

22/03/2019

ASS. REC. BY:

REF:

es3/FCI/9009084/R/cds

Special Instruction:

Survey:

Ramt

ASSIGNMENT (Office)

From (Person):

WS

May chun

of

FCI

Date/Time:

3:24pm 22/5/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SCV 49J

Insured:

SHC 2450K

at Workshop m/s

William Lee Car

Tel:

94557994

of

1 soon lee street #06-04

Policy No:

Claim No:

D19003330MPSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

19/5/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

10:04am 23/5/19

Person Contacted:

William

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate (X)

SCV 49J - X

SHC 2450K - X

Dismantle: 26/5/2019

After repair: 29/5/2019

MOTOR SURVEY ASSIGNMENT

Date	21-05-2019	Our Ref No. D19003330MFSH
Accident Date	19-05-2019	Claim Type. Third Party
Insured Vehicle	SHC2450K	Third Party Vehicle. SCV49J
Survey Location	1 SOON LEE STREET #06-04-PIONEER CENTRE	
Contact Person.	WILLIAM LEE	
Contact No.	94557994/ 94557994	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	WILLIAM LEE CAR AIR CON	Attention. NIL
Cc : TP Solicitor	CROSSBORDERS LLC	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

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 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. 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 Report	21/05/2019 11:26
Date Of Accident	19/05/2019 15:05
Exact Location Of Accident	PAYA LEBAR ROAD TOWARDS UPPER PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV49J
Insured/Policyholder	
Name Of Registered Owner	WILLIAM LEE CAR AIR CON ENGINEERING
Co Reg No	52844264C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83827533

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENNA HYBRID 1.5X 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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091661134-02 CLASSIC
Cover Note Number	

Driver

Name of Driver	TEO BOK CHIN
NRIC No	S7483906A
Date Of Birth	12/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1996
Driving Experience	22 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83827533
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 452B SENGKANG WEST WAY #10-405
Postcode	792452
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : TAN YEW HIANG GENDER: : MALE
Passenger 2	NAME: : TAN KHE HAN GENDER: : MALE
Passenger 3	NAME: : TAN YUAN YIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2450K
Vehicle Make/Model/Colour	HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TEO BOK CHIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SCV49J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN YEW HIANG (PASSENGER)
Approximate Age
Injuries Sustain
Injured person in which vehicle? SCV49J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 3

Name TAN KHE HAN (PASSENGER)
Approximate Age
Injuries Sustain
Injured person in which vehicle? SCV49J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

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 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 lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

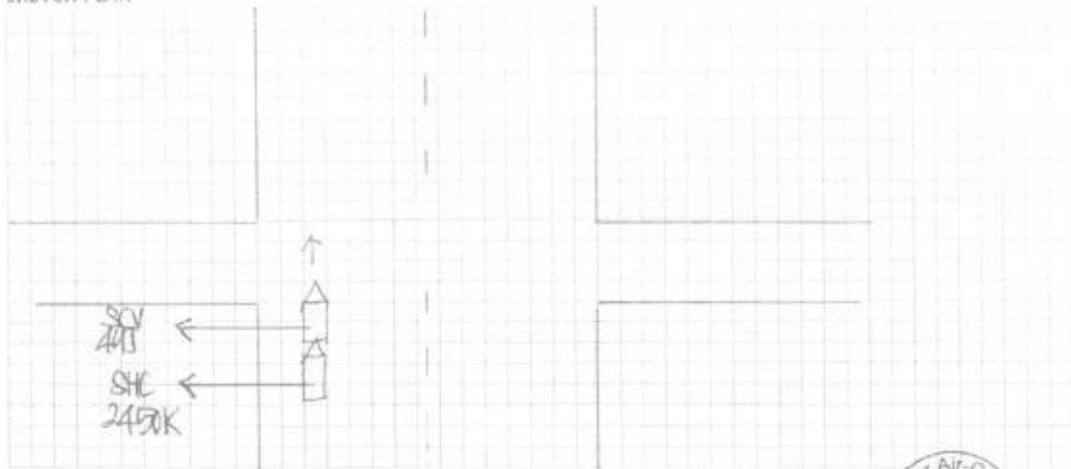
Driver's Signature
(If driver is not the policyholder)
Date & Time

21 MAY 2019

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492306
Email: vac@idac.com.sg
Name:
NPIC/TIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

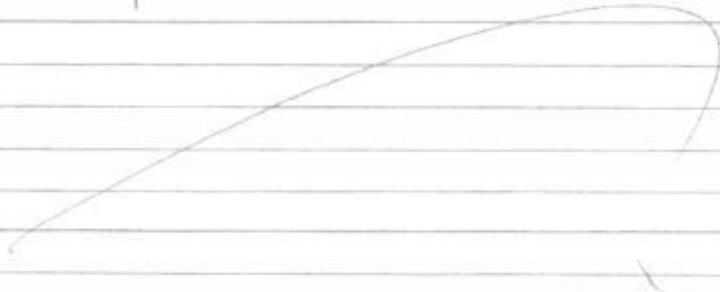


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Refer to

police Report



DECLARATION

I/We declare the following particulars are true in every respect.



Policyholder's Signature
Date & Time:

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

21 MAY 2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature:

Name:

Signature:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190520/2064

1 of 3

Police Station Of Origin
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No: T/20190520/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 20/05/2019 16:08		Vide Report No.		Station Diary No. 12	
Informant's Particulars					
Name of Informant TEO BOK CHIN			Address APT BLK 452B SENGKANG WEST WAY #10-405 SINGAPORE 792452		
ID Type / ID No. NRIC NO / S7483906A			Contact No. Home/Office: Mobile: 83827533		
Nationality MALAYSIAN			Email		
Sex Female	Age 45	Date of Birth 12/02/1974	Type of Informant Driver		
Race Chinese			Language English		Institution / School Name.
Occupation HOUSING AGENT & PART TIME GRAB DRIVER			Driving Licence Information Class: 2B,3		Date of Expiry.

General information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2019 15:05	Type of Locati Straight Road
Location: Along Road 1 PAYA LEBAR ROAD				
Towards Upper Paya Lebar Rd near to the exit heading towards PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCV49J	Car	TOYOTA	SIENTA	Blue	Slightly Damaged	3
SHC2450K	Car	HYUNDAI	AVANTE	Blue	Slightly Damaged	0

Details of Person Involved

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190520/2064

2 of 3

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No: T/20190520/2064

CONTINUATION OF REPORT

Driver			
Name	TEO BOK CHIN	ID No	S7483906A
Related Vehicle	SCV49J (Car)	Contact No	83827533
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	19/05/2019	Date Discharge	19/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHEONG CHEE KEE	ID No	S2176540F
Related Vehicle	SHC2450K (Car)	Contact No	97374264
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	NIL	Degree of Injury	NIL

Brief Details

On 19/05/2019 at around 1505hrs, I was driving my car bearing registration plate number SCV49J along the third lane of a 5 lane road along Paya Lebar Road heading towards Upper Paya Lebar Rd heading straight just after passing by the exit to PIE. I noticed that the traffic light was yellow as such had slowed down to a stop. Around 5 seconds later, I felt an impact from behind. At that point of time, I was together with my husband who was sitting at the front passenger seat and my 2 kids (One 10 year old son and the other 6 year old daughter) who were seated at the back.

I made a check and realized that a blue coloured Comfort Taxi had hit onto the rear of my car. The rear of my car was severely dented and I noticed that the front bumper to the right side of the said taxi almost came off. We then exchanged particulars and took photos of each other vehicles before driving off. I sustained pain to my chest as such went to Sengkang General Hospital and was given 3 days MC. My husband and son also went to the said hospital and received 3 days MC as well.

Individual Statement



SINGAPORE
POLICE FORCE



T/20190520/2064

Police Station Of Origin
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

3
Report No. T/20190520/2064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

E /

Sr Staff Sgt JAMADIL BIN DOL MAT

Signature Of Interpreter

Not applicable

Officer In Charge Of Case

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No. 65472076

Authentication Stamp
NP158

Signature Of Informant

Date/Time

20/05/2019 16 08

Classification Of Case

SIGNATURE

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190520/2067

1 of 3

Police Station Of Origin
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No: T/20190520/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 20/05/2019 16:24	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: TAN YEW HIANG	Address: APT BLK 452B SENGKANG WEST WAY #10-405 SINGAPORE 792452		
ID Type / ID No.: NRIC NO / S1785842D	Contact No.: Home/Office: Mobile: 90227072		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 51	Date of Birth: 23/06/1967	Type of Informant: Pedestrian
Race: Chinese	Language: English		Institution / School Name:
Occupation: CONTRACTOR	Driving Licence information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2019 15:05	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD				
Heading towards Upper Paya Lebar Rd near to the exit to PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCV48J	Car	TOYOTA	SIENTA	Blue	Slightly Damaged	3
SHC2450K	Car	HYUNDAI	AVANTE	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190520/2067

2 of 3

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No: T/20190520/2067

CONTINUATION OF REPORT

Passenger			
Name	TAN YEW HIANG		ID No. S1785842D
Related Vehicle	SCV49J (Car)		Contact No. 90227072
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE LTD.		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	19/05/2019	Date Discharge	19/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHEONG CHEE LEE		ID No. S2176540F
Related Vehicle	SHC2450K (Car)		Contact No. 97374264
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	NIL	Degree of Injury	NIL

Brief Details.

On 19/05/2019 at around 1505hrs, I was sitting at the front passenger seat of our car bearing registration plate number SCV49J along the third lane of a 5 lane road along Paya Lebar Rd heading towards Upper Paya Lebar Rd just after the exit heading towards PIE. My wife was driving and our children (One 10 year old son and 6 year old daughter) were seated at the back. The traffic was yellow as such my wife had slowed down to a stop. Around 5 seconds later, I felt an impact from the back and realized a blue coloured Comfort taxi had hit onto the rear of our car.

I then got out to make a check and realized that the rear of our car was severely dented and that the front bumper of the said taxi to the right side almost came off. We then exchanged particulars and took photos of each others vehicles before going off. We went to Sengkang General Hospital and I received 3 days MC as I felt pain to my neck and back area and also had fainting spells after the accident. My wife and son also seek treatment at Sengkang General Hospital and received 3 days MC as well.

Individual Statement



SINGAPORE
POLICE FORCE



T/20190520/2067

Police Station Of Origin
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No. 1800-2829999

3 of 3

Report No. T/20190520/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

E /

Sr Staff Sgt JAMADIL BIN DOL MAT

Signature Of Interpreter

Not applicable

Officer In Charge Of Case

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No. 65472076

Authentication Stamp

12/1/19

Signature Of Informant

Date/Time

20/05/2019 16:24

Classification Of Case

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190520/2077

Police Station Of Origin
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

1 of 3
Report No: T/20190520/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/05/2019 18:01		Vide Report No.:		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: TAN KHE HAN			Address: APT BLK 201 YISHUN STREET 21 #06-65 SINGAPORE 760201		
ID Type / ID No.: NRIC NO / T0902731E			Contact No.: Home/Office: Mobile: 90227072		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 10	Date of Birth: 29/01/2009	Type of Informant: Passenger		
Race: Chinese			Language: English	Institution / School Name: Mee Toh School	
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2019 15:05	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD				
Heading towards Upper Paya Lebar Rd near to the exit to PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCV49J	Car	TOYOTA	SIENTA	Blue	Slightly Damaged	3
SHC2450K	Car	HYUNDAI	AVANTE	Blue	Slightly Damaged	0

Details of Person Involved

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190520/2077

2 of 3

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No: T/20190520/2077

CONTINUATION OF REPORT

Passenger			
Name	TAN KHE HAN	ID No.	T0902731E
Related Vehicle	SCV49J (Car)	Contact No.	90227072
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/05/2019	Date Discharge	19/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 19/05/2019 at around 1505hrs, I was sitting at the rear passenger seat together with my sister in my family's car bearing registration plate number SCV49J. My mother was driving and my father was sitting at the front passenger seat. The car had slowed down to a stop and around 5 seconds later, I felt an impact from behind. I then realized that a blue coloured taxi had hit onto the rear of my family's car.

My parents including myself went out to make a check and I noticed that the rear of our car was severely dented. After my parents were done talking to the taxi driver, we left the place and went to Sengkang General Hospital as I had felt pain to the right side of my back area. I was given 3 days MC. My parents were also given 3 days MC.

My current address is at Blk 452B Sengkang West Way #10-405

Individual Statement



SINGAPORE
POLICE FORCE



T/20190520/2077

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

3 of 3
Report No: T/20190520/2077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sr Staff Sgt JAMADIL BIN DOL MAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No: 65472076

SN 057

Authentication Stamp:

SP1188

JAMADIL JRE

Signature Of Informant:

Handwritten signature

Date/Time:

20/05/2019 18:01

Classification Of Case:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	4264C
Vehicle Details	
Vehicle No.:	SCV49J
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA HYBRID 1.5X CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	1NZ8380475
Chassis No.:	NHP1707108595
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$24,108.00
Original Registration Date:	29 Dec 2017
First Registration Date:	29 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	28 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,900.00
COE Rebate Amount:	\$36,718.00
Total Rebate Amount:	\$40,468.00

The information contained herein is correct as at 06 Jun 2019

OK


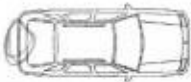


LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19009084/R1cd3s2 Date: 17-06-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 2450K	Veh. Inspected	SCV 49J
Policy No.		Coverage (\$)	0.00
Claim No.	D19003330MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	22/05/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA SIENTA HYBRID 1.5	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	NHP1707108595	Colour	BLUE
Odometer	98545 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60R15	GOODRIDE	6 mm
L/H Front Tyre	185/60R15	GOODRIDE	6 mm
R/H Rear Tyre	185/60R15	GOODRIDE	6 mm
L/H Rear Tyre	185/60R15	GOODRIDE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	19/05/2019	Inspect Date / Time	23/05/2019 (03:16 PM)
Survey held at	WILLIAM LEE CAR AIR CON ENGINEERING No.1 SOON LEE STREET #06-04 PIONEER CENTRE SINGAPORE 627605		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D)MARKET VALUE:\$84,000.00			

Report Ref No. CS3/FCI19009084/R1cd3s2

Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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