

ASS. REC. BY: Tom

REF:

1596

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMH 7660Cat Workshop m/s MOLAof 1008, BUKIT MEGAH LN 3 #01-04Insured: Smo

Policy No. \_\_\_\_\_

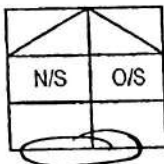
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: 80K

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

Vehicle: IN / OUT

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

Veh No: SMH 7660C Yr Regn: 2016 12KNType: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: TOYOTA HARRIER Premium c.c. 1986Colour: Black A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 85261 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

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

C/No: 25u60006432xGen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 235/60R18

R: \_\_\_\_\_

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. 30/05/2020 D.O.I. 15/06/2020Survey held at MOLADes. 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 \_\_\_\_\_

LUMP SUM \$1850, 3DAYS (RED:611.25;24%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) S + RS. \$ \_\_\_\_\_☐ : Interview (\$ \_\_\_\_\_) Photos \_\_\_\_\_☐ : Tech. Invs (\$ \_\_\_\_\_) Others \_\_\_\_\_☐ : Weekend (\$ \_\_\_\_\_) TOTAL \_\_\_\_\_

Rep. Format: \_\_\_\_\_

Lump Sum / L.B. (\$ 1850 / s \_\_\_\_\_)

**Main Office:**  
Mova Building  
No. 22, Jalan Kilang,  
Singapore 151419  
Tel: (65) 0476 3333  
Fax: (65) 0271 5311  
www.mova.com.sg

**Workshop Dept:**  
Block 100B,  
Bukit Merah Lane 3,  
#01-04/06/08/14  
Singapore 159722

Tel: (65) 6272 3892  
Fax: (65) 6270 8314

Co. Reg. 198904033G  
GST Reg. M2-0088864-2

# Estimate

04/06/2020

**SOMPO INSURANCE SINGAPORE PTE LTD**  
**50 RAFFLES PLACE**  
**#05-01/06 SINGAPORE LAND TOWER**  
**SINGAPORE 048623.**

Attention :- XA018

Page # :- 1

Veh # :- SMH7660C

Veh Model :- TOYOTA HARRIER

Estimate# :- CK420699

Claim # :- TP1 CK138322

ACC. Date :- 30/05/02

Terms :- C.O.D Days

Remarks :- MFR 06 JAN 2016 (2015)

No.	Description	Qty	U.Price	Amounts S\$
<b>LIST ITEMS :</b>				
1.	REAR BUMPER <i>cm /</i>	1 PC	1,490.00	1,490.00
2.	REAR BUMPER LOWER <i>de /</i>	1 PC	455.00	455.00
3.	REAR BUMPER CLIPS <i>ne -</i>	10 PC	5.00	50.00
4.	REAR BUMPER SPONGE <i>cm /</i>	1 PC	140.00	140.00
5.	END PANEL - REPAIR	1 PC		
LIST TOTAL S\$				2,135.00
25% DISCOUNT S\$				-533.75
				1,601.25
<b>LABOUR :</b>				
TO REMOVE & TRANSFER REAR PARKING SENSOR & DIAGNOSE FUNCTION				<i>40 60.00</i>
TO REPAIR ON END PANEL. TO REMOVE & REPLACE DAMAGED ITEMS. REALIGN CONNECTION				<i>300 400.00</i>
TO SPRAY PAINT ON REPAIRED AREA				<i>400 200 400.00</i>
LABOUR TOTAL S\$				860.00

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 2,461.25

GST @ 7 % 172.29

AMOUNT DUE S\$ 2,633.54

*Jacelyn*

Customer's Signature/Stamp MOVA AUTOMOTIVE PTE LTD

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:

*Paul*  
*Hp 90010068*  
*3 days*  
*4/5*  
*15/06/2020 @ 1140*  
*Repair after repair*

## 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 30/05/2020 15:10  
Date Of Accident 30/05/2020 11:45  
Exact Location Of Accident TPE EXIT 10 TOWARDS SENGKANG EAST RD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH7660C  
**Insured/Policyholder**  
Name Of Registered Owner TOH YEW KOON  
NRIC No SXXXX159G  
Email Address TOH.GENE@GMAIL.COM  
Mobile Phone No (LOCAL) +65-97678876  
Alternative Phone No OTHERS-97678876  
**Vehicle Particulars**  
Manufacturer TOYOTA  
Model HARRIER PREMIUM STYLE MAUVE 2.0 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 CAR  
**Insurance Company**  
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number  
Cover Note Number  
**Driver**  
Name of Driver TOH YEW KOON  
NRIC No SXXXX159G  
Date Of Birth 07/06/1977  
Occupation INDOOR  
Date Of Driving Pass 04/06/2001  
Driving Experience 18 YEARS AND 11 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97678876  
Fax Number  
Contact Number OTHERS-97678876  
Email Address TOH.GENE@GMAIL.COM

Address 29 ANCHORVALE CRESCENT  
#04-37

Postcode 544658

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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? 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: : YANG CHUI YUEN  
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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEOS WILL SUBMIT TO NTUC DIRECTLY.

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number FBL2562U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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.

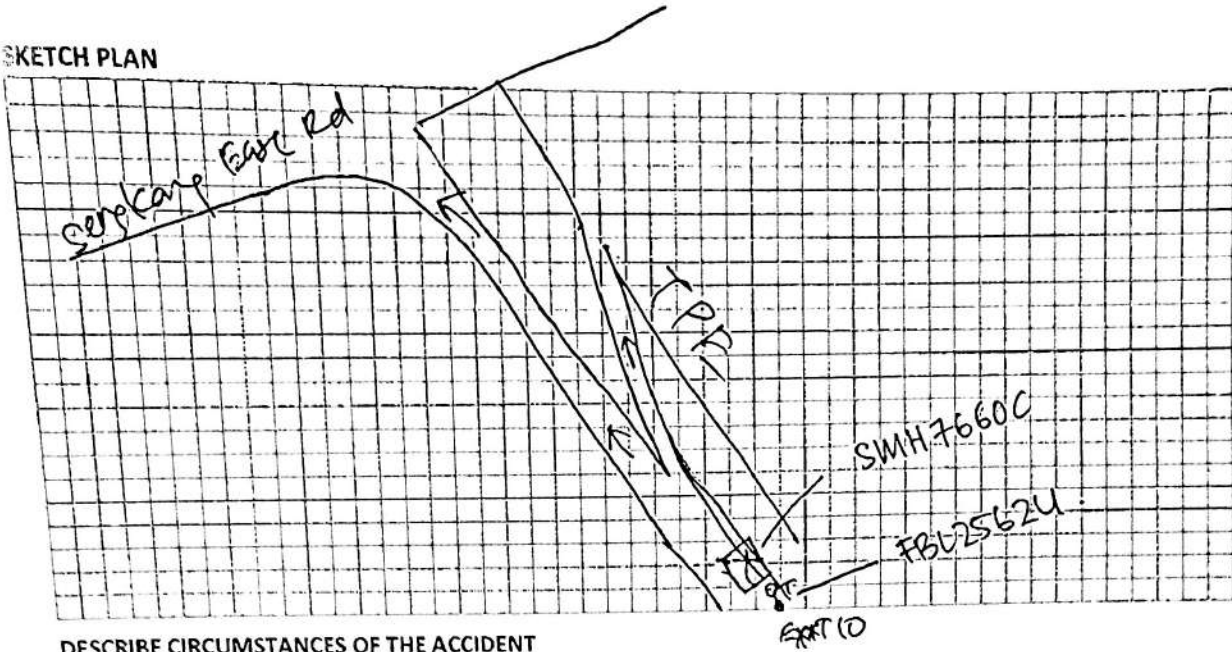
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SMH7660C	ACCIDENT DATE & TIME: 30.05.20 / 1145am
CONTACT NUMBER: 97678876	E-MAIL ADDRESS: TOH.GENE@GMAIL.COM
LOCATION: TPE EXIT 10 TOWARDS SENGKANG EAST ROAD.	
<p>I am <del>travelling</del> travelling along TPE EXIT 10 towards Sengkang East Rd. While slowing down to filter left towards the slope up towards Sengkang East road, I heard a loud bang at the rear of my vehicle. I then put on my hazard lights and realized that a motorcycle hit the back of my vehicle.</p> <p>I slowly filter my vehicle to the extreme left of the lane to examine the vehicle.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Thrd Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

## 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:

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



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	159G
Vehicle No.:	SMH7660C
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jun 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER PREMIUM STYLE MAUVE 2.0 CVT
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	3ZRB679078
Chassis No.:	ZSU600064325
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$30,946.00
Original Registration Date:	06 Jan 2016
First Registration Date:	06 Jan 2016
Transfer Count:	1
Actual ARF Paid:	\$35,325.00

### PARF Eligibility Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Jan 2026
PARF Rebate Amount:	\$26,493.00

### COE Eligibility Details

COE Expiry Date:	05 Jan 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$61,103.00
COE Rebate Amount:	\$33,935.00
Total Rebate Amount:	\$60,428.00

The information contained herein is correct as at 16 Jun 2020

OK

Black





Used 2016 Toyota Harrier 2.0A Pr



Merimen e-Claims



PARF/CO

armart.com/used\_cars/info.php?ID=882225&amp;DL=2029

## ▶ Toyota Harrier 2.0A Premium Panoramic

Overview

Financial

Accessories

Similar

Research

Photos

Map



PRIME MOTOR &amp; LEASING

[CHENG YONG CREDIT ENTERPRISES PTE LTD GROUP OF COMPANIES]  
PRIME CAR RENTAL & TAXI SERVICES PTE LTD - SECTION CREDIT & MOTOR LEASING PTE LTD - BEST PETROL AND DIESEL SUPPLY PTE LTD - BEST ELECTRICITY SUPPLY PTE LTD

Price \$80,900

Depreciation \$11,870 /yr  
View models with similar depreReg Date 27-Jan-2016  
(5yrs 7mths 10days COE left)

Mileage N.A.

Manufactured 2015

Road Tax \$1,196 /yr

Transmission Auto

Dereg Value \$52,228 as of today (change)

OMV \$29,606

COE \$55,001

ARF \$28,449

Engine Cap 1,986 cc

Power 111.0 kW (148 bhp)

Curb Weight 1,610 kg

No. of Owners 1

Type of Vehicle SUV

## Features

Airbags, ABS, Powerful And Reliable 2.0L Inline 4 Cylinder DOHC Engine, Super CVT-I Auto, Keyless Entry/Ignition, Electric Moonroof. View specs of the Toyota Harrier (2014)