ASSIGNMENT

From: Date:	Veh No: 56 93154R Yr Regn: 246, 849
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD (MP) WS I TP RES I OD RES I EVA I INV I MV	Truck / Traller or
To Inspect Vehicle No:	Make: Toyota Corolla Axio co 1496
at Workshop m/s	Colour Silver A/G: Insured / Std / Ní / NA
of .	Sp.Reading 474262 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: NRE/6/00/8382
Clairns 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 / S/Rim / STD A/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: F: 195/66/75 R: BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO or Towardow
Ball or Market Value: 4 SOVC	Front Rear
IDAC Accident Roort Consistent? : Yes or No	R/Bal, R/Bal, C mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal, 6 mm L/Bal. 6 mm
Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.I. 14/3/23
Lum Sum: % 3 Val.: Yes or No	Survey held at EM-1
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 U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The Gro / Gridssis frame / Body Structure alexaed due to collision.
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
-	Resurvey No, of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee:	:Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Pep Format:	Tech. Invs (\$) others
Lump Sun/LBA: (F)	: Weel:end (%
	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

		ESTIMATE	
1	1 pc	Headlamps Assy	cmy 452.00
2	1 set	Headlamps Clips	pl 25.00
3	1 pc	Front Grille Assy	ten /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	de 496.50
7	1 pc	Front Bumper Lower Grille	₹ /395.10
8	2 pcs	Front Bumper Side Retainers 59.10	
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	de / 172.50
12	1 pc	Front Bumper Fog Lamp Cover LH	Te / 57.50
13	1 pc	Front Bumper Lower Cover LH	Ja /191.90
14	1 set	Front Bumper Lower Cover Clips	Per / 30.00
15	1 pc	Front Fender LH	5/ 441.70
16	1 pc	Front Fender Bracket	61- 96.20
17	1 pc	Front Fender Inner Shield LH	h 152.20
18	1 set	Front Fender Inner Shield Clips	ne/ 30.00
19	1 pc	Front Fender Inner Suppressor Sponge	₹ 49.20
20	1 pc	Front Shock Absorber LH	7H 356.00
21	1 pc	Front Shock Absorber Top Mounting LH	75十/155.20
22	1 pc	Front Lower Arm LH	孙 397.60
23	1 pc	Front Lower Arm Ball Joint LH	7/2 174.50
24	1 pc	Front Cross Member	X 1,612.00
25	1 pc	Front Knuckle Arm LH	3+ / 461.90
26	1 pc	Front Wheel Bearing LH	分 / 132.10
27	1 pc	Anti Roll Bar	B+ / 452.70
28	2 pcs	Anti Roll Bar Bush 46.00	
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	₩ T 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: emlautopteltd@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
2	1 pc	Front Tyre LH		ut 300.00
3	1 set	Front Rim Hyp Cap	-	cu 300.00
4	1 pc	Brake Oil	Α	₹w 100.00

Labour charge

Panel Beating	2001	1,200.00
Spray painting	800/	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.	86~1	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 Resny afte repri 6-7 dens templin c/bhowtown:

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

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))



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

5. Intermediate the distribution 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

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

No

YAP CHIN HOCK S7114188H

BROTHERBEAR71@GMAIL.COM

(Phone) +65-88115365

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

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

Transmission

Vehicle Category

CC

Toyota

Axio

No - Claiming third party

Private hire Auto

1500

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

YAP CHIN HOCK S7114188H 06/05/1971 Outdoor

Accident report SC1N233D000H

Page 1 of 18

Date Of Debiting Page	11/08/1994
Date Of Driving Pass	28 YEARS AND 7 MONTHS
Driving experience	Male
Gender	(Phone) +65-88115365
Mobile Number	(Phone) +03-88113303
Alt. Phone Number	PROTHERREARTI@GMAIL COM
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	
Vehicle Registration Namber of Other Vehicle Comment by	•
Insurance Company of Other Vehicle Owned by Driver	-
modianos sempany a caracian a car	
GENERAL INFORMATION OF THE ACCIDENT	
	Cido Curino
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)	No
soliciting/offering accident claims assistance?	140
Translator's name	•
Translator's ID	. The control of the
Translator's phone number	
Translator's email	* 1
Original language used in the statement	E1
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
	No
If yes, against whom?	1.0
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
yvas tilele ally video captuled by Cal Califera?	110
DETAILS OF OTHE	R VEHICLE PROPERTY
Vehicle Registration Number	SMP220T
Vehicle Manufacturer	
Vehicle Model	
	=
Vehicle Variant	≅ = = = = = = = = = = = = = = = = = = =

Private car

TAN HOCK KOON

(Phone) +65-88286889

Accident report SC1N233D000H

Vehicle Colour Vehicle Category

Name of Driver

Contact Number

Page 2 of 18

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.
- 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.
- 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)

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' 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")

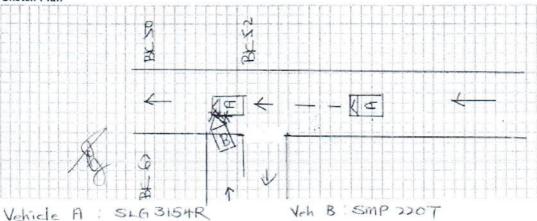
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.



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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tol: 6453 1235 Fax: 6853 7944
Witnessed by Pago Conference
Personnel

Sketch Plan



Accident report SC1N233D000H

Page 4 of 18

SKETCH PLAN #2

I	hecei	Vo A	٨	Gra	6 (ordo	- F	a pie	k	up .	hay	pass	e.4
				k e									-
	-												
											1	rk on	
sing	e la	NC	ON	wa.	y r	٥٥٥	, 5	nddo	my	Ve	nicl.	(B	
on v	NY	le-fl	- W	sither	<u>†</u> ε	stop	an	d d	adh.	ON	+ a	nd hi	Ŧ
	1			hand									
DALO	my	16		MANA	1001	1100		<u> </u>	~~~	0 614			
	•	***************************************		200000000000000000000000000000000000000	-								
		**************************************					201000						

						000000000000000000000000000000000000000	0.0000000000000000000000000000000000000	***************************************					
													,000000000
Vahi	d-c	A	1	SLE	315	4-R		7					
								1					
Vehi	icle	В	3	SMP	2)	DT	-/	X					
***************************************							/	1					
		200.000.000.000						7					
***************************************						***************************************							
												19 19 19 19 19 19 19 19 19 19 19 19 19 1	

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Bix 8 Sin Ming Rond #01-58/60/62 Sin Ming and Est Singapore 575643 Tel: 6453 1235 Fax: 6453 7944 Witnessed By Repenling Centre

Personnel