

ASS. REC. BY: PR3

REF:

3390

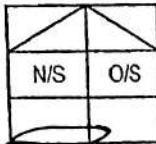
CORRECTION: 2025/1/12

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SJT 1421M  
 at Workshop m/s A Auto Services  
 of 5, Soun Leat #06-31 Pionda Point  
 Insured: AK  
 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: 49K  
 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: SJT 1421M Yr Regn: 2009 / SH  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: TOYOTA WISH 1.8 X A c.c. 1797  
 Colour: WHITE A/C: Insured / Std / NI / NA  
 Sp. Reading: 299509 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: 296200010177  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / 8/Rim / STD A/Rim or  
 Tyre Size: F: 195/65R18  
 R: 195/65R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or LION SPORT H

| Front                    | Rear                     |
|--------------------------|--------------------------|
| R/Bal. <u>5</u> mm       | R/Bal. <u>5</u> mm       |
| L/Bal. <u>5</u> mm       | L/Bal. <u>5</u> mm       |
| D.O.A. <u>21/06/2020</u> | D.O.I. <u>15/06/2020</u> |

Survey held at A Auto Services

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|----------------------|
|             |                      |
|             |                      |
|             | SUBMIT DAR REPORT    |
|             |                      |
|             |                      |
|             |                      |
|             |                      |
|             |                      |

Date/Time, File Pass to?

1) 17/6/2020

Date/Time, File Return to?

2) \_\_\_\_\_

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

Lump Sum / F.B.I. (\$) \_\_\_\_\_

☐ : Preli. Report☐ : Final ReportDays Of Repair: 4

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

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

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

### 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             | 23/04/2020 11:33                          |
| Date Of Accident           | 21/04/2020 14:50                          |
| Exact Location Of Accident | BUANGKOK DRIVE- SLIP ROAD / BUANGKOK LINK |
| Country/State of Loss      | SINGAPORE                                 |

#### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SJT1421M                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | A MOTOR LEASING LLP         |
| Co Reg No                   | NA                          |
| Email Address               | AAUTOSERVICES0631@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-91443660        |
| Alternative Phone No        | OFFICE-81009614             |

#### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | TOYOTA       |
| Model  | WISH-1.8 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE |
| 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             | 5113334745                             |
| Cover Note Number         |  |

#### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | TOH CHEE MING        |
| NRIC No              | SXXXX079J            |
| Date Of Birth        | 24/07/1980           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 07/09/2013           |
| Driving Experience   | 6 YEARS AND 7 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-91443660 |
| Fax Number           |                      |
| Contact Number       | OFFICE-91443660      |
| Email Address        | 9877JASON@GMAIL.COM  |

Address BLK 21 TELOK BLANGAH CRESCENT #06-42  
Postcode 090021  
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 -  
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) 2  
Passenger 1 NAME: : NA  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name 10 UBI AVENUE 3  
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER ATTACHED

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: VIDEO WITH OWNER  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SKE8763Y  
Vehicle Make/Model/Colour M/BENZ  
Details Of Properties FRONT PORTION  
Vehicle Category PRIVATE CAR  
Name of Driver MARISSA BINTE MOHD FUAD  
NRIC/Passport Number  
Contact Number 93864279

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

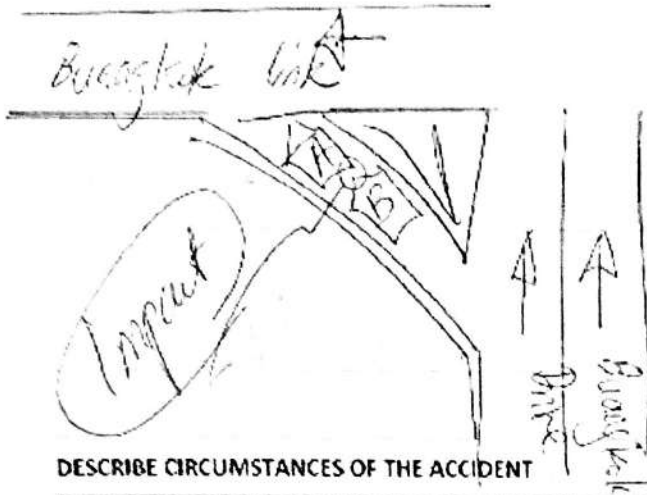
|   |                                      |
|---|--------------------------------------|
| Name  | TOH CHEE MING                        |
| Approximate Age                                     |                                      |
| Injuries Sustain                                    | REFER REPORT                         |
| Injured person in which vehicle?                    | SJT1421M                             |
| Were seat belts worn?                               | YES                                  |
| Was this injured conveyed to hospital by ambulance? | NO                                   |
| Address   | BLK 21 TELOK BLANGAH CRESCENT #06-42 |
| Postcode  | 090021                               |

**DETAILS OF INJURED PERSON 2**

|   |                    |
|---|--------------------|
| Name  | YIP YI RONG SAMUEL |
| Approximate Age                                     |                    |
| Injuries Sustain                                    | REFER REPORT       |
| Injured person in which vehicle?                    | SJT1421M           |
| Were seat belts worn?                               | YES                |
| Was this injured conveyed to hospital by ambulance? | NO                 |
| Address   | NA                 |
| Postcode  |                    |

# Sketch Plan

SKETCH PLAN



(A) ST 1421M  
(B) SKE 87634

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Reports

## 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 Officer's Signature  
Name:  
NR/C/T N No.:

## Sketch Plan #2

### 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 purposes 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the 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 Person's Signature  
Name:  
NRIC/IN No.:



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|                |                               |
|----------------|-------------------------------|
| Owner ID Type: | Limited Liability Partnership |
| Owner ID:      | 339D                          |

|                               |                    |
|-------------------------------|--------------------|
| Vehicle No:                   | SJT1421M           |
| Vehicle to be Exported:       | No                 |
| Intended Deregistration Date: | 16 Jun 2020        |
| Vehicle Make:                 | TOYOTA             |
| Vehicle Model:                | WISH 1.8X A        |
| Primary Colour:               | White              |
| Manufacturing Year:           | 2009               |
| Engine No:                    | 2ZR0431430         |
| Chassis No:                   | ZGE200010177       |
| Maximum Power Output:         | 106.0 kW (142 bhp) |
| Open Market Value:            | \$22,363.00        |
| Original Registration Date:   | 25 Sep 2009        |
| First Registration Date:      | 25 Sep 2009        |
| Transfer Count:               | 4                  |
| Actual ARF Paid:              | \$22,363.00        |

|                               |           |
|-------------------------------|-----------|
| PARF Eligibility:             | Forfeited |
| PARF Eligibility Expiry Date: | -         |
| PARF Rebate Amount:           | \$0.00    |

|                      |                   |
|----------------------|-------------------|
| COE Expiry Date:     | 30 Apr 2029       |
| COE Category:        | E - Open Category |
| COE Period(Years):   | 10                |
| PQP Paid:            | \$35,411.00       |
| COE Rebate Amount:   | \$31,417.00       |
| Total Rebate Amount: | \$31,417.00       |

The information contained herein is correct as at 16 Jun 2020

OK

White





Used 2009 Toyota Wish 1.8A X (C



Merimen e-Claims



mart.com/used\_cars/info.php?ID=900170&amp;DL=3544

## ▶ Toyota Wish 1.8A X (COE till 04/2029)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price

\$50,000

Depreciation ⓘ

\$5,630 /yr

Reg Date

15-Oct-2009

(8yrs 10mths 14days COE left)

Mileage

174,800 km (16.4k /yr)

Manufactured ⓘ

2009

Road Tax ⓘ

\$1,071 /yr

Transmission

Auto

Dereg Value ⓘ

\$31,433 as of today (change)

OMV ⓘ

\$22,078

COE ⓘ

\$35,411

ARF ⓘ

\$22,078

Engine Cap

1,797 cc

Power

106.0 kW (142 bhp)

Curb Weight ⓘ

1,340 kg

No. of Owners ⓘ

2

Type of Vehicle

MPV

## Features

Powerful And Reliable 1.8L 4 Cylinder Inline 16 Valve DOHC, Dual VVT-i Valvematic, 7 Speed A CVT. ABS/SRS Airbags, Digital Climate Air Con Control. View specs of the Toyota Wish

## Accessories

Come With Sport Rim, Audio Player With Roof Top DVD Screen.

D

C

3757. Most Wear And Tear Replaced! Drive Off With A Peace Of Mind. Well Known For Its Fuel