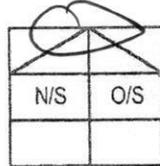


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 @ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GBM 2624U
 at Workshop m/s DINH ANU
 of 31, CORPORATION RD
 Insured: LPC2
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: 500
 (Client's Record)
 Make of Veh: _____



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: 122K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: 1.B.1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBM 2624U Yr Regn: 2023 / FEB
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: BYD ET3 c.c. _____
 Colour: WHITE A/C: Insured / Std / NI / NA
 Sp. Reading: 1699 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: LC00E40BSN0403731
 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: 195/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or LINHLONG
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 26/04/23 D.O.I. 03/05/23
 Survey held at DINH ANU
 Des. of Damages: FR / 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 - 86K

01/04/2023 Finalise P/P \$18,642.38 @ 06 Day (before GST) (Red \$6,357.05/25%)

Date/Time, File Pass to? : Preli. Report
01/06/2023 : Final Report
 1) Typist
 Date/Time, File Return to?

Days Of Repair: 6
 Resurvey No. of Trip: _____

2) _____
 Report Format : OD
 Lump Sum / I.B.I: (\$ p/p \$18,642.38)

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

Survey Fee:	
Transportation:	
) S + RS, SI	
) Photos	
) Others	
TOTAL	

TO : LONPAC INSURANCE BHD

FAX NO:

ESTIMATE REPORT 1ST Quotation

03/05/2023 14:56

JOB-NO: 85008979

OWNER'S PARTICULARS

NAME: LIMELITE PRODUCTIONS PTE
ADDRESS: NA

CONTACT: NA
NA
NA@HOTMAIL.COM

Page 1 of 2

VEHICLE DETAILS

LICENSE NO: GBM2624U

TRANS: AUTO

CHASSIS: LC0CE4DB5N0403731

MAKE / MODEL: BYD / T3

ENGINE: TZ180XSC122090177

OWNER'S INSURER: LONPAC INSURANCE BHD

JOB-CODE: OD

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	1,000.00	0.00	1,000.00		Y	660
2 SUNDRIES	1.00	50.00	0.00	50.00		Y	20
3 RUST PROOFING	1.00	80.00	0.00	80.00		Y	40
4 DIAGNOSTIC (CLEAR FAULT CODE) & CHECK WIRING & LIGHTING SYSTEM	1.00	180.00	0.00	180.00		Y	100
5 ADJUST HEADLAMP AIM	1.00	60.00	0.00	60.00		Y	30
6 R&R RADIATOR & A/C CONDENSER & ELECTRONIC FAN	1.00	180.00	0.00	180.00	2090	Y	120 ?
7 VACUUM & TOP UP AIR COND GAS R-134A	1.00	150.00	0.00	150.00		Y	100 ?
8 SPRAY PAINT FOR FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
9 SPRAY PAINT FOR FRONT FENDER LH	1.00	250.00	0.00	250.00		Y	Xnn
10 SPRAY PAINT FOR FRONT FENDER RH	1.00	250.00	0.00	250.00		Y	Xnn
11 SPRAY PAINT FOR ENGINE HOOD & HINGE	1.00	350.00	0.00	350.00		Y	220
12 SPRAY PAINT FOR LEFT FENDER	1.00	250.00	0.00	250.00		Y	200
13 SPRAY PAINT FOR RIGHT FENDER	1.00	250.00	0.00	250.00		Y	200
14 SPRAY PAINT FOR RADIATOR CROSSBEAM & PILLAR	1.00	250.00	0.00	250.00		Y	200
TOTAL:		3,550.00	0.00	3,550.00			

MATERIALS

1 RUBBER BUSHING, BRACKET	2.00	1.70	0.00	1.70	L	Y	
2 RADIATOR ASSY	1.00	557.05	0.00	557.05	L	Y	
3 ELECTRONIC FAN	1.00	523.34	0.00	523.34	L	Y	
4 RUBBER CUSHION, LOWER SUSPENSION	2.00	10.84	0.00	10.84	L	Y	
5 A/C CONDENSER ASSY	1.00	709.02	0.00	709.02	L	Y	
6 COMBINATION LAMP ASSY, FL	1.00	844.09	0.00	844.09	L	Y	
7 COMBINATION LAMP ASSY, FR	1.00	844.09	0.00	844.09	L	Y	
8 CHARGING PORT LIGHT ASSY	1.00	18.40	0.00	18.40	L	Y	
9 CONDENSER PIPE ASSY 1	1.00	337.66	0.00	337.66	L	Y	
10 OUTER PIPE ASSY, COMPRESSOR	1.00	128.26	0.00	128.26	L	Y	
11 BRACKET, FRONT BUMPER R	1.00	17.76	0.00	17.76	L	Y	
12 GRILLER, RADIATOR	1.00	756.24	0.00	756.24	L	Y	
13 LEFT COVER, REAR GRILLE - GREY 6	1.00	77.63	0.00	77.63	L	Y	
14 LEFT COVER, FRONT GRILLE - GREY 6	1.00	77.63	0.00	77.63	L	Y	
15 BRACKET, FRONT BUMPER, L	1.00	17.76	0.00	17.76	L	Y	
16 FRONT BUMPER	1.00	1,105.70	0.00	1,105.70	L	Y	
17 PLUG, THE FRONT TOW HOOK	1.00	7.44	0.00	7.44	L	Y	

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
18 INTAKE GRID, FRONT BUMPER <i>cm</i>	1.00	126.55	0.00	126.55	L	Y	_____
19 BRACE ASSY, FRONT FOGLIGHT, L <i>74-</i>	1.00	177.28	0.00	177.28	L	Y	_____
20 BRACE ASSY, FRONT FOGLIGHT, R <i>? Xnn</i>	1.00	160.37	0.00	160.37	L	Y	_____
21 ENGINE HOOD ASSY <i>bt</i>	1.00	3,393.04	0.00	3,393.04	L	Y	_____
22 LEFT FENDER <i>repar</i>	1.00	1,679.67	0.00	1,679.67	L	Y	_____
23 RIGHT FENDER <i>repar</i>	1.00	1,679.67	0.00	1,679.67	L	Y	_____
24 BRACKET I, CHARGING PORT <i>? bt</i>	1.00	219.40	0.00	219.40	L	Y	_____
25 FRAME ASSY, FRONT BUMPER <i>? bt</i>	1.00	1,257.57	0.00	1,257.57	L	Y	_____
26 RADIATOR LEFT PILLAR <i>? bt</i>	1.00	1,232.26	0.00	1,232.26	L	Y	_____
27 RADIATOR LOWER BEAM <i>? bt</i>	1.00	1,004.35	0.00	1,004.35	L	Y	_____
28 RADIATOR RIGHT PILLAR <i>? bt</i>	1.00	1,232.26	0.00	1,232.26	L	Y	_____
29 RIGHT CONNECTING PLATE, RADIATOR UPPER BEAM <i>? Xnn</i>	1.00	354.46	0.00	354.46	L	Y	_____
30 LEFT CONNECTING PLATE, RADIATOR UPPER BEAM <i>? Xnn</i>	1.00	354.46	0.00	354.46	L	Y	_____
31 UPPER CROSSBEAM ASSY, RADIATOR <i>bt photo?</i>	1.00	2,194.50	0.00	2,194.50	L	Y	_____
32 HINGE ASSY, ENGINE HOOD, L <i>bt</i>	1.00	33.71	0.00	33.71	L	Y	_____
33 HINGE ASSY, ENGINE HOOD, R <i>bt</i>	1.00	33.71	0.00	33.71	L	Y	_____
34 LOCK ASSY, FRONT CABIN LID <i>? Xnn</i>	1.00	121.56	0.00	121.56	L	Y	_____
35 FRONT BUMPER CLIP SET <i>na</i>	1.00	45.00	0.00	45.00	S	Y	30
36 FRONT NUMBER PLATE & FRAME <i>mus</i>	1.00	65.00	0.00	65.00	S	Y	50
37 RADIATOR COOLANT <i>tbl</i>	1.00	50.00	0.00	50.00	S	Y	30
TOTAL:		21,449.43	0.00	21,449.43			_____
TOTAL PARTS & LABOUR :		24,999.43	0.00	24,999.43			_____

EXCESS/LOADING:\$ \$ 0.00

No. Of Day: 6 days

EXCESS: TBA / REVERT

RE-SURVEY: BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$ \$ _____

DATE OF SURVEY: 03 / 05 23 @ 1615

SURVEYED BY: RASUL

CONTACT NO: 90010068

FAX NO: _____

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

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:

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	27/04/2023 11:57 (SGT)
Reported by	Actual Driver
Date of Accident	26/04/2023 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Upper Bukit Timah Road (Near to Cashew Heights)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM2624U
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Limelite Productions Pte Ltd
Company Reg No	199803762C
Email Address	derrick.wong@limelitemanagement.com
Mobile Phone No	(Phone) +65-91471178
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	ET3
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05016919

DRIVER

Name of Driver	Wong Mun Kin
NRIC No	S6825515E
Date Of Birth	10/07/1968
Occupation	Outdoor

Date Of Driving Pass	11/06/1990
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91471178
Alt. Phone Number	-
Email Address	derrick.wong@limelitemanagement.com
Address	Blk 350 Clementi Ave 2, #07-29
Address complement	-
Postcode	120350
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 attached sketch plan.

Remarks: Damaged photos provided by insured.

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	SND983B
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

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.

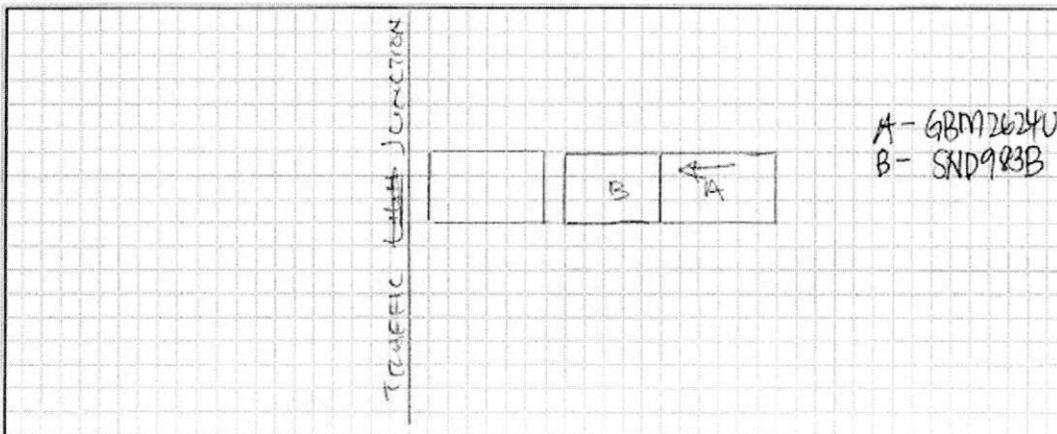


Policyholder's Signature (Date & Time)

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1
 Claim Own Damage Claim Third Party Reporting Only Claim OD/ TP at other workshop

[Handwritten signature]

Describe Circumstance of the Accident

I WAS TRAVELING ALONE UPPER BEKIT TIWAH RD. AS I WAS FOLLOWING SNO 9833 THE CAR STOP AND I WAS UNABLE TO STOP IN TIME + CRASH THE REAR OF SNO 9833 B.

1. Was this statement translated from another language?
 Yes No

**** If Yes, please assist to provide the original statement and the details of the translator below:-**
**** NOTE: Translated statement is to be signed off by the Translator**

2. What is the original language used in the statement?
 English Mandarin Malay Tamil Others: _____

2. Translator Information (all information required to be provided)
 Name of Translator: _____
 Translator ID: _____
 Translator Mobile No.: _____
 Translator Email: _____

Declaration

I/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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

[Handwritten Signature] 27/4/23

[Handwritten Signature] 27/4/23

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	762C
Vehicle Details	
Vehicle No.:	GBM2624U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 May 2023
Vehicle Make:	BYD
Vehicle Model:	ET3
Primary Colour:	White
Manufacturing Year:	2022
Engine No.:	-
Chassis No.:	LC0CE4DB5N0403731
Maximum Power Output:	-
Open Market Value:	\$23,078.00
Original Registration Date:	28 Feb 2023
First Registration Date:	28 Feb 2023
Transfer Count:	1
Actual ARF Paid:	\$1,154.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Feb 2033
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$44,615.00
COE Rebate Amount:	\$35,692.00
Total Rebate Amount:	\$35,692.00

The information contained herein is correct as at 03 May 2023

OK

