REF: CS/49/2300766//Tmy3

ASSIGNMENT

From: Date:	Veh No: 51 93154R Yr Regn: 246, 84
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Corolla Axio c.c 1496
at Workshop m/s	Colour Silvar A/G: Insured/Std/Ni/NA
of .	Sp.Reading 474262 T/Radio; Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: NRE/6/00/8382
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/Jammed/Leaked/Burnt or
Make of Veh;	Modl: NII / SRim / STD A/Rim or
Δ	Tyre Size: F: 195/66775
(Policy Condition)	R: 1 -
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO or Tourador.
Ball or Market Value: 4501C.	Front Rear
IDAC Accident Rport Consistent? : Yes or No	R/Bal, 6 mm R/Bal, 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal, 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 14/3/23
Lum Sum: % 3 Val.: Yes or No	Survey held at EM-
CA I REV I REP. I 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/G / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	Fv+ N/S, 4/C
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Data/Time, File Pass to? : Prell. Report D	ays Of Repair:
	AND THE COLUMN TWO IS NOT THE COLUMN TWO IS
Date/Time, File Return to?	esurvey No. of Trip: Survey Fee:
2) Add Fee:	: Site Insp (\$) S+RS SI
	Interview /t
Per Format :	Tech low 18
Lump Sum / LE.J: (%	: Weel: end (\$
	MAX M. R. T. MODERNA.
	! TOTAL

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C #01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com COMPANY / GST REG. NO.: 201316380R

Vehicle Number:

SLG 3154R

Date:

13.03.2023

Vehicle Model:

TOYOTA AXIO

Chassis:

NRE1610018382

Accident Date:

12.03.2023

TP Ins.

BUDGET DIRECT

Original Reg Date: 27.09.2016

ESTIMATE

		<u>ESTIMATE</u>		
1	1 pc	Headlamps Assy		eng 452.00
2	1 set	Headlamps Clips		pl 25.00
3	1 pc	Front Grille Assy		Tem /456.20
4	1 set	Front Grille Clips		Tree - 30.00
5	1 pc	Front Grille Badge		Tel / 68.20
6	1 pc	Front Bumper		496.50
7	1 pc	Front Bumper Lower Grille		₹ /395.10
8	2 pcs	Front Bumper Side Retainers 59	.10	le/ 118.20
9	1 set	Front Bumper Clips		ww/ 50.00
10	1 pc	Front Bumper Reinforcement		₹nn 262.50
11	1 pc	Front Bumper Reinforcement Sponge		W / 172.50
12	1 pc	Front Bumper Fog Lamp Cover LH		Te / 57.50
13	1 pc	Front Bumper Lower Cover LH		£ ∕191.90
14	1 set	Front Bumper Lower Cover Clips		PU / 30.00
15	1 pc	Front Fender LH		5/ 441.70
16	1 pc	Front Fender Bracket		<i>51</i> 96.20
17	1 pc	Front Fender Inner Shield LH		hr 152.20
18	1 set	Front Fender Inner Shield Clips		ne/ 30.00
19	1 pc	Front Fender Inner Suppressor Sponge		マルハ 49.20
20	1 pc	Front Shock Absorber LH		7t/ 356.00
21	1 pc	Front Shock Absorber Top Mounting LH		6十/155.20
22	1 pc	Front Lower Arm LH		\$\frac{1}{2} \frac{1}{2} \fra
23	1 pc	Front Lower Arm Ball Joint LH		7/1/ 174.50
24	1 pc	Front Cross Member		X W1,612.00
25	1 pc	Front Knuckle Arm LH		3+ / 461.90
26	1 pc	Front Wheel Bearing LH		3 / 132.10
27	1 pc	Anti Roll Bar		Bt / 452.70
28	2 pcs	Anti Roll Bar Bush 46	.00	bt/ 92.00
29	1 pc	Anti Roll Bar Link		bt/160.00
30	1 pc	Steering Rack and Pinion		カキ/1,881.90
31	1 pc	Front Drive Shaft LH		N ↑ X 1,811.80
32	1 pc	Front Wheel Speed Sensor LH		dis 344.90

11,607.50

Less 25%

2,901.88

C/D

8,705.63

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C #01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO.: 201316380R

Vehicle No: SLG 3154R

B/F

8,705.63

Special Nett

1	1 pc	Front Rim LH	ht? 300.00	280
2	1 pc	Front Tyre LH 70% of 250	ut 300.00	/
3	1 set	Front Rim Hyp Cap	Cu 300.00	1203
4 -	1 pc	Brake Oil	Rm 100.00	

Labour charge

	**	
Panel Beating	2001	1,200.00
Spray painting	900/	1,200.00
Anti rust	30/	100.00
Check Wiring	30 1	50.00
Remove and install front undercarriage	200 7	puho 450.00
To perform computerize wheel alignment.	80~1	90.00

12,795.63

Less 20%

2,559.13

Lump sum

10,236.50

Tanfler 9749749 WP 14/3/25 C 215 pm els Pesny after report 6-Adess templin c/Whowlown

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	188H
Vehicle Details	
Vehicle No.:	SLG3154R
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5X A
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	2NR8628327
Chassis No.:	NRE1610018382
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$15,968.00
Original Registration Date:	27 Sep 2016
First Registration Date:	27 Sep 2016
Transfer Count:	1
Actual ARF Paid:	\$5,968.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Sep 2026
PARF Rebate Amount:	\$3,879.00
Intended COE Rebate Details	
COE Expiry Date:	26 Sep 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp
COE Period(Years):	10
QP Paid:	\$51,506.00
COE Rebate Amount:	\$18,213.00
Total Rebate Amount:	\$22,092.00

The information contained herein is correct as at 13 Mar 2023

OK

SC1N233D000H / City Auto Pte Ltd ENTRY DATE & TIME: 13/03/2023 16:55 (SGT) SUBMITTED BY: Jason Quak VERSION: 1 (13/03/2023 16:55 (SGT))

G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

13/03/2023 16:55 (SGT) Both Policyholder and Actual Driver 12/03/2023 16:10 (SGT) Singapore @A TREASURE TROVE BLK 50 CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLG3154R

Toyota

Axio

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No YAP CHIN HOCK S7114188H BROTHERBEAR71@GMAIL.COM (Phone) +65-88115365

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

No - Claiming third party Private hire Auto 1500

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5108374255-03

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

YAP CHIN HOCK S7114188H 06/05/1971 Outdoor



Page 1 of 18

D . O(D: 1 D	
Date Of Driving Pass	11/08/1994
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	
	(Phone) +65-88115365
Alt. Phone Number	
Email Address	BROTHERBEAR71@GMAIL.COM
Address	BLK 22 SIN MING ROAD @07-220
Address complement	
Postcode	2057
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	
mountained company or canon remains entired by parties	
GENERAL INFORMATION OF THE ACCIDENT	
CONTRACTOR	Industrial Contract of the Contract of Con
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
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	
	■ 3
Translator's phone number	
Translator's email	
Original language used in the statement	
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	110
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are assident photos queiloble for ettechment?	v
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHE	R VEHICLE PROPERTY
DE IMILEO OF ORIE	TO LANCE THOI ENTINE
Vehicle Registration Number	SMP220T
Vehicle Manufacturer	.
Vehicle Model	
Vehicle Variant	
Vehicle Colour	~ ·
	-
Vehicle Category	Private car
Name of Driver	TAN HOCK KOON

TAN HOCK KOON (Phone) +65-88286889

Page 2 of 18

Name of Driver Contact Number

Accident report SC1N233D000H

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

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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)

l understand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

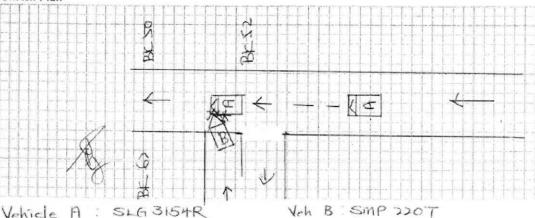
Policyholder's Signature / Date &

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

CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575643

Vitnessed by Claims Section) Personnel

Sketch Plan



Accident report SC1N233D000H

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SKETCH PLAN #2

Describe	Circumstances of	the	Accident

	hece	ived	a Gro	P 0.	le to	pick	up my	passe
at	Pane	901	Walk e	A Trea	sure T	rove 3	31K 5V.	
Wk	en -	l en	ter in	to the	condi	ominium	1 carp	uk en
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onto	my	left	hani	portio	n and	und	er carrie	94:
		***************************************		` A				-
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Veh	16.14	D :	SMP	2201	14			
					/ \	T		
					V	·		

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

CITY AUTO PTE LTD
Bix 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Witnessed By Reporting Centre

Accident report SC1N233D000H

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