

ASS. REC. BY: Taufikh

REF:

CS/INL 23006718/Tg/y3

## ASSIGNMENT

CoE 2031 Apr 1.

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_OD TP / WS / TP RES / OD RES / EVA / INV / MVTo 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
	<input checked="" type="checkbox"/>

Bal. or Market Value: 492K

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMG1035C Yr Regn: 2011 / Dec

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

Truck / Trailer or

Make: Toyota Provia c.c. 2362Colour: White A/G: Insured / Std / NI / NASp. Reading: 295020 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: STEG054M704028946

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NV / S/Rim / STD A/Rim orTyre Size: F: 215/60R16R: 7 ~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 4/7/23Survey held at AK Info

Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or

Rear o/s

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

Date / Time Action / Instruction

Taufikh finalised LS \$5300, 8 days. (Red \$16786.88, 76%)

Data/Time, File Pass to?

☐ : Prel. Report

1) 04/08 Typist

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 8

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

\$ + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

Rep. Format: TPLump Sum 5300



AP AUTOMOTIVE SERVICES PTE LTD  
ROC / GST REG NO : 202022890H  
BLOCK 9006  
TAMPINES STREET 93 #01-202  
SINGAPORE 528840  
TEL: 6784 4465  
FAX: 6787 4886

Link 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

## Estimation

Date

4/7/2023

Vehicle

SMG 1035C

Make/Model

TOYOTA PREVIA 7 SEATER

Chassis No.

JTEGD54M70A028946

No.	Acknowledged by Repairer Signature:	Description	Unit	Unit Price	Amount
	Parts Replacment				
1		REAR BUMPER	1	\$ 847.10	\$ de 847.00
2		REAR BUMPER SIDE RETAINER (INNER)	2	\$ LHX 85.50	\$ RH de 171.00
3		REAR BUMPER SIDE RETAINER (OUTER)	2	\$ LHX 64.50	\$ RH de 64.50
4		REAR BUMPER SPONGE	2	\$ 149.70	\$ X 299.40
5		REAR BUMPER BRACKET	2	\$ 75.60	\$ X 151.20
6		REAR BUMPER REFLECTOR	2	\$ LHX 68.70	\$ RH cut 137.40
7		REAR BUMPER TOW COVER	2	\$ LHX 55.40	\$ RH cut 110.80
8		REAR FENDER	2	\$ LHX 876.70	\$ RH bul 1,753.40
9		REAR FENDER INNER PANEL LH	2	\$ 357.60	\$ X 715.20
10		REAR FENDER INNER COWLING LH	2	\$ LHX 70.30	\$ RH de 140.60
11		REAR FENDER INNER TRIM	2	\$ 321.80	\$ X 643.60
12		REAR FENDER AIR VENT LH	1	\$ 128.60	\$ X 128.60
13		REAR WHEEL HOUSE PANEL	1	\$ 411.20	\$ X 411.20
14		REAR WHEEL HOUSE TOP PANEL LH	1	\$ 245.50	\$ X 245.50
15		TAIL LAMP	2	\$ LHX 713.30	\$ RH cut 1,426.60
16		TAIL LAMP LOWER BRACKET	2	\$ 72.60	\$ X 72.60
17		TAIL LAMP PANEL	2	\$ 135.20	\$ X 270.40
18		TAIL LAMP WIRE HARNESS	1	\$ 288.20	\$ X 288.20
19		BOOT LID	1	\$ 945.70	\$ EE 945.70
20		BOOT LID LAMP	3	\$ LHX 449.80	\$ RH cut 1,349.40
21		BOOT LID OUTER MOULDING	1	\$ 312.80	\$ X 312.80
22		BOOT LID INSULATOR	1	\$ 168.50	\$ X 168.50
23		BOOT LID LOGO	1	\$ 67.50	\$ net 67.50
24		BOOT LID EMBLEM "PREVIA"	1	\$ 68.90	\$ net 68.90
25		BOOT LID EMBLEM "GL"	1	\$ 45.20	\$ net 45.20
26		BOOT LID EMBLEM "TOYOTA"	1	\$ 52.50	\$ net 52.50
27		BOOT LID INSULATOR	1	\$ 168.50	\$ X 168.50
28		BOOT LID HINGE	2	\$ 132.80	\$ X 265.60
29		BOOT LID LOCK	1	\$ 98.60	\$ X 98.60
30		BOOT LID LOWER CATCH	1	\$ 95.20	\$ X 95.20
31		BOOT LID WEATHERSTRIP	1	\$ 185.20	\$ X 185.20
32		REAR ABSORBER RH/LH	2	\$ 398.50	\$ X 797.00
33		REAR KNUCKLE ARM RH/LH	2	\$ 324.20	\$ X 648.40
34		REAR KNUCKLE ARM BEARING RH/LH	2	\$ 182.60	\$ X 365.20
35		REAR DRIVE SHAFT RH/LH	2	\$ 1,221.00	\$ X 2,442.00
36		REAR TIE ROD RH/LH	2	\$ 175.20	\$ X 350.40

37	REAR TIE ROD END RH/LH	2	\$ 118.50	\$ X	237.00
38	REAR SPARE TYRE BOLT	1	\$ 42.00	\$ X	42.00
39	REAR END PANEL	1	\$ 602.10	\$ <i>bb</i>	602.10
40	REAR END PANEL TOP GARNISH	1	\$ 226.10	\$ X	226.10
41	REAR FLOOR PANEL	1	\$ 854.00	\$ X	854.00
42	REAR FLOOR PANEL TOP BOARD	1	\$ 462.50	\$ X	462.50
43	REAR EXHAUST PIPE	1	\$ 695.00	\$ X <i>R</i>	695.00
				\$	19,422.50
			Less 25%	\$	4,855.63
			<b>Total</b>	\$	<b>14,566.88</b>

	S/Nett Items				
1	REAR BUMPER CLIP (SET)	1	\$ 80.00	\$ <i>3 over</i>	80.00
2	REAR NUMBER PLATE	1	\$ 80.00	\$ X	80.00
3	TAILGATE SEALANT	1	\$ 150.00	\$ X	150.00
4	TAILGATE OUTER GARNISH CLIP (SET)	1	\$ 50.00	\$ X	50.00
5	TAILGATE INNER TRIM CLIP (SET)	1	\$ 50.00	\$ X	50.00
6	TAIL LAMP CLIP (SET)	1	\$ 60.00	\$ X	60.00
7	REAR FENDER COWLING CLIPS (SET)	1	\$ 60.00	\$ X	60.00
8	REAR FENDER INNER TRIM CLIPS (SET)	1	\$ 60.00	\$ X	60.00
9	REAR END PANEL TOP GARNISH CLIPS (SET)	1	\$ 60.00	\$ X	60.00
10	REAR END PANEL INSULATION SEAL	1	\$ 150.00	\$ <i>4 over</i>	150.00
11	REAR FLOOR PANEL SEALANT	1	\$ 40.00	\$ X	40.00
12	REAR FLOOR PANEL BOTTOM GARNISH CLIP (SET)	1	\$ 80.00	\$ X	80.00
13	REAR FLOOR TOWING PANEL SEALANT	1	\$ 80.00	\$ X	80.00
14	REAR FLOOR SIDE PANEL SEALANT	1	\$ 80.00	\$ X	80.00
15	REVERSE SENSOR	2	\$ 380.00	\$ X	760.00
16	REAR RIM RH	1	\$ 480.00	\$ <i>cut</i>	480.00
17	REVERSE CAMERA	1	\$ 450.00	\$ X	450.00
			<b>Total</b>	\$	<b>2,770.00</b>

	LABOUR				
1	SPRAY PAINT ON AFFECTED AREAS	1	\$ 1,800.00	\$ <i>1000</i>	1,800.00
2	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,600.00	\$ <i>1000</i>	1,600.00
3	TO CHECK WIRING	1	\$ 80.00	\$ <i>30</i>	80.00
4	TO CHECK WATER LEAK	1	\$ 80.00	\$ X	80.00
5	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	\$ 280.00	\$ <i>100</i>	280.00
6	TO CHECK WHEEL ALIGNMENT	1	\$ 350.00	\$ <i>80</i>	350.00
7	TO PERFORM RUST PROOFING	1	\$ 250.00	\$ <i>40</i>	250.00
8	TO RNR REVERSE SENSOR & DISTANCE SETTING	1	\$ 80.00	\$ <i>30</i>	80.00
9	TO RNR REVERSE CAMERA & DISTANCE SETTING	1	\$ 80.00	\$ <i>30</i>	80.00
10	TO RNR EXHAUST PIPE	1	\$ 150.00	\$ X	150.00
			<b>Total</b>	\$	<b>4,750.00</b>

Parts Replacement Amount	\$	17,336.88
Total Amount For Labour	\$	4,750.00
<b>Total Amount</b>	<b>\$</b>	<b>22,086.88</b>

Tauphin 97495749  
 4/7/23 @ 345 pm 8 days  
 L/B Roaming after repair  
 tauphin@lkhaut.com  
 - To check part prices  
 - To check consistency of accident.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	278Z
<b>Vehicle Details</b>	
Vehicle No.:	SMG1035C
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jul 2023
Vehicle Make:	TOYOTA
Vehicle Model:	PREVIA 7 SEATER
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	2AZH781710
Chassis No.:	JTEGD54M70A028946
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$35,783.00
Original Registration Date:	09 Dec 2011
First Registration Date:	09 Dec 2011
Transfer Count:	2
Actual ARF Paid:	\$35,783.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Apr 2031
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$47,316.00
COE Rebate Amount:	\$36,906.00
<b>Total Rebate Amount:</b>	<b>\$36,906.00</b>

The information contained herein is correct as at 28 Jun 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 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	28/06/2023 16:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/06/2023 03:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KITCHENER RD TOWARDS JALAN BESAR RD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1035C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG LAI LENG
NRIC No	SXXXX278Z
Email Address	mysincerelead@gmail.com
Mobile Phone No	(Phone) +65-97913933
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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	2362

## INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108983763-03

## DRIVER

Name of Driver	ONG LAI LENG
NRIC No	SXXXX278Z
Date Of Birth	09/11/1960
Occupation	Indoor



Date Of Driving Pass	02/05/2009
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97913933
Alt. Phone Number	-
Email Address	mysincerelead@gmail.com
Address	BLK 349 YISHUN AVE 11 #02-251
Address complement	-
Postcode	760349
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	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SNB6483Z
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	ONG LAI LENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG1035C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



**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

**6 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 Insurers 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

**CITY AUTO PTE LTD**  
Blk B Sin Ming Road  
#01-53/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

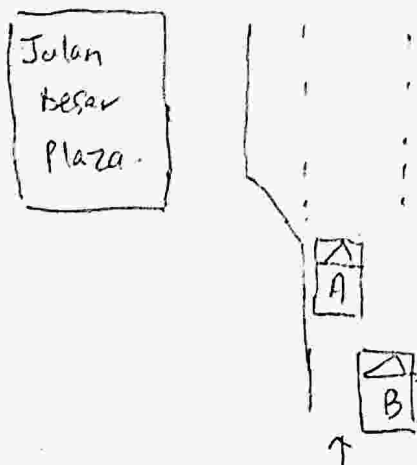
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Kitchener Road.



Veh A: SM61035C

Veh B: SNB6483Z

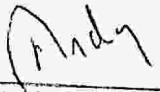


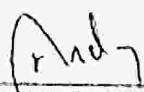
Describe Circumstances of the Accident

On the stated date and time I vehicle A.  
 was stationary at the left most lane.  
 I just dropped off a passenger.  
 Suddenly vehicle B came from behind and  
 hit onto my vehicle's rear right portion.  
 The impact was great.

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  
 Blk B Sin Ming Road  
 #01-68/69 62 Sin Ming Ind Est  
 Singapore 575943  
 Tel: 6453 7219 Fax: 6453 7944  
 (Claims Section)

Witnessed by Reporting Centre  
 Personnel