

REF:

CS/AWA24100147 / Avp3

ASSIGNMENT

Front: _____ Date: _____

Estimate: _____

OD / ~~TP~~ / TP RES / CD RES / EVA / INV / MV

To In _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: The vehicle had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: _____

Yr Regn: 2024 / April

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

Truck / Trailer or

Make: _____

Colour: _____

Sp. Reading: _____

Eng/No: _____

C/No: _____

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size: _____

F: _____

R: _____

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

☒ TOYOYOKO or

Front

Rear

R/Bal. _____

R/Bal. _____

L/Bal. _____

L/Bal. _____

D.O.A. _____

D.O.A. _____

Survey held at _____

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

TP AWA.

COE Expiry: _____

Estimate given during: Yes ☒ / No ☐
1st Survey: Yes ☒ / No ☐

MV: _____

PV: _____

Nett: _____

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Addl Fee: _____



Site Insp (\$)



Interview (\$)



Tech. Inve (\$)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

Report Format: _____

Report Form: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	150Z

Vehicle Details

Vehicle No.:	SGB3000L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Sep 2024
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD HYBRID STANDARD (AUTO)
Primary Colour:	Black
Manufacturing Year:	2024
Engine No.:	A25A6057963
Chassis No.:	JTNACAAH008001703
Maximum Power Output:	184.0 kW (246 bhp)
Open Market Value:	\$68,514.00
Original Registration Date:	09 Apr 2024
First Registration Date:	09 Apr 2024
Transfer Count:	0
Actual ARF Paid:	\$107,285.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Apr 2034
PARF Rebate Amount:	\$60,000.00

Intended COE Rebate Details

COE Expiry Date:	08 Apr 2034
COE Category:	B - Car-Details at OneMotoring
COE Period(Years):	10
QP Paid:	\$96,010.00
COE Rebate Amount:	\$76,808.00
Total Rebate Amount:	\$136,808.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 30 Sep 2024

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 First Submission	12/09/2024 10:08 (SGT)
Reported by	Actual Driver
Date of Accident	10/09/2024 11:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BUKIT BATOK EAST AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB3000L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JANE CAR RENTAL PTE. LTD.
Company Reg No	2XXXXX150Z
Email Address	INFO@MAXICABZ.COM.SG
Mobile Phone No	(Phone) +65-86791900
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0
Vehicle Fuel	Petrol-Electric
First Registration Date	09/04/2024
Chassis no	JTNACAAH008001703
Effective Date/Time of Ownership	09/04/2024 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142340382-000011

DRIVER

Name of Driver	MURALI S/O S RAJOO
NRIC No	SXXXX746D
Date Of Birth	04/02/1975
Occupation	Outdoor
Driving Pass Date	30/10/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86791900
Alt. Phone Number	-
Email Address	INFO@MAXICABZ.COM.SG
Address	62 FLORA DRIVE #05-47
Address complement	-
Postcode	506859
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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 ATTACHED

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	GBF3111M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	/5324S
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MURALI S/O S RAJOO
Gender	Male
Phone No	(Phone) +65-86791900
Address	62 FLORA DRIVE #05-47
Address Complement	-
Post Code	506859
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGB3000L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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

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

LOH

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

Sketch Plan

Along Bukit Batok East Ave 3

A: SG83000L

B: GBF3111M / 53245

vJun2022

Describe Circumstance of the Accident

On the stated time and date, I was stationary at
 the traffic light when suddenly ~~with~~ inside vehicle A, SG830006
 when suddenly vehicle B, G18F3111M bump me from the rear.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

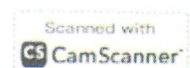
Actual Driver's Signature (If driver is not the policyholder)
/ Date & Time

LOH

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

vJun2022

2





**SINGAPORE
POLICE FORCE**



T/20240911/7086

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20240911/7086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2024 15:59		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: MURALI S/O S RAJOO		Address: 62 FLORA DRIVE #05-47 SINGAPORE 506859		
ID Type / ID No.: NRIC NO / S7501746D		Contact No.: Home/Office: Mobile: 86791900		
Nationality: SINGAPORE CITIZEN		Email: INFO@MAXICABZ.COM.SG		
Sex: Male	Age: 49	Date of Birth: 04/02/1975	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident: Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 10/09/2024 11:55	Type of Location:	
Location: BURGUNDY CRESCENT				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3111M	SCDF					0
SGB3000L	Motor car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240911/7086

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20240911/7086

CONTINUATION OF REPORT

Driver			
Name	MURALI S/O S RAJOO	ID No.	S7501746D
Related Vehicle	SGB3000L (Motor car)	Contact No.	86791900
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE, I WAS STATIONERY AT THE TRAFFIC LIGHT INSIDE VEHICLE A, SGB3000L WHEN SUDDENLY, VEHICLE B, GBF3111M/5324S COLLIDED ONTO ME FROM THE REAR.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20240911/7086

3 of 3

Report No. T/20240911/7086

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
11/09/2024 15:59

Classification Of Case:

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Vehicle number: SGB3000L

Make & Model: Toyota Alphard

Chassis number: JTNACAAH008001703

No.	Description of spare parts	Qty	Amount S\$	
1	Tailgate <i>Repair</i>	1	\$ 3,158.90	+
2	Tailgate glass rubber moulding <i>new</i>	1	\$ 304.10	+
3	Tailgate "HEV" emblem <i>new</i>	1	\$ 84.20	✓
4	Tailgate RH lamp	1	\$ 1,009.30	+
5	Tailgate LH lamp	1	\$ 1,009.30	+
6	Tailgate inner trim board	1	\$ 1,115.20	+
7	Tailgate inner trim board clips <i>AMP</i>	1set	\$ 80.00	+
8	Tailgate lock <i>new</i>	1	\$ 1,077.20	+
9	Tailgate lock catch	1	\$ 67.00	+
10	Tailgate weatherstrip	1	\$ 394.70	+
11	Tailgate RH side touch sensor	1	\$ 1,184.50	+
12	Tailgate LH side touch sensor	1	\$ 1,184.50	+
13	Rear bumper <i>Delint</i>	1	\$ 968.60	+
14	Rear bumper clips <i>new</i>	1set	\$ 80.00	30
15	Rear bumper RH towing cover	1	\$ 70.40	+
16	Rear bumper LH towing cover <i>new</i>	1	\$ 70.40	+
17	Rear bumper RH reflector	1	\$ 77.20	+
18	Rear bumper LH reflector	1	\$ 77.20	+
19	Rear bumper RH side reverse sensor <i>new</i>	1	\$ 498.20	+
20	Rear bumper RH centre reverse sensor <i>3 days</i>	1	\$ 498.20	368
21	Rear bumper LH centre reverse sensor	1	\$ 498.20	368
22	Rear bumper LH side reverse sensor <i>new</i>	1	\$ 498.20	+
23	Rear bumper reverse sensor lock retainers <i>new</i>	4	\$ 144.80	+
24	Rear bumper reverse sensor holders <i>new</i>	4	\$ 188.50	+
25	Rear bumper RH side retainer <i>3 days</i>	1	\$ 130.10	+
26	Rear bumper LH side retainer <i>3 days</i>	1	\$ 130.10	+
27	End panel <i>Delint</i>	1	\$ 1,168.30	889.
28	End panel inner garnish <i>Delint</i>	1	\$ 227.00	+
29	End panel inner garnish clips <i>new</i>	1set	\$ 70.00	20
30	End RH side panel	1	\$ 256.70	+
31	RH taillamp assy	1	\$ 1,192.80	+
32	RH taillamp panel	1	\$ 388.60	+
33	RH taillamp lock clips <i>AMP</i>	1set	\$ 70.00	+
34	RH taillamp lower cover	1	\$ 394.60	+
35	RH taillamp lower cover retainer <i>new</i>	1	\$ 174.30	+
36	LH taillamp assy	1	\$ 1,192.80	+
37	LH taillamp panel	1	\$ 388.60	+
38	LH taillamp lock clips	1set	\$ 70.00	+

39	LH taillamp lower cover	1	\$	394.60	+
40	LH taillamp lower cover retainer	1	\$	174.30	+
41	Rear RH fender inner trim	1	\$	4,002.90	+
42	Rear RH fender inner trim clips	1set	\$	80.00	+
43	Rear LH fender inner trim	1	\$	4,002.90	+
44	Rear LH fender inner trim clips	1set	\$	80.00	+
45	Rear compartment panel mat cover	1	\$	732.10	+
46	Rear compartment panel mat cover clips	1	\$	80.00	+
47	Rear compartment panel upper board cover	1	\$	1,328.40	+

\$ 31,067.90
 Parts less 25% \$ 7,766.98
 Total: \$ 23,300.93

No.	Special Nett Items	Qty	Amount S\$	
1	Tailgate glass sealant	1	\$ 80.00	+
2	Tailgate glass inner seal	1	\$ 60.00	+
3	End panel joint sealant	1	\$ 80.00	60

Total: \$ 220.00

No.	Labour and painting	Amount S\$	
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 1,600.00	60
2	Spray painting on affected areas and panels	\$ 1,500.00	60
3	Check wiring and lighting system on affected areas	\$ 100.00	30
4	Apply rust coating chemical on affected areas and panels	\$ 80.00	60
5	Remove and refit tailgate glass to assist repair	\$ 220.00	+
6	Remove and refit tailgate reverse camera to assist repair	\$ 120.00	+
7	Remove and replace tailgate inner mechanism to new tailgate	\$ 200.00	+

8	Remove and replace rear bumper reverse sensors to assist repair	\$	120.00
9	Remove and replace rear inner garnish and trims to assist repair	\$	450.00

Total: \$ 2,790.00

Agreed Amount: _____ (Part by Part / Lump sum)

Working days: _____

Spare Parts: \$ 23,300.93

Special Nett: \$ 220.00

Labour: \$ 2,790.00

Total: \$ 26,310.93

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: _____

Adm L
1/8 09/10/24
05 Days