:

1.13.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBL 9090T Yr Regn: 08, 19

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

Truck / Trailer or

Make:

Toy Alphard c.c. 2493

Colour

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

Sp. Reading

43277 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

AGH 30 0240819

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 235/50R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

13/1/23

D.O.I.

17/1/2023

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

31/3 7:15pm @ 4800 Cdn (red 6627.43, 57%)

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

3/4/23-typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation

S - RS. \$

P - 100

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: TP

Lump Sum / L.B. (\$ 4800)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	547X

Vehicle Details

Vehicle No.:	SBL9090T
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jan 2023
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD 7-SEATER 2.5 SC CVT
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	2ARJ253284
Chassis No.:	AGH300240819
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$51,946.00
Original Registration Date:	29 Aug 2019
First Registration Date:	29 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$65,503.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Aug 2029
PARF Rebate Amount:	\$49,127.00

Intended COE Rebate Details

COE Expiry Date:	28 Aug 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$36,901.00
COE Rebate Amount:	\$22,493.00
Total Rebate Amount:	\$71,620.00

The information contained herein is correct as at 16 Jan 2023

OK



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	14/01/2023 12:38 (SGT)
Reported by	Driver
Date of Accident	13/01/2023 15:49 (SGT)
Exact Location of Accident	1 Kim Seng Promenade, Singapore 237994
Additional Location Information	DRIVEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL9090T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	S.A.T MOTOR LEASING
Company Reg No	5XXXX547X
Email Address	rafidah@sgp.pilship.com
Mobile Phone No	(Phone) +65-97615091
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	Private car
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5071317322-07

DRIVER

Name of Driver	MD YUSOF BIN ABDUL RAHMAN
NRIC No	SXXXX864C
Date Of Birth	19/06/1963
Occupation	Outdoor

Date Of Driving Pass	17/04/2008
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97615091
Alt. Phone Number	-
Email Address	rafidah@spp.pilship.com
Address	BLK 715 WOODLANDS DRIVE 70
Address complement	#04-140
Postcode	730715
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
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 THE ATTACHED SKETCH PLAN & STATEMENT

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	GBK9902G
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD ZULWARNAIN BIN RAHMAT
NRIC No	SXXXX213D

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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

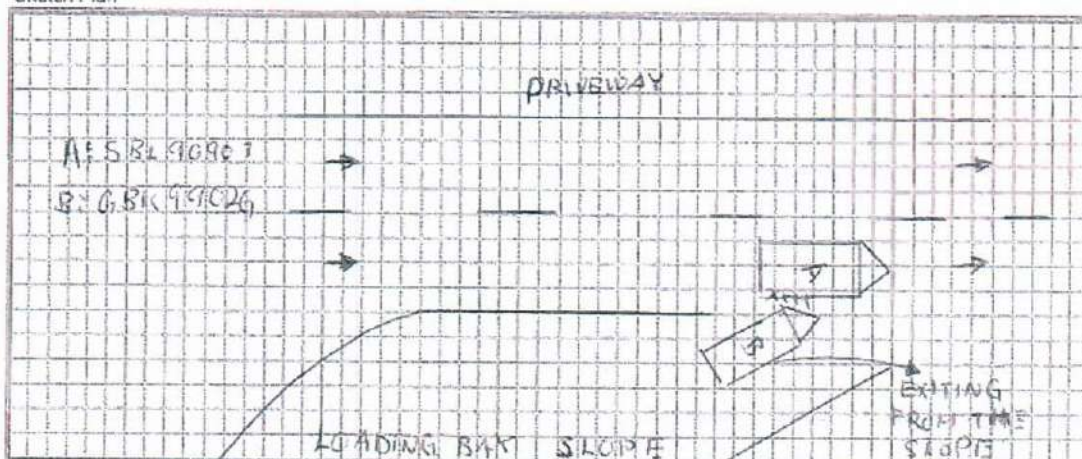
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



v3Jun2022

1

Describe Circumstance of the Accident

ON 13/01/2023 AT AROUND 3:49PM, I WAS TRAVELLING ALONG GREAT WORLD CITY DRIVEWAY. WHILE I WAS DRIVING STRAIGHT, ALL OF A SUDDEN, A VEHICLE (GBK9902G) CAME OUT FROM THE LOADING BAY WHICH WAS ON THE RIGHT SIDE AND COLLIDED ONTO MY RIGHT PORTION OF MY VEHICLE.

WE CAME DOWN TO INSPECT AND EXCHANGE PARTICULARS.

Handwritten: 1/c 1586864-C

[illegible]

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

KBS Motorsports Pte Ltd

Not within
Resurvey B4pain
6 day,
11 Day @ 4800p



YOUR REF.: GBK9902G

OUR REF.: SBL9090T

TO: MS FIRST CAP

CC: Claims Services Department

FAX:

ESTIMATE FOR VEHICLE NO.: SBL9090T

DATE: 16/1/2023
FROM: Danny
FAX: 6452 5333
CONTACT: 93288668
MAKE & MODEL: TOYOTA ALPHARD 2.5
CHASSIS NO.: AGH300240819
ENGINE NO.: 2ARJ253284
YEAR MADE: 2019
ACCIDENT DATE: 13 January 2023

NO.	DESCRIPTION	QTY.	LIST PRICE
1	REAR BUMPER <i>1217</i>	<i>odd/warp</i> 1	\$ 2,279.60 ✓
2	REAR BUMPER RH SUPPORT	1	\$ 128.60 X <i>Sn</i>
3	REAR BUMPER RH SIDE RETAINER	1	\$ 135.50 X <i>Sn</i>
4	REAR BUMPER UPP RH COVER	1	\$ 295.30 ✓ <i>Bu</i>
5	BUMPER CLIPS	10	\$ 60.00 <i>nu</i>
6	REAR RH FENDER <i>1521</i>	1	\$ 1,759.30 ✓ <i>Ri</i>
7	REAR RH FENDER INNER SHIELD	1	\$ 211.50 X <i>Sn</i>
8	REAR RH FENDER INNER SHIELD CLIPS	10	\$ 60.00 X <i>nu</i>
9	REAR RH DOOR <i>1872-60</i>	1	\$ 3,158.70 ✓ <i>Ri</i>
10	REAR RH RIM <i>800.</i>	1	\$ 2,522.80 ✓ <i>nu</i>
11	REAR RH KNUCKLE ARM	1	\$ 952.20 X <i>Sn</i>
12	REAR RH KNUCKLE ARM BEARING	1	\$ 433.50 X <i>Sn</i>
13	REAR RH TRAILING ARM	1	\$ 401.80 X <i>Sn</i>
14	REAR RH STABILIZER LINK	1	\$ 118.20 X <i>Sn</i>
15	REAR RH UPPER CONTROL ARM	1	\$ 572.50 X <i>Sn</i>
TOTAL:			\$ 10,809.90
LESS 25%:			\$ (2,702.48)
PARTS TOTAL:			\$ 8,107.43

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:

SPECIAL NETT

BRAKE FLUID

1

\$

nn 60.00 *X*

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS

\$

800 1,200.00

TO CONDUCT ALL WHEEL COMPUTERISED ALIGNMENT

\$

601 80.00

TO REMOVE & REFIT REAR RH UNDERCARRIAGE

\$

nn 300.00 *X*

TO DISMANTLE & TRANSFER DOOR FITTINGS & MECHANISM TO NEW DOOR / FACILITATE REPAIR

\$

601 120.00

TO CHECK & RECONNECT ALL NECESSARY WIRING

\$

201 60.00

TO SPRAY PAINTING ON THE AFFECTED AREA

\$

7601 1,500.00

TOTAL: \$ 11,427.43

7% GST: \$ 799.92

GRAND TOTAL: \$ 12,227.34