

08/11/13

ASS. REC. BY:

REF:

CS/LIP24100494/Rqh3

4434

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMM 9874M

at Workshop m/s ACCORD AUTO

of BUKET MERAH

Insured:

LIP

Policy No.

Claims No.

Sum Insured:

Excess:

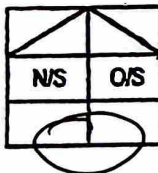
(Client's Record)

Make of Veh:

(Policy Condition)

1pm

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

105K

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMM 9874M

Yr Regn:

2019 JULY

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

Truck / Trailer or

Make:

TOYOTA ESQUIRE HYBRID 1.8

c.c 1797

Colour:

GREY

AC: Insured / Std / NI / NA

Sp. Reading:

156850

T/Radio: Insured / Std / NI / NA

Eng No:

CANo:

2WR800391574

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/50ZR17

R:

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

TOYO / YOKO or

ARDENT

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A

27/10/24

D.O.I

29/10/24

Survey held at

BUKET MERAH

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

REPAIR LIMIT - 61K

Rasul finalised final fig \$4738.79, 5 days (Red \$7150.65; 60%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

Add Fee:

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

TOTAL

Report Format:

TP

Lump Sum / L.B.I: (\$ 4738.79)

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3

#01-80 SINGAPORE 159723

TEL:62715133/62717433 FAX:62745715

ESTIMATE REPAIR

Pg 1

Liberty Insurance Pte Ltd

Date: 28.10.2024

Owner's Name : Jacquelyn Goh

Vehicle No : SMM9874M

Claim Type: Third Party Claim

Vehicle Make & Model : Toyota Esquire Hybrid 1.8 GI CVT

Chassis No: ZWR800391574

Registration Date : 22 Jul 2019 (YOM 2019) COE Expiry Date 21 Jul 2029

DOA: 27.10.2024

No	Description	Unit	List (\$)
1	REAR TAILGATE <i>bt</i>	1	\$ 1,909.70
2	REAR TAILGATE ABSORBER <i>X</i>	2	\$ 597.20
3	REAR TAILGATE GLASS MOUNDING <i>m</i>	SET	\$ 195.00
4	REAR TAILMGATE EMBLEM "ESQUIRE" <i>m</i>	1	\$ 100.00
5	REAR TAILGATE LOCK <i>?</i>	1	\$ 715.88
6	REAR TAILGATE TRIM BOARD <i>?</i>	1	\$ 720.85
7	REAR TAILGATE WEATHERSHIP <i>?</i>	1	\$ 360.50
8	REAR BUMPER <i>de</i>	1	\$ 920.90
9	REAR BUMPER SIDE RETAINER *Short <i>?</i>	1 <i>X</i>	\$ 230.00
10	REAR BUMPER SIDE RETAINER * Long <i>?</i>	1 <i>X</i>	\$ 270.00
11	REAR BUMPER REFLECTOR (RH) <i>?</i> / LH <i>X</i>	1 <i>X</i>	\$ 190.00
12	REAR END PANEL <i>?</i>	1	\$ 770.50
13	REAR END PANEL GARNISH <i>?</i>	1	\$ 340.40
14	REAR SPRAE TYRE PANEL <i>X</i>	1	\$ 800.90
15	REAR SPARE TYRE CARMAT <i>X</i>	1	\$ 495.00
16	REAR BUMPER SENSOR <i>?</i>	2	\$ 580.00
17	REAR BUMPER SENSOR HOUSING <i>m</i>	2	\$ 130.00
18	REAR SENSOR ANTENNA <i>?</i>	1	\$ 285.75
19	REAR BUMPER CENTER BRACKET <i>?</i>	1	\$ 320.00

Total (A) : \$ 9,932.58

Less 25% \$ 2,483.15

Total: \$ 7,449.43

[illegible]

BLOCK 1009 BUKIT MERAH LANE 3
#01-80 SINGAPORE 159723
TEL:62715133/62717433 FAX:62745715

Pg 3

[illegible]

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	28/10/2024 13:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/10/2024 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9874M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JACQUELYN GOH
NRIC No	SXXXX443H
Email Address	JACQUELYNGOH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93666214
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Esquire
Variant	ESQUIRE HYBRID 1.8GI CVT
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 hire
Transmission	Auto
CC	1797
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121485751-03

DRIVER

Name of Driver	YAP TECK MENG
NRIC No	SXXXX075D
Date Of Birth	11/05/1972
Occupation	Outdoor
Driving Pass Date	24/04/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90027044
Alt. Phone Number	-
Email Address	WINSONYAP83@GMAIL.COM
Address	29 JALAN TANJONG SINGAPORE 468034
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

PLS 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	GBF9997J
Vehicle Manufacturer	-

Describe Circumstances of the Accident

27/10/24 @ 1400hr

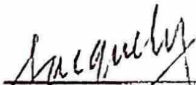
VMA SUM 98741M

VVB GIBF 9997J

On 27th Oct 2024, time about 1350hrs. I was driving along Choa Chu Kang Road turning right to Upper Bukit Timah Road towards Bukit Panjang Mrt. As I finished my right turn, I was in the 3rd lane slowing down after the yellow box due to the cars in front slowing down and came to a stop. I stopped right behind a car with a safety distance. After about few seconds, I heard a loud sound from behind realising that a van hit my rear directly and I felt a strong impact and swing me forward and back.

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

28.10.2024 10.15hrs.



Witnessed by Reporting Centre Personnel

Model
Variant
Colour
Vehicle Category
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)

-
-
-
Commercial vehicle
JANGILI RAJESH KUMAR/GAHNA
(Phone) +65-83486906
-
-
-
-
-
-

SKETCH PLAN

Veh A: **SWM 9874M**
Veh B: **GSF 9997 J**

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 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. 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 making 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.

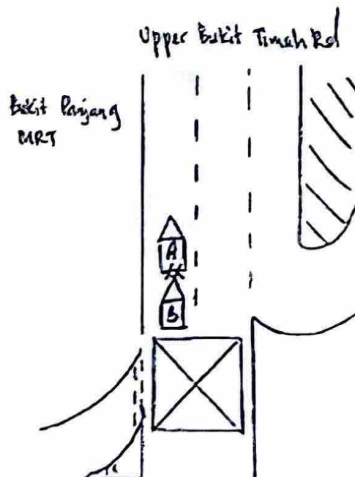
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

[Signature]
Policyholder's Signature / Date & Time

Sketch Plan

[Signature] 28.10.2024 10:51hrs
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	443H
Vehicle Details	
Vehicle No.:	SMM9874M
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Oct 2024
Vehicle Make:	TOYOTA
Vehicle Model:	ESQUIRE HYBRID 1.8GI CVT
Primary Colour:	Brown
Manufacturing Year:	2019
Engine No.:	2ZROD82857
Chassis No.:	ZWR800391574
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$36,795.00
Original Registration Date:	22 Jul 2019
First Registration Date:	22 Jul 2019
Transfer Count:	1
Actual ARF Paid:	\$33,513.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Jul 2029
PARF Rebate Amount:	\$23,459.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jul 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,564.00
COE Rebate Amount:	\$20,103.00
Total Rebate Amount:	\$43,562.00
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 Oct 2024

OK