

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SMC 4124E
Locu

at Workshop m/s

of

Insured:

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.

N/S	O/S

Bal. or Market Value:

95%

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

8

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 52336

Vehicle: IN / OUT

Date:

Person Contacted:

Sol. Sys. Dept.

Date / Time

Action / Instruction

REF 4266414/9/20 L/S \$ 10,200 Confirmed with NRR wory (Red \$ 7554.48, 42)26/6/20Sent Pending estimate from repairer Merimen17/6/20Sent Prel. by Merimen

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

17/9/20 Typist

Report Format :

Lump Sum / I.B.I. (\$

\$10200

Veh No:

SMC 4124E

Yr Regn:

6, 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CA

Make:

Toyota Voxy

c.c

1986

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

104716

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

2RR 800257701Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/50 ZR 17

R:

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

TOYO / YOKO or

Hankook

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

15/6/20

D.O.I.

19/6/20

Survey held at

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

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

17/9/20 Typist

Report Format :

Lump Sum / I.B.I. (\$

\$10200

Days Of Repair:

8

Resurvey No. of Trip:

3

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS SI

) Photos

) Others

TOTAL

MSME20051940 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 16/06/2020 15:42
SUBMITTED BY: Chia Pei Ying

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	16/06/2020 15:42
Date Of Accident	15/06/2020 20:10
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC4214E
Insured/Policyholder	
Name Of Registered Owner	MOHAMED HELMI BIN RAHIMAN
NRIC No	SXXXX736B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96969337
Alternative Phone No	OFFICE-96969337

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000681
Cover Note Number	

Driver

Name of Driver	MOHAMED HELMI BIN RAHIMAN
NRIC No	SXXXX736B
Date Of Birth	09/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2008
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96969337
Fax Number	
Contact Number	OFFICE-96969337
EEmail Address	NOEMAIL

Address	BLK 131 BEDOK RESERVOIR ROAD #02-1335
Postcode	470131
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?	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: : AMIRUL AZAM BIN AMIN NOORDIN
	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

ON 15/06/2020 AT ABOUT 2010HRS, I STOPPED AT THE TRAFFIC LIGHT OF GUILLEMARD ROAD. SUDDENLY, VEHICLE B BANG ME FROM BEHIND.

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	SLH3087X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	TAY KOK LEONG
NRIC/Passport Number	
Contact Number	88522910
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMED HELMI BIN RAHIMAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMC4214E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AMIRUL AZAM BIN AMIN NOORDIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMC4214E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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:

3.35pm

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

3.35pm

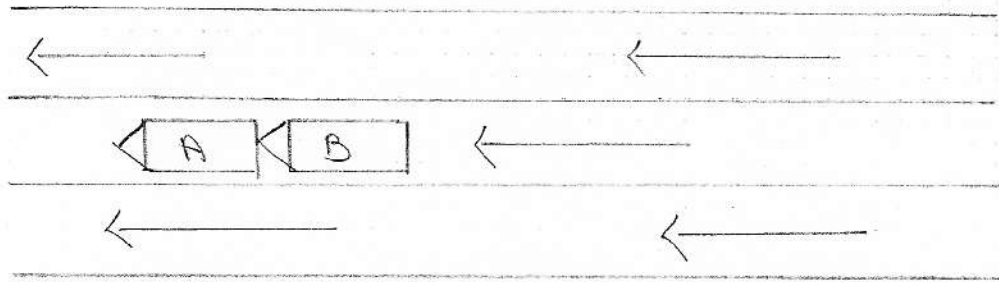
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

FOCUS AUTO

Sketch Plan #2 Pg. 1

SKETCH PLAN

GUILDMARD ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/06/2020 at about 20:00 hrs, I stopped at the traffic light of Guillemard Road. Suddenly Vehicle B changed the lane behind.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

 16/06
 3.35pm

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

 16/06
 3.35pm

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	686K
Vehicle Details	
Vehicle No.:	SMC4124E
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jun 2020
Vehicle Make:	TOYOTA
Vehicle Model:	VOXY 2.0V CVT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	3ZRB916509
Chassis No.:	ZRR800257701
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$29,622.00
Original Registration Date:	29 Jun 2018
First Registration Date:	29 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$33,471.00 16735
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2028
PARF Rebate Amount:	\$25,103.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jun 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$34,400.00
COE Rebate Amount:	\$27,233.00
Total Rebate Amount:	\$52,336.00

The information contained herein is correct as at 16 Jun 2020

OK



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Rare Honda Odyssey Absolute Plus 20th Anniversary.



Very Low Mileage, Car
Workshop Vehicle, 2 Years
Warranty On Engine And
Gearbox.
StarAd

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HoBee Group
One Stop Car Hub
Finance, Insurance, Workshop
New and Used Cars
30 years of car sale

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Sort by Date Posted 20 results/page

3 vehicles

VOXY

Advanced Search Submit

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	VOXY		Any	Any	2018	Any	Any	Any	Available
	Toyota	Voxy Hybrid 1.8A X	\$102,800	\$11,590 /yr	28-Mar-2018	1,797 cc	32,000 km	MPV	Available
Fuel Type: Petrol-Electric Only 1 Owner, With Full Servicing Records Available! A Non PHV Unit, And Also Come With A New Registration Number! Well Maintained... Tan Wei Auto Pte Ltd Posted: 12-Jun-2020 Tags: 2018 Toyota Voxy, Toyota Voxy, Toyota, Voxy									
	Toyota	Voxy Hybrid 1.8A V	\$109,800	\$11,530 /yr	05-Oct-2018	1,797 cc	25,408 km	MPV	Available
Fuel Type: Petrol-Electric V Model! Easy And Flexible In-House Loan And Balloon Scheme Available, 1 Owner, Low Fuel Consumption At 23.8km Per Litre, 7 Seater... Posted: 08-Jun-2020 Tags: 2018 Toyota Voxy, Toyota Voxy, Toyota, Voxy									
	Toyota	Voxy Hybrid 1.8A V	\$106,800	\$12,150 /yr	09-Feb-2018	1,797 cc	26,000 km	MPV	Available
Fuel Type: Petrol-Electric Very High COE Of \$53K, Curtain Airbags, Roof Speakers, Consignment. Nice Bidded Number Plate, 1 Careful Owner, Excellent Condition,... Posted: 04-Jun-2020 Tags: 2018 Toyota Voxy, Toyota Voxy, Toyota, Voxy									

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Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

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Not Authorized
 nku
 2/5/2020
 The ph. Affw
 8 days.

M/S : MSIG INSURANCE

ATTN: Motor Claim Department
 Your Ref No: **SMC4124E**
 Claim Type: THIRD PARTY
 Accident Date: : 15/06/2020

Estimate No: **M00168**
 Date: 17-Jun-20
 Veh Reg No **SMC4124E**
 Make/Model : ~~MIT~~ TOYOTA VOXY
 Chassis No : ZRR800257701
 Engine No: 3ZRB916509
 Reg. Date : 29.06.2018

Estimate Repair Cost to Vehicle No : SMC4124E

PAGE:1/2

S/N	Description	Quantity	Unit	Price	Amount
	<u>LIST PRICE</u>			<u>SS</u>	<u>SS</u>
1	Rear Boot ^{74/150te} Body ID 1685.00	1	PCS	1695.90	1695.90
2	Rear Boot Lock DO/GM 377.10	1	PCS	619.60	619.60
3	Rear Boot Shock Absorber 11	2	PCS	392.60	785.20 X
4	Rear Boot Lock Catch AA	1	PCS	181.90	181.90 X
5	Rear Boot Rubber TWI/TOIN 381.50	1	PCS	416.80	416.80
6	Rear Boot Outer Moulding CRE/SENT 684.30	1	PCS	899.60	899.60
7	Rear Boot Inner Cover Board DE/TOIN 566.10	1	PCS	689.40	689.40
8	Rear Boot Top Hinges 11	2	PCS	151.80	303.60 X
9	Rear Compartment Panel crumpled/cre	1	PCS	1137.80	1137.80
10	Rear Compartment Panel Garnish top inner TWI	1	PCS	298.20	298.20
11	Rear Compartment Top Cover Board CRE 1785.10	1	PCS	986.70	986.70
12	Rear Compartment panel top cloth TOIN 1425.50	1	PCS	456.40	456.40
13	Rear Fender Inner trimboards DIS/TOIN	2	PCS	796.90	1593.80
14	Rear Tail Lamp CRE 544.20x22	2	PCS	691.90	1383.80
15	Rear Corner Side Garnish DO/TOIN	2	PCS	364.90	729.80
16	Rear Corner Side Garnish Bracket 11	2	PCS	146.40	292.80 X
17	Rear Corner Side Garnish Inner Panel DO/GM	2	PCS	398.20	796.40
18	Rear End Panel Body 850.60	1	PCS	969.50	969.50
19	Rear End Panel Top Garnish DIS 311.20	1	PCS	416.90	416.90
20	Rear Bumper DIS 765.20	1	PCS	981.60	981.60
21	Rear Bumper Side Retainer MS Bent 112.20	2	PCS	186.90	373.80 1 PC
22	Rear Bumper Reflector CRE	2	PCS	69.60	139.20
23	Rear Bumper Towing Cover Torn 38.00	1	PCS	77.60	77.60
24	Rear Bumper Lower Clips ALL	6	PCS	5.50	33.00

TOTAL	13032.60	16259.30
Discount 25%	9774.45	12194.48

FOCUS AUTO PTE LTD

NO. 1 KAKI BUKIT AVENUE 6 #02-48/50

AUTOBAY @ KAKI BUKIT SINGAPORE 417883

TEL: 6886 9097 FAX: 6844 4625 Email: claims@focusauto.com.sg

GST:201004495R RCB NO:201004495R

M/S :MSIG INSURANCE**Estimate No: M00168**

Date: 17-Jun-20

Veh Reg No **SMC4124E**

Make/Model : MITSUBISHI VOXY

Chassis No : ZRR800257701

Engine No: 3ZRB916509

Reg. Date : 29.06.2018

ATTN: Motor Claim Department

Your Ref No: **SMC4124E**

Claim Type: THIRD PARTY

Accident Date: : 15/06/2020

Estimate Repair Cost to Vehicle No : SMC4124E

PAGE:2/2

S/N	Description	Quantity	Unit	Price	Amount
<u>SPECIAL NETT PRICE</u>				<u>SS</u>	<u>SS</u> <i>S.N</i>
25	Rear End Panel Top Garnish Chrome (21)	1 (kiv)	Sets	650.00	650.00 X
26	Rear Bumper Sensor <i>one/shock</i>	1 set	PCS	300.00	300.00 200
27	Rear Reverse Camera <i>shock</i>	1	PCS	450.00	450.00 300
28	Rear Number Plate <i>guc</i>	1	PCS	50.00	50.00 X
29	Rear WindScreen Gum <i>neu</i>	1	PCS	80.00	80.00 40
30	Rear Bumper Top Chrome Moulding (sent)	1 (kiv)	PCS	420.00	420.00 X
TOTAL				1950.00	1950.00

LABOUR CHARGES

	<u>SS</u>
31 Panel Beating	1400 1800.00
32 Rust Proofing	80.00 ✓
33 Check Wiring	30 80.00
34 To Remove & Refit Rear WindScreen	120 160.00
35 To Remove & Replace Rear Camera	50 250.00
36 To Remove & Refit Rear Seat and Up-Holestery	80 160.00
37 To Remove & Replace Bumper Sensor	x 80.00
38 To Spray Paint	950 1000.00
TOTAL	3610.00

LKK Auto Consultants hence notify 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:

TOTAL	3610.00
2510	
OVERALL TOTAL	17754.48

FOR FOCUS AUTO PTE LTD

AUTHORISE SIGNATURE

2-12778.40
252
9583.80