ASS. REC. BY: Kenneth | REF: TU /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s MBM

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: TBA

(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: $7ok

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLA 9724M Yr Regn: 03 16

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

Make: Toy Harrier (A) c.c 1986

Colour M.P.White A/C: Insured / Std / NI / NA

Sp.Reading 118953 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZSU60 - 0073557

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: 235/50R19

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	4/3/23	D.O.I.	8/3/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

o/Time, File Pass to?

/Time, File Return to?

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: $ - RS. SI

Parking

Others

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

ort Format :

p Sum / I.B.I: ($

MBM WHEELPOWER PTE. LTD.

YOUR REF.:
OUR REF.: SLA9724M

Not Workable
L/Pnp &
Resurvey After Paint
7days

TO: INDIA INTERNATIONAL

CC: MOTOR CLAIMS DEPARTMENT

FAX:

DATE: 7/3/2023
FROM: Lee Shirley
FAX: 64525333
CONTACT: 86865188
MAKE & MODEL: TOYOTA HARRIER 2.0 PREMIUM
CHASSIS NO.: ZSU600073557
ENGINE NO.: 3ZRB738573
YEAR MADE: 2016
ACCIDENT DATE: 4 March 2023

ESTIMATE FOR VEHICLE NO.: SLA9724M

NO.	DESCRIPTION	PART NO.	QTY.		LIST PRICE
1	BONNET		1	$	900.00
2	BONNET INSULATOR		1	$	450.00
3	BONNET SEAL RH		1	$	90.00
4	BONNET HINGE RH		1	$	90.00
5	BONNET SUPPORT RH		1	$	380.00
6	BONNET MOULDING		1	$	270.00
7	FRONT RADIATOR GRILLE		1	$	450.00
8	FRONT BUMPER		1	$	450.00
9	FRONT BUMPER OUTER SIDE RETAINER RH		1	$	90.00
10	FRONT BUMPER INNER SIDE RETAINER RH		1	$	90.00
11	FRONT BUMPER ABSORBER RH		1	$	120.00
12	FRONT BUMPER REINFORCEMENT		1	$	360.00
13	FRONT BUMPER LOWER ABSORBER		1	$	270.00
14	FRONT BUMPER ABSORBER		1	$	135.00
15	FRONT BUMPER LOWER GRILLE		1	$	210.00
16	FRONT BUMPER FOG LAMP COVER RH		1	$	110.00
17	FRONT BUMPER GUIDE		1	$	120.00
18	FRONT BUMPER TOWING COVER RH		1	$	50.00
19	FRONT BUMPER CLIP		10	$	30.00
20	HEADLAMP RH		1	$	2,050.00
21	FOG LAMP RH		1	$	210.00
22	FRONT FENDER RH		1	$	320.00
23	FRONT FENDER PROTECTOR RH		1	$	150.00
24	FRONT FENDER INNER SHIELD RH		1	$	320.00
25	FRONT FENDER INNER SHIELD CLIP		10	$	30.00
26	FRONT SUPPORT PANEL		1	$	650.00
27	FRONT WHEEL HOUSE RH		1	$	630.00

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:

MBM WHEELPOWER PTE. LTD.
160 SIN MING DRIVE, #06-02
SIN MING AUTOCITY
t 6262 8888 f 6452 5333
COMPANY REG. NO.: 200204110W

28	APRON SUB-ASSY, FRONT FENDER, RH	1		$	?	630.00
29	FRONT PILLAR COVER RH	1		$	mil ✓	150.00
			TOTAL:	$		9,655.00
			LESS 25%:	$		(2,413.75)
			PARTS TOTAL:	**$**		**7,241.25**

SPECIAL NETT

NUMBER PLATE & HOLDER	1		$	Sn x	50.00
BODY SEALANT	1		$	nn x	50.00
FIRELLI TYRE 235/50 R19	1	Pr	$	70 Sn	320.00

LABOUR 900

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS, INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS	$		1,800.00
TO CONDUCT CHASSIS ALIGNMENT	$	?	250.00
TO REMOVE,RENEW & REFIT FRONT RH TYRE	$	2 ol	80.00
TO CONDUCT ALL WHEEL COMPUTERISED ALIGNMENT	$	6 ol	160.00
TO CHECK & RECONNECT ALL NECESSARY WIRING	$	2 ol	200.00
TO REMOVE & REFIT ALL SENSOR	$	?	250.00
TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)	$	?	250.00
TO SPRAY PAINT ON THE AFFECTED AREAS	$	10 ool	1,200.00
TOTAL:	$		11,851.25
7% GST:	$		829.59
GRAND TOTAL:	**$**		**12,680.84**

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	752Z

Vehicle Details

Vehicle No.:	SLA9724M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER 2.0 PREMIUM AT AIRBAG 2WD 5DR
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	3ZRB738573
Chassis No.:	ZSU600073557
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	$31,296.00
Original Registration Date:	23 Mar 2016
First Registration Date:	23 Mar 2016
Transfer Count:	0
Actual ARF Paid:	$30,815.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Mar 2026
PARF Rebate Amount:	$20,029.00

Intended COE Rebate Details

COE Expiry Date:	22 Mar 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$38,610.00
COE Rebate Amount:	$11,738.00
Total Rebate Amount:	**$31,767.00**

The information contained herein is correct as at 07 Mar 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 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	06/03/2023 11:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/03/2023 15:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS AYE 7.4KM LANE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9724M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE TJEN CHIAN, EDMUND
NRIC No	SXXXX752Z
Email Address	edlee188@gmail.com
Mobile Phone No	(Phone) +65-97920794
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MPC0001414_02

DRIVER

Name of Driver	LEE TJEN CHIAN, EDMUND
NRIC No	SXXXX752Z
Date Of Birth	11/01/1978
Occupation	Indoor

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)

Sketch Plan