

(08/11/13) wef

ASS. REC. BY: JM

REF:

CS/NC23000939/Rvp3

240I

**ASSIGNMENT**

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

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

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

To Inspect Vehicle No: SFB 3228J

at Workshop m/s VANTAGE AUTOMOTIVE

of 305, ALEXANDRA RD

insured: SKU 2375P NTML

Policy No. \_\_\_\_\_

Claims No. MT/1202180-002

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: 170K

IDAC Accident Rport: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SFB 3228J Yr Regn: 2022 10CT

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

Truck / Trailer or

Make: BYD ATTO3 s/R c.c. —

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

Sp. Reading: 8448 T/Radio: Insured / Std / NI / NA

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

C/No: LGXCE4CB2N2081245

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: 215/55R18

R: \_\_\_\_\_

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

TOYO / YOKO or ATLAS

Front \_\_\_\_\_ Rear \_\_\_\_\_

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

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

D.O.A. 20/12/22 D.O.I. 31/01/23

Survey held at VANTAGE

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

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

Date / Time Action / Instruction

REPAIR LIMIT - 66K

8/5/23 Final fig \$9889.60 confirmed by email (Red 4876.08, 49%)

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 5

1)

: Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

2) 8/5/23-typist

Survey Fee:

Transportation:

Add Fee:  : Site Insp (\$ \_\_\_\_\_) — S + RS, — SI

: Interview (\$ \_\_\_\_\_) Photos

: Tech. Invs (\$ \_\_\_\_\_) Others

: Weekend (\$ \_\_\_\_\_)

Report Format : TP

Lump Sum / I.B.I: (\$ 9889.60)

TOTAL

## 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 willful 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	22/12/2022 17:16 (SGT)
Reported by	Both
Date of Accident	20/12/2022 16:52 (SGT)
Exact Location of Accident	181 Orchard Rd, Singapore 238896
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB3228J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HWANG SIOK LEAN DOREEN
NRIC No	SXXXX240I
Email Address	garyndoreentan@gmail.com
Mobile Phone No	(Phone) +65-96881567
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Byd
Model	ATTO 3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

#### DRIVER

Name of Driver	DAN TAN
NRIC No	SXXXX957F
Date Of Birth	17/11/1998
Occupation	Indoor

Date Of Driving Pass	06/04/2017
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98781502
Alt. Phone Number	-
Email Address	garyndoreentan@gmail.com
Address	51 JALAN LIMAU BALI
Address complement	-
Postcode	468532
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - 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)	2
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	HWANG SIOK LEAN DOREEN
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

PLEASE REFER TO ACCIDENT REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU2375P
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ELLY HERAWATY SJARIF
NRIC No	SXXXX092J
Contact Number	(Phone) +65-96388863
Address	9 MOUNT EMILY ROAD, #03-19
Address complement	-
Postcode	228492
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

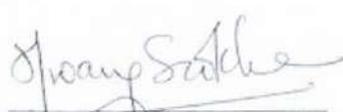
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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 lodgment 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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

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

  
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/22 at about 1652, I was driving veh 'A' along Orchard Road near Orchard Gateway. As traffic was slowing down, I too had slowed down, suddenly veh 'B' hit onto my REAR causing REAR damages.

DECLARATION

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

*[Signature]*  
 Policyholder's Signature

Date & Time:

*[Signature]*  
 Driver's Signature

(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# E-Auto

(A Division of Vantage Automotive Limited)

Business Registration No. 53399829L GST Registration No. M2-0000551-1



305 Alexandra Road

159942 Singapore

Tel : 6376 8833

Fax : 6477 7398

GST Registration No. M2-0000551-1

## ESTIMATE



Estimate No. <b>BY 5662</b>	Date Estimated <b>25/01/2023</b>	Page No. <b>1 of 2</b>
	Prepared By <b>Clement Chia Cher-Yang</b>	

ESTIMATE REPAIR FOR <b>Hwang Siok Lean Doreen</b> 51 Jalan Limau Bali  Singapore 468532	ACCOUNT <b>5749</b> <b>Income Insurance Limited</b> 75 Bras Basah Rd NTUC Income Centre Singapore 189557
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REGN. NO. <b>SFB3228J</b>	CHASSIS NO. <b>LGXCE4CB2N2081245</b>	REGN. DATE <b>12/10/2022</b>	MODEL <b>Atto 3</b>	MILEAGE <b>5531</b>
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DESCRIPTION	VALUE
TO CONDUCT THIRD PARTY CLAIM AGAINST INCOME INS(SKU2375P). DOA:20.12.2022	0.00
TO REMOVE AND REPLACE REAR BUMPER AND REAR TAILGATE.	<del>900</del> 1,200.00
TO REMOVE AND REPLACE REAR TAILGATE GLASS AND CONDUCT WATER LEAK TEST.	<del>600.00</del>
TO SUPPLY AND INSTALL 3M SOLAR FILM FOR REAR TAILGATE GLASS. (NETT)	<del>350.00</del>
TO TRANSFER REAR TAILGATE AND BUMPER COMPONENTS FROM OLD TO NEW.	<del>150</del> 300.00
TO REMOVE/REFIT/INSTALL REAR SENSOR.	<del>80</del> 120.00
TO CONDUCT BODY CAVITY PRESERVATIONS.	<del>60.00</del>
SPRAY PAINT REAR TAILGATE AND REAR BUMPER.	<del>900</del> 1,200.00
TO CONDUCT ECU RE-PROGRAMMING AND CLEAR OF FAULT CODES TO ENSURE PROPER FUNCTION .(NETT)	<del>600.00</del>
SUNDRIES. <i>Suppl &amp; install Rear number plate with frame - 70 (Supp) 4</i>	<del>20</del> 100.00
<b>Total Labour 1:</b>	<b>4,530.00</b>

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
13186484-00	REAR BUMPER RIGHT LOWER SUPPORT <i>? Xan</i>	1	13.10	10.00	11.79
13186483-00	REAR BUMPER LF BRACKET ASSY <i>? Xan</i>	1	24.10	10.00	21.69
13161637-00	LEFT TRIM REAR BUMPER <i>scd</i>	1	69.00	10.00	<del>62.10</del>
13161636-00	RIGHT TRIM REAR BUMPER <i>? Xan</i>	1	69.00	10.00	62.10
13161517-00	TRIM OF REAR BUMPER <i>? Xan</i>	1	68.00	10.00	61.20
13220424-00	LOWER SURROUND TRIM R BUMPER <i>? Xan</i>	1	135.00	10.00	121.50
13814520-00	BUMPER BODY ASSY.,REAR <i>? Xan</i>	1	1,688.00	10.00	1,519.20
13678676-00	RR LICENSE PLATE BASE ASSY <i>? Xan</i>	1	60.00	10.00	54.00
13777456-00	BACK DOOR ASSEMBLY <i>bt</i>	1	3,480.00	10.00	<del>3,132.00</del>
13171273-00	BACK DOOR GLASS ASSY <i>new photo?</i>	1	2,800.00	10.00	<del>2,520.00</del>
13276895-00	BUILDYOURDREAM WORD MARK ASSY <i>new</i>	1	210.00	10.00	<del>189.00</del>
13688366-00	ATTO WORD MARK ASSY <i>new</i>	1	25.00	10.00	<del>22.50</del>
13182878-00	REAR PEDAL ASSY <i>? Xan</i>	1	850.00	10.00	765.00
13220230-00	RR LICENSE PLATE TRIM PANEL ASSY <i>ca</i>	1	260.00	10.00	<del>234.00</del>
13778327-00	REAR PANEL ASSEMBLY <i>? Xan</i>	1	1,082.00	10.00	973.80
10249754-00	PLASTIC NUT <i>? Xan</i>	10	3.00	10.00	27.00

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## ESTIMATE

Estimate No. <b>BY 5662</b>	Date Estimated <b>25/01/2023</b>	Page No. <b>2 of 2</b>
	Prepared By <b>Clement Chia Cher-Yang</b>	

REGN. NO. <b>SFB3228J</b>	CHASSIS NO. <b>LGXCE4CB2N2081245</b>	REGN. DATE <b>12/10/2022</b>	MODEL <b>Atto 3</b>	MILEAGE <b>5531</b>
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PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
13777448-00	IMPACT BEAM,,REAR <i>? xdn</i>	1	432.00	10.00	388.80
Total Parts :					<b>10,165.68</b>

**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"
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed is subject to final approval from Insurance C.

Acknowledged by Repairer  
Signature:  
Date:

*Rahul  
Hp 90010068  
5 days  
P/P  
31/01/23 @1510  
Revy before paint*

Customer Name & Signature / Company Stamp	Date	Labour 1	S\$	4,530.00
		Parts	S\$	10,165.68
		Labour 2	S\$	0.00
		Excess	S\$	0.00
		Total GST @ 8%	S\$	1,175.65
		Grand Total	S\$	<b>15,871.33</b>

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval. This estimate is valid for a period of 30 days only.

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 Regs. No. 53399829L GST Regs. No. M2-0000551-1

305 Alexandra Road  
 Vantage Automotive Centre  
 Singapore 159942

Service Booking: 6477 7383  
 Parts Dept: 6477 7420  
 Vantage 24-Hour Assist: 6473 8588  
 Fax: 6477 7300



## FINALIZATION REPORT

REPAIR ORDER NO. <b>BY 289108</b>	Date IN <b>10/04/2023</b>	Invoice Number	Page No. <b>1 of 2</b>
	Payment Term <b>30 Days From Invoice</b>	Invoice Date <b>??</b>	
	Customer Service Advisor <b>Clement Chia Cher-Yang</b>	Invoice By <b>Clement Chia Cher-Yang</b>	

CUSTOMER INFORMATION	INVOICE TO <b>5749</b>
<b>Hwang Siok Lean Doreen</b> 51 Jalan Limau Bali  Singapore 468532	<b>Income Insurance Limited</b> 75 Bras Basah Rd NTUC Income Centre Singapore 189557

REGISTRATION No. <b>SFB3228J</b>	CHASSIS No. <b>LGXCE4CB2N2081245</b>	STOCK No. <b>302310</b>	REGISTRATION DATE <b>12/10/2022</b>	MODEL <b>Atto 3</b>	MILEAGE <b>13675</b>
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CODE	DESCRIPTION	UNITS	DISC %	NETT
OCMILWNP	TO CONDUCT THIRD PARTY CLAIM AGAINST INCOME INS(SKU2375P). DOA:20.12.2022	0	0.00	0.00
OCSCWYPY	TO REMOVE AND REPLACE REAR BUMPER AND REAR TAILGATE.	0	0.00	900.00
OCSCWYPY	TO REMOVE AND REPLACE REAR TAILGATE GLASS AND CONDUCT WATER LEAK TEST.	0	0.00	600.00
OCSCWYPY	TO SUPPLY AND INSTALL 3M SOLAR FILM FOR REAR TAILGATE GLASS.(NETT)	0	0.00	350.00
OCSCWYPY	TO TRANSFER REAR TAILGATE AND BUMPER COMPONENTS FROM OLD TO NEW.	0	0.00	150.00
OCSCWYPY	TO REMOVE/REFIT/INSTALL REAR SENSOR.	0	0.00	80.00
OCSCWYPY	TO CONDUCT BODY CAVITY PRESERVATIONS.	0	0.00	60.00
OCSCWYPY	SPRAY PAINT REAR TAILGATE AND REAR BUMPER.	0	0.00	900.00
OCMILWNP	TO CONDUCT ECU RE-PROGRAMMING AND CLEAR OF FAULT CODES TO ENSURE PROPER FUNCTION (.NETT)	0	0.00	600.00
OCMILWNP	SUNDRIES.	0	0.00	20.00
OCSCWYPY	SUPPLY AND INSTALL REAR NUMBER PLATE WITH FRAME	0	0.00	70.00
			<b>Sub-Total :</b>	<b>3,730.00</b>

CODE	DESCRIPTION	UNITS	DISC %	NETT
13777456-00	BACK DOOR ASSEMBLY	1	10.00	3,132.00
13171273-00	BACK DOOR GLASS ASSY	1	10.00	2,520.00
13276895-00	BUILDYOURDREAM WORD MARK ASSY	1	10.00	189.00
13688366-00	ATTO WORD MARK ASSY	1	10.00	22.50
13220230-00	RR LICENSE PLATE TRIM PANEL ASSY	1	10.00	234.00
13161637-00	LEFT TRIM REAR BUMPER	1	10.00	62.10
			<b>Sub-Total :</b>	<b>6,159.60</b>

Attending CSO : Clement Chia  
 Should you require further explanation, please reach me at 92782710

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Service Booking: 6477 7383  
Parts Dept: 6477 7420  
Vantage 24-Hour Assist: 6473 8588  
Fax: 6477 7300



## FINALIZATION REPORT

REPAIR ORDER NO. <b>BY 289108</b>	Date IN <b>10/04/2023</b> Payment Term <b>30 Days From Invoice</b> Customer Service Advisor <b>Clement Chia Cher-Yang</b>	Invoice Number  Invoice Date <b>??</b> Invoice By <b>Clement Chia Cher-Yang</b>	Page No. <b>2 of 2</b>
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Service Packages	<b>0.00</b>	Total Labour/Parts/Service Package Charges	<b>S\$ 9,889.60</b>
Labour Charges	<b>3,730.00</b>	Less Insurance Excess	<b>S\$ 0.00</b>
Parts Charges	<b>6,159.60</b>	GST @ 8%	<b>S\$ 791.17</b>
Lubricant/Misc	<b>0.00</b>	Invoice Total Amounts	<b>S\$ 10,680.77</b>
		Less Deposit/Voucher	<b>S\$ 0.00</b>
<b>Computer generated invoice. No signature is required.</b>		<b>Amount Payable</b>	<b>S\$ 10,680.77</b>

All amounts are in Singapore Dollars.  
Work was carried out subject to the Company's Terms and Conditions of Service.  
No complaints will be entertained unless reported within seven (7) days of the date of this invoice.  
For credit purchases, interest @1% per month will be debited on overdue amounts.

