S. REC'BY: Teufik   REF: ASM

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: ______

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: 488K

IDA.C Accident Rpot ______ 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

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SLX8822Z Yr Regn: 2018, May

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Toyota Sienta c.c 1496

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

Sp.Reading: 373923 T/Radio: Insured / Std / Nil / NA

Eng/No: ______

C/No: MHFZ28H3X00053775

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

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

Tyre Size: F: 185/60R15

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.L. 17/1/23 02pm

Survey held at: Auto 101

Des. of Damages: Frt / 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

Date/Time, File Pass to? ______ [ ]: Preli. Report

1) ______ [ ]: Final Report

Date/Time, File Return to?

2) ______

Report Format:

Lump Sum / I.B.H. (? ______)

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: [ ]: Site Insp ($ ______)
[ ]: Interview ($ ______)
[ ]: Tech. Inve ($ ______)
[ ]: Weekend ($ ______)

Survey Fee:	
Transportation:	
___S + RS. ___SI	
Photos	
Others	

Auto 101 LLP

No. 2 Yishun Industrial St 1
Northpoint Bizhub, #02-01
Singapore 768159
Tel: 67545101
DATE: 17-1-2023

REPAIR ESTIMATE

VEHICLE: SLX 8822 Z
MODEL: Toyota Sienta

S/n	Description of part	Qty		Estimate
1	Rear bumper	1	de ✓	435.20
2	Rear bumper clip - set	1	nec ✓	30.00
3	Rear bumper RH garnish	1	cut ✓	136.80
4	Rear bumper side retainer RH	1	de ✓	74.70
5	Rear sliding door RH	1	bt ✓	1371.80
6	Rear sliding door window regulator RH	1	?	268.40
7	Rear sliding door window motor	1	X	747.30
8	Rear sliding door garnish RH	1	cut ✓	118.60
9	Rear fender garnish RH	1	cut ✓	45.50
10	Rear shock absorber RH	1	X	338.60
11	Rear shock absorber mounting RH	1	X	74.00
12	Rear shock absorber stopper RH	1	X	47.40
	Rear RH wheel hub bearing ?	**Sub-total 1**		**3,688.30**
		Less 25%		**2,766.23**
13	Rim RH rear	1	cut ✓ 600	800.00
		Sub-total 2		**800.00**
		Parts total		**3,566.23**
	Labour			
14	To straighten and panel side panel, remove and replace part.		600	800.00
15	To putty, re-spray painting and polish front affected areas.		600	1,000.00
16	To perform electronic wheel alignement		✓	80.00
17	To replace rear RH undercarriage component		? 100	150.00
18	To remove and replace sliding door component		60	150.00
19	To check and rectify wiring , remove/refix reverse sensor		30	60.00
		Labour total		**2,240.00**
		Part and Labour total		**5,806.23**

TAUFIKH 97495749
WP 17/1/22 @ 2PM
L/S RESURVEY AFTER REPAIR
taufikh@lkkauto.com
5 days

SC1I2313000D / CHENG HOE MOTOR PTE LTD[768761]
ENTRY DATE & TIME: 03/01/2023 18:49 (SGT)
SUBMITTED BY: CHIONG BENG CHOON
VERSION: 1 (03/01/2023 18:49 (SGT))

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 witholding 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	03/01/2023 18:49 (SGT)
Reported by	Both
Date of Accident	03/01/2023 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TEMASEK AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8822Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH TIONG SWEE
NRIC No	S1544235B
Email Address	alfred.ts.goh@gmail.com
Mobile Phone No	(Phone) +65-97689280
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENTA 1.5 CVT STD
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5100867584-04

DRIVER

Name of Driver	GOH TIONG SWEE
NRIC No	S1544235B
Date Of Birth	29/03/1962
Occupation	Outdoor

Date Of Driving Pass	27/07/1992
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97689280
Alt. Phone Number	-
Email Address	alfred.ts.goh@gmail.com
Address	BLK 367 YISHUN RING RD #07-1532
Address complement	-
Postcode	760367
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	4
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	-

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Female

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 ATTACHED.

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	SHA2040X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN HOON KIAT
NRIC No	S0048377Z
Contact Number	(Phone) +65-91471480
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

VEH NO : SLX 8822Z

INSURER : Income

DATE OF ACC : 3/1/23 @ 12:45pm

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.

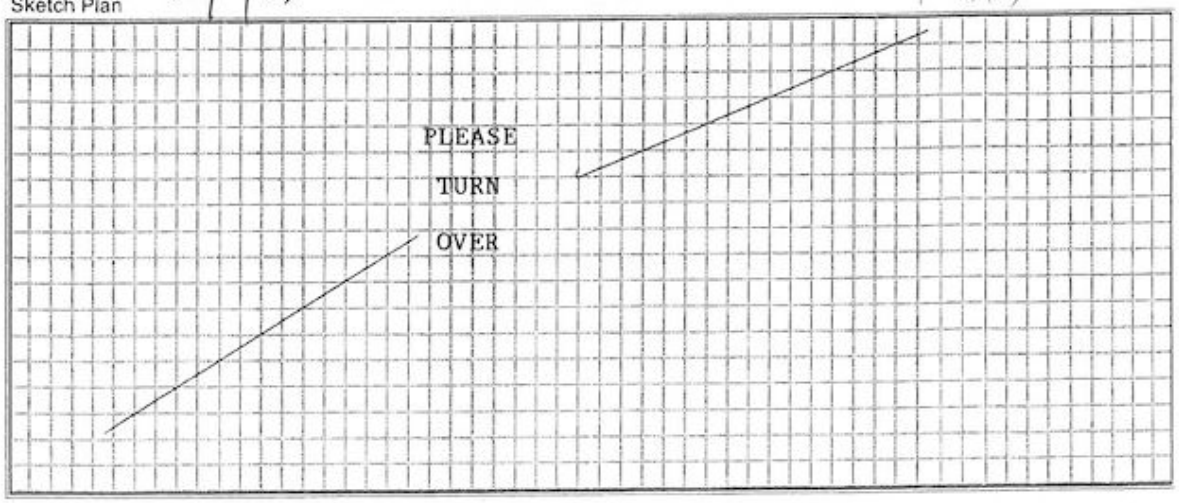
(collectively the "**Purposes**")

(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.

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)
03/01/23		3/1/23 (YS)

Sketch Plan



1

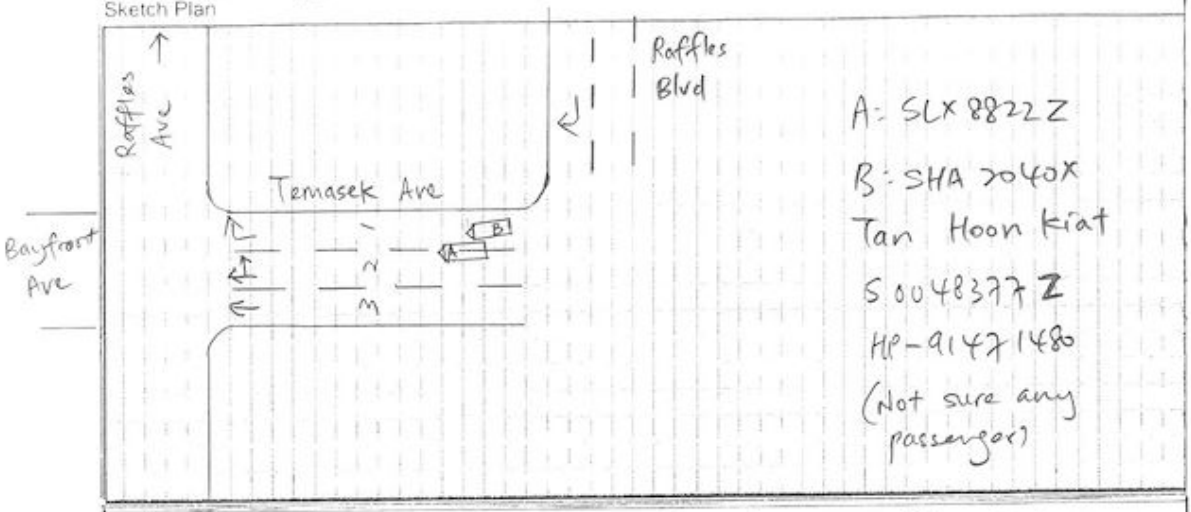
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Onlly

(✓) Claim OD TP at other workshop (_____)

Sketch Plan



On Jan 3rd 2023, at about 12.45pm I was driving passengers to Garden by the Bay. I was driving along Raffles Blvd and turning into Temasek Ave towards Bayfront Ave. After making my right turn into Temasek Ave, and subsequently switching from lane 1 to lane 2 in order to proceed to Bayfront Ave. ~~but~~Before my switch, Taxi SHA 2040X hit my vehicle's passenger right side resulted in dent to the right rear door and scratches to panel above the right rear tyre. The damage to the taxi was the left front after the left front head light There is no ~~Bodily~~ bo injury to both drivers and passengers

Declaration

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

Policyholder's Signature / Date & Time

03/01/23 15:50hrs

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

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

3/1/23

(45)

2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8


TOYOTA MOTOR MANUFACTURING INDONESIA
MODEL NSP170R-MWYNKT
ENGINE 2NR-FE 1496 mL
FRAME No. MHFZ28H3X0005377 5
COLOR TRIM GVM (Kg) OPTION
1D4 FB20
TRANS./AXLE K312 -01A
PLANT/BUILT Z37 04.2018

PRIVATE HIRE