ASS. REC. BY:	C.3000791/Kgp3
16	SSIGNMENT
From: Date:	Veh No: Smy 4805/14xx Resp. 12, 15
Estimated Cost: OD ITP WS / TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	Makes 7 1. (A)
at Workshop m/s Wii La	7 741715 C.C 1598
of	insured/Std/NI/NA
Insured:	Sp.Reading 189135 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	C/No: MR053REH104539663
Sum Insured: Excess:	- Och. Colo. Cood / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inerder / Jammed / Leaked / Burnt or
	Modi: NII / S/RIM / STD AJRITH OF
(Policy Condition)	Tyre Size: F: Triangle 205/55R16
Remark: The veh had commenced Its N/S O/S	R: Mic
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value: & 46k	TOYO/YOKO or
IDAC Accident Rport: Consistent? : Yes or No	Eron! Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bai. 9 mm R/Bai. 3 mm
Est. Repairs: Ob days Res.: Yes or No	L/Bal. 4 mm L/Bal. 3
Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 19/1/23 D.O.I. 26/1/2023
The state of the s	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	the contract of the contract o
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
72/2 7/8 80/	
1311 11 hy 036501 Cester CA	ed & 6549.03, 642)
	L. families of James and Control of the Control of
Re l	
140	
Oate/Time, File Pass to?	The state of the s
27/02 Typict Day	's Of Repair: 6
Oute/fine, File Return to?	urvey No. of Trip: 1 Survey Fee
2)	Transportation
Add Fee:	: Site Insp (\$) _ s - Rssi
Report Format: TP	: Interview (\$) Finite
Lucia Com II D Los	Tech Invs (\$) Others
3650	Weekend (\$
La company of the com	and the second s

WEI LEE MOTOR WORKS BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32, SINGAPORE 575644. TEL: 6456 9830 • FAX: 6458 0128 Business Regn No: 269436/00J Business Regn No: 269436/00J

Company

25 JANUARY 2023

LIBERTY INS PTE LTD 51 Club Street #03-00 Liberty House Singapore 069428

Attn: Motor claim dept-3rd party claim

Claiming against your insured vehicle no: GBK6052D Accident involving vehicle no: SMY4805H/GBK6052D

DOA: 19/01/2023 at TIONG BAHRU TURNING RIGHT TO CTE (SLE) ged by Repairer

Dear officer in charge

Estimate cost of repair for vehicle no: SMY4805H

To supplied:

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resident
- Parts prices are subject to ment matter.
- Third party survey is on a 1 A to our Prepare
- No illegal modifications as auto-
- Supplementary ... is subject to final approval from

Date:

Description	Qty	Amount	
Lid	1	655.50	
Lid – Corolla emblem	ne 1	42.35	-
Lid – Altis emblem	Nen 1	44.17	-
Lid – Toyota logo	Nr 1	50.25	_
Lid handle	In 1	298.20	7
Lid lock	Del 1	382.00	
Lid reflector	cm 2	590.40	_
Lid hinge	n 2	184.00	
Boot weatherstrip	m 1	166.40 X	
End panel	R 1	581.20	
End panel top garnish	nog con 1	229.40	
Rear bumper	R 1	482.00	
Rear bumper retainer	MISDIT 2	185.00	+
Rear bumper reflector	p 2	113.80 X	•
Rear bumper enforcement	By 1	301.60	
Tailamp	NISOM 2	603.20	+ 301.60
Tailamp gasket	NISM 2	53.60	+
Tailamp panel	1 /	R 581.20	X
Spare tyre panel	N 1	702.90	,
Rear windscreen glass	P- 1	1,646.50	
Sealant	rm 1	20.00	
Rear door, LH	R 1	1,069.20	
Rear fender, LH	R 1	927.20	•
Rear fender cowling, LH	<u>h</u> 1	355.30	
Parts		10,265.37	
Parts less 25%		7699.03	

1. Reverse sensor

2. Remove/reinstall rear windscreen glass

Remove damaged parts & attachments
 Cut/weld damaged panel
 Repair dented area
 Replace/realign all parts into same position

4. To spray paint

Shan 220.00 2005m Nr 180.00 X

1,100.00 fool

10,199.03

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	813C	
Vehicle No.:	SMY4805H	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	31 Jan 2023	
Vehicle Make:	TOYOTA	
Vehicle Model:	COROLLA ALTIS CLASSIC 1.6 CVT	
Primary Colour:	Grey	
Manufacturing Year:	2015	
Engine No.:	1ZRY215329	
Chassis No.:	MR053REH104539663	
Maximum Power Output:	90.0 kW (120 bhp)	
Open Market Value:	\$17,804.00	
Original Registration Date:	30 Dec 2015	
First Registration Date:	30 Dec 2015	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$17,804.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	29 Dec 2025	
PARF Rebate Amount: Intended COE Rebate Details	\$10,682.00	
COE Expiry Date:	29 Dec 2025	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$54,301.00	
COE Rebate Amount:	\$15,808.00	
Total Rebate Amount:	\$26,490.00	

The information contained herein is correct as at 26 Jan 2023



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 20/01/2023 10:51 (SGT) Reported by Date of Accident 19/01/2023 14:15 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG TIONG BAHRU TURNING RIGHT TO SLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY4805H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KH LEASING PTE. LTD Company Reg No 201611813C Email Address KAHUPLEASING@GMAIL.COM Mobile Phone No (Phone) +65-90690032 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota **COROLLA ALTIS** 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 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5121461975-01

DRIVER

Name of Driver LIM HENG GUAN NRIC No S1601407I Date Of Birth 15/12/1963 Outdoor

Date Of Driving Pass 21/10/1985 Driving experience 37 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97838363 Alt. Phone Number Email Address KAHUPLEASING@GMAIL.COM Address **BLK 444 SIN MING AVENUE** Address complement #20-449 Postcode 570444 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 - Head to Rear Weather Conditions Raining Road Surface Wet 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? 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 I WAS APPROACHING THE JUNCTION WHEN TRAFFIC LIGHT TURNS RED. AS I STOPPED, SUDDENLY I FELT AN IMPACT ON MY REAR AS THE VEHICLE BEHIND REAR ENDED INTO MY CAR. NO INJURY IN THIS CASE. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident EMAIL TO MOTORVIDEO@INCOME.COM.SG **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBK6052D Vehicle Manufacturer

Commercial vehicle

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver Work Permit No Contact Number	AZHAGAMUTHU MARUDHUPANDIAN G2468542Q (Phono), 465, 84300376
Address	(Phone) +65-84300376
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repud ate 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.
- 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) with 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;

(1) 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 andlor 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 oring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) countrying 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.

(actualing their (awyersnaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

POUS POLICE S CONTROL POLICE A TIME

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

When as in NRIC/ID card)

Sketch Plan

VEH B: GBK 60sap

VEH B: GBK 60sap

Describe Circumstance of	f the Accident			
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			APERBUILD OF	
Declaration				100 mm m
VWe declare the foregoing	particulars are true in every re	+ pect.		