

(08/11/13) wef
ASS. REC. BY: *Marcus*

REF:

CS/TP 2000215/VED3N2

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: *SKP55634*
at Workshop m/s: *Spanghi*
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: *SKP55634* Yr Regn: *9 14*
Type: *M.Car* / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or *GA /*
Make: *Toyota* *Vios* c.c. *1497*
Colour: *Silver* A/C: *Insured / Std / NI / NA*
Sp.Reading: *89510* T/Radio: *Insured / Std / NI / NA*
Eng/No: _____
C/No: *MHTFBT9F3806021711*
Gen. Cond: *Good* / Fair / Poor / Burnt
Steering: *In order* / Jammed / Leaked / Burnt or
Brake: *In order* / Jammed / Leaked / Burnt or
Modi: *Nil* / SRim / STD A/Rim or

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Tyre Size: F: *185/60R15*
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *FAULKEN*
Front R/Bal. *6* mm Rear R/Bal. *6* mm
L/Bal. *6* mm L/Bal. *6* mm
D.O.A. *2/1/20* D.O.I. *3/1/20*
Survey held at _____
Des. of Damages: *Frt / Rear / O/S / N/S / UIC / Rooftop* or
O/S R/L.
The UIC / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: *40k*
IDAC Accident Rport: Consistent?: Yes or No
GIA / PR Seen: Consistent?: Yes or No
Est. Repairs: *4* days Res.: Yes or No
Lum Sum: *20* % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction
7/1/20 4/5 @ 1300 Confid w/ AM mi
Fe. LTA36227
(S 1,128.91 Red - 46%)

RECEIVED 8 JAN 2020

Date/Time, File Pass to? : Prell. Report
08/01/20 : Final Report
1) *Typ: 4*
Date/Time, File Return to?

Days Of Repair: *4*
Resurvey No. of Trip: *1*

Survey Fee:	<i>110</i>
Transportation:	<i>50</i>
_____S + RS_____SI	<i>50</i>
) Photos	<i>25</i>
) Others	<i>80</i>
TOTAL	<i>315</i>

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

Report Format: *Independent*
Lump Sum / I.B.I: (\$ _____)

ICBC More Than Unlimited Cashback



No Minimum Spend | No Cashback Cap

3% Overseas Spends

1.5% Local Spends

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1 vehicles

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	vios		Any	Any	2015	Any	Any	Any	Available
	Toyota	Vios 1.5A E	\$51,800	\$7,890 /yr	05-Aug-2015	1,497 cc	48,000 km	Sedan	Available
1 Years In-House Warranty, Borneo Motor Maintained, High Loan Available, Free Servicing, Price Stated Above Is Actual Selling Price, Pu...									
Carway									
Posted: 03-Jan-2020 Tags: 2015 Toyota Vios; 2015 toyota vios; Toyota Vios; toyota vios; Toyota, Vios, vios, Used Toyota									

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	157E
Vehicle Details	
Vehicle No.:	SKP5563U
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E GRADE AUTO
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	1NZZ075200
Chassis No.:	MHFBT9F3506021711
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$13,227.00
Original Registration Date:	22 Sep 2014
First Registration Date:	22 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,227.00 4/13
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Sep 2024
PARF Rebate Amount:	\$5,758.00
Intended COE Rebate Details	
COE Expiry Date:	21 Sep 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$64,600.00
COE Rebate Amount:	\$30,469.00
Total Rebate Amount:	\$36,227.00

The information contained herein is correct as at 03 Jan 2020

OK

MKPS19169682 / Kan Fook Sing Motor Workshop - Defu
 ENTRY DATE & TIME: 26/12/2019 14:01
 SUBMITTED BY: Yen Boo

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 26/12/2019 16:13

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	26/12/2019 14:01
Date Of Accident	21/12/2019 17:50
Exact Location Of Accident	SUNTEC CITY CAR PARK ENTRANCE NREAR ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5563U
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTALS (PRIVATE) LIMITED
Co Reg No	1XXXXX157E
Email Address	JAMES.CHUA@ABG.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63051995
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E GRADE (A)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5057621347-06
Cover Note Number	01/01/2019 TO 31/12/2019
Driver	
Name of Driver	MOHAMED HAIROL BIN SALIM
NRIC No	SXXXX031D
Date Of Birth	15/12/1984
Occupation	INDOOR
Date Of Driving Pass	09/12/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90104522
Fax Number	
Contact Number	
Email Address	HAIROL.S@GMAIL.COM

Address APT BLK 706 CLEMENTI WEST ST 2 #11-381 (S) 120706
 Postcode
 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 - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface WET

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? NO
 Was any injured conveyed to hospital by ambulance?
 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) 2
 Passenger 1 NAME: : KHAIRUL SHI-KIM
 GENDER: : MALE

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 with attach.

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 Witness 1

Name HIDZIR
 Phone Number 90284574
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA3508M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver TAN JIT HUAT
 NRIC/Passport Number
 Contact Number
 Address

Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

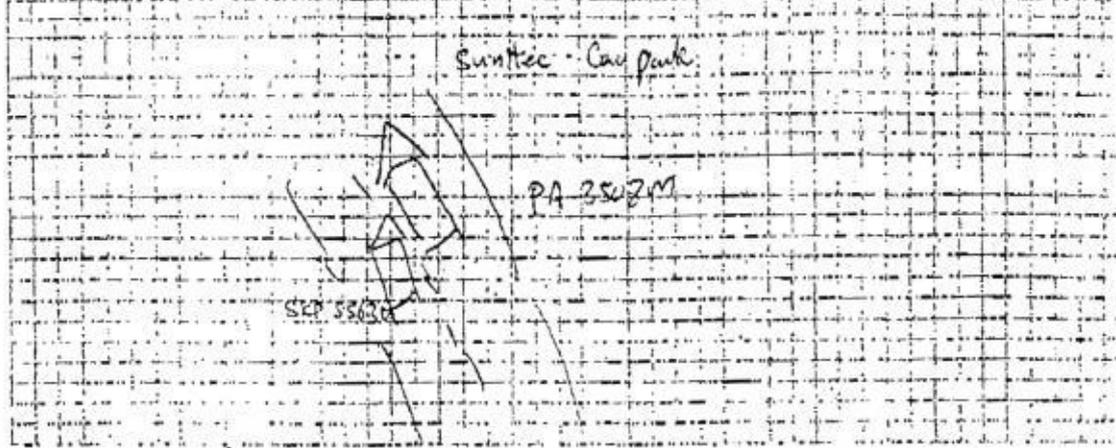
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC Sketch Plan Form_V3

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car SEP 5563U was queuing to enter carpark. My car was stationary behind a long cl. A Singapore duck-tour bus drove from the right side & hit front right of my bumper. He did not stop & drove off.

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: 26/12/2019 @ 1300hr



 Reporting Centre Personnel's Signature

 Name:

 NRIC/FIN No.:

GAARAF Sketch Plan Form_V3

祥輝汽車修理 SIANG HUI MOTOR WORKS

Blk 3006, Ubi Road 1 #01-338, Singapore 408700.
Tel: 67444605 Fax: 67440726
REG. No. 322208/00M

Date, 28/12/19

Vehicle No: SKP 5563U Toyota Vios.

1	IPC Front bumper	Dis	\$470.40	✓
2	IPC Bumper side retainer	ols surf	\$ 32.00	✓
3	IPC Front fender	R	\$509.12	X
4	IPC Headlamp ols	scr	\$480.36	✓
			\$ 1491.88	
Less 25%			\$ 372.97	
			\$ 1118.91	98276

Labour charges: -

- 1) To repair wheel rim cur \$ 150.00 LR 120
 - 2) To remove, replace front bumper, headlamp & front fender \$ 580.00 300
 - 3) To spray painting \$ 580.00 480
- Total: \$ 2428.91

LKK Auto Consultants hence notify the Repeirer 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 Repeirer
Signature:
Date:

Not Acknowledged

d/s \$1300

4. day

to be paid after rep -

3/1/20

98276
163707



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

Affiliated to Federation Internationale Des Experts En Automobile			
SIANG HUI MOTOR WORKS		Ref : CS/TP20000215/Usd3n2	
BLK 3006 UBI ROAD 1 #01-338SINGAPORE 408700		Date : 09-01-2020	
ON BEHALF OF NATIONAL CAR RENTALS (PRIVATE) LIMITED		Code : TP404	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected	SKP 5563U	
Policy No.	Coverage (\$)	0.00	
Claim No.	Excess (\$)	0.00	
Assign From	Assign Date	03/01/2020	
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VIOS (A)	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	MHFBT9F3506021711	Colour	SILVER
Odometer	89510	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60 R15	FALKEN	6 mm
L/H Front Tyre	185/60 R15	FALKEN	6 mm
R/H Rear Tyre	185/60 R15	FALKEN	6 mm
L/H Rear Tyre	185/60 R15	FALKEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/12/2019	Inspection Date	03/01/2020
Survey held at	SIANG HUI MOTOR WORKS BLK 3006 UBI ROAD 1 #01-338 SINGAPORE 408700		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKP 5563U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	DISTORTED	470.40	470.40
1	BUMPER SIDE RETAINER O/S	BENT	32.00	32.00
1	FRONT FENDER	TO REPAIR SEE LABOUR	509.12	-
1	HEADLAMP O/S	SCRATCHED	480.36	480.36
	LESS 25% DISCOUNT		-372.97	-245.69
			1,118.91	737.07
	<u>SPECIAL NETT ITEMS</u>			
1	WHEEL RIM (LOCAL REPAIR)(SN)	CUT	150.00	120.00
			150.00	120.00
	<u>LABOUR</u>			
	TO REMOVE, REPLACE FRONT BUMPER, HEADLAMP & FRONT FENDER.		580.00	300.00
	TO SPRAY PAINTING.		580.00	480.00
			1,160.00	780.00
	GRAND TOTAL		2,428.91	1,637.07
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,300.00

Report Ref No. CS/TP20000215/Usd3n2

CHUA KANG SENG

Licensed Appraiser

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