

ASS. REC. BY: Taujit

REF: CS/LIP23007686/TWYS

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

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
	X

Bal. or Market Value: \$74K

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: SLQ6073T Yr Regn: 2017 July

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

Make: Toyota Wish C.C. 1798

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

Sp. Reading: 156478 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STD6620W 90J007551

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / SRim / STD A/Rim or

Tyre Size: F: 195/65R5

R: 7 2

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

Front R/Bal. 6 mm Rear R/Bal. 6 mm

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

D.O.A. _____ D.O.I. 14/3/23

Survey held at EM-1

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

Date/Time, File Pass to? : Prel. Report : Final Report

1) _____
Date/Time, File Return to? _____
2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Invs (\$) : Weekend (\$)

Survey Fee:	
Transportation:	
S + RS: \$	
Photos	
Others	
TOTAL	

Rep. Format: _____
Lump Sum / L.B.L. (\$) _____

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 : SLQ 6073T
 Vehicle Model : TOYOTA WISH ELEGANCE
 Accident Date : 10.03.2023
 Original Reg Date : 17.07.2017

Date : 13.03.2023
 Chassis : JTDGG20W90J007551
 TP Ins. **LIBERTY**

SKV IIIK (BTD EB)

ESTIMATE

1	1 pc	Tailgate Assy		bt	1,373.50
2	1 pc	Tailgate Badge		ner	65.00
3	1 pc	Tailgate Emblem VALVE MATIC		ner	80.00
3	1 pc	Tailgate Emblem ELEGANCE		ner	76.00
4	1 pc	Tailgate Outer Chrome Moulding - photo		wt	385.00
5	1 set	Tailgate Outer Chrome Moulding Clips		ner	30.00
6	1 pc	Tailgate Opener Switch		ner	186.20
7	2 pcs	Tailgate Number Plate Lamps	85.00	ner	170.00
8	1 set	Tailgate Windscreen Moulding		ner	169.50
9	1 set	Tailgate Windscreen Clips		ner	25.00
10	1 pc	Tailgate Wiper Motor		X nn	685.90
11	2 pcs	Tailgate Lamps Assy @ 366.20	560.00	ner	1,120.00
12	2 pcs	Tailgate Lamps Sealer	40.00	X nn	80.00
13	2 set	Tailgate Lamps Clips	25.00	ner	50.00
14	1 pc	Tailgate Pocket Handle		X nn	49.50
15	1 pc	Tailgate Inner Trim		ner	429.80
16	1 set	Tailgate Inner Trim Clips		ner	40.00
17	2 pcs	Tailgate Stopper	24.00	X nn	48.00
18	1 pc	Tailgate Inner Lock		bt photo	448.00
19	1 pc	Tailgate Auto Lock Actuator		ner	195.50
20	1 pc	Tailgate Lock Catch		X nn	78.00
21	1 pc	Tailgate Weatherstrip		ner	320.00
22	2 pcs	Tailgate Hinges	85.00	Ry	170.00
23	2 pcs	Tailgate Absorber	220.80	Ry	441.60
24	1 pc	Rear Bumper		de	725.00
25	2 pcs	Rear Bumper Side Retainers	58.00	de	116.00
26	2 pcs	Rear Bumper Attachment Retainers	42.00	de	84.00
27	1 set	Rear Bumper Clips		ner 20	50.00
28	2 pcs	Rear Bumper Dampers	78.00	htx	156.00
29	2 pcs	Rear Bumper Reflector Lamps	82.00	X nn	164.00
30	2 pcs	Taillamps Assy @ 566	620.00	ner	1,240.00
31	2 pcs	Taillamps Sealer	40.00	X nn	80.00
32	2 set	Taillamps Clips	25.00	ner	50.00

375

684

C/F

9,381.50

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 : SLQ 6073T

B/F

9,381.50

1	1 pc	End Panel Assy <i>plate</i>		<i>bt</i>	672.50	<i>597</i>
3	1 pc	End Panel Top Trim		<i>de</i>	285.00	
4	1 set	End Panel Top Trim Clips		<i>ur</i>	30.00	
5	1 pc	Rear Floor Panel Top Board		<i>de</i>	385.00	
6	2 pcs	Rear Fender Inner Trim <i>@ 679</i>	798.00	<i>cur</i>	1,596.00	
7	2 set	Rear Fender Inner Trim Clips	30.00	<i>ur</i>	60.00	
8	1 pc	Spare Tyre Carrier		<i>x m</i>	356.20	
		<i>1pc Spare Tyre Panel Top Inner Garnish</i>	<i>\$356.10</i>	<i>cur</i>	<i>12,766.20</i>	
				Less 25%	<u>3,191.55</u>	
					<u>9,574.65</u>	

Special Nett

1	1 set	Reverse Sensor		<i>200 ur</i>	250.00
2	1 pc	Rear Windscreen Sealant		<i>ur</i>	60.00
3	1 pc	Tailgate Windscreen Inner Seal		<i>ur</i>	60.00
4	1 set	Body Panel Joint Sealant		<i>50 ur</i>	120.00
5	1 set	Rear Floor Panel Insulator Pad		<i>x m</i>	150.00
6	1 pc	Rear Number Plate with Cover		<i>bt - 75</i>	70.00

Labour charge

Panel Beating		<i>800</i>	1,200.00
Spray painting		<i>800</i>	1,000.00
Check Wiring		<i>50</i>	50.00
Anti rust		<i>30</i>	100.00
Remove and install rear windscreen.		<i>120</i>	140.00
Remove and install tailgate parts.		<i>60</i>	90.00
Remove and install carpet and seat		<i>60</i>	120.00
Remove and install reverse sensor		<i>90</i>	90.00

13,074.65

Less 20% 2,614.93

Lump sum 10,459.72

Tanpin 97495719
ur 11/3/23 @ 1430
cls rising after repair
o 7 days
tanpin @ 11/3/23

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:	Business
Owner ID:	609M
Vehicle Details	
Vehicle No.:	SLQ6073T
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 CVT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	2ZR1986992
Chassis No.:	JTDGG20W90J007551
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,955.00
Original Registration Date:	17 Jul 2017
First Registration Date:	17 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$19,955.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jul 2027
PARF Rebate Amount:	\$13,968.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jul 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,802.00
COE Rebate Amount:	\$21,621.00
Total Rebate Amount:	\$35,589.00

The information contained herein is correct as at 13 Mar 2023.

OK

SC1N233D0008 / City Auto Pte Ltd
 ENTRY DATE & TIME: 13/03/2023 14:10 (SGT)
 SUBMITTED BY: Jason Quak
 VERSION: 1 (13/03/2023 14:10 (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 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	13/03/2023 14:10 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ6073T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	V.GOS HOME
Company Reg No	53101609M
Email Address	JOHAN@VGOSHOME.COM
Mobile Phone No	(Phone) +65-91173055
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MPC0000665-04

DRIVER

Name of Driver	JOHAN
NRIC No	S8074681D
Date Of Birth	10/06/1980
Occupation	Indoor

Date Of Driving Pass 03/04/2008
 Driving experience 14 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91173055
 Alt. Phone Number -
 Email Address JOHAN@VGOSHOM.COM
 Address BLK 152A BEDOK SOUTH RD #05-528
 Address complement -
 Postcode 461152
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 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 Clear
 Road Surface Dry

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 -
 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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKV1111K
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -

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 Form must be completed by the Policyholder and/or the Authorised 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. 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' 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.



[Handwritten Signature]

[Handwritten Signature]

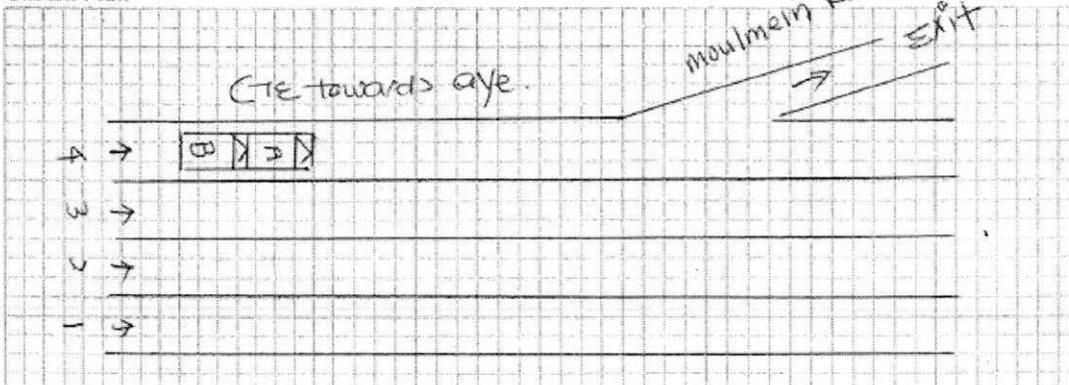
CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575843

Tel: 6459 1235 Fax: 6459 7944
Witnessed by Reporting Centre
Personnel (Claims Section)

Policyholder's Signature / Date & Time

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

Sketch Plan



Vehicle A: SLQ 6073T

Vehicle B: SKV 1111K

SKETCH PLAN #2

Describe Circumstances of the Accident

I was travelling along CTE towards AYE before Moulmein Road Exit on lane 1. Due to heavy traffic front vehicle stopped I follow suit (stationary). Suddenly vehicle B hit onto my rear portion.

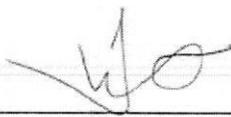
Vehicle A : SLQ 6073T

Vehicle B : SKV 1111K

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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

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