(08/11/13)		wef	
ASS	REC	BV.	MOVELL

REF: CS/MSG20007613/Ugf3
ASSIGNMENT

From: Date:	Veh No: 5799132K Yr Regn:
Estimated Cost:	Type: M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TF) / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or CA /
To Inspect Vehicle No: SJ Q9132 k	
at Workshop m/s Tidle kg: motor	Make: Toyota camry c.c. 1996 Colour CAN A/C: Insured / Std / NI / NA
of section of	Sp.Reading 194927 T/Radio: Insured / Std / NI / NA
Insured: SL QSUSC	Eng/No:
Policy No. 29141713	C/No: MROS3BK4107044580
Claims No. 626379	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil Starm / STD A/Rim or
1	Tyre Size: F: 215/601/6
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / ŁIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Westlake
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 22/7/20 D.O.I. 27/7/20
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / NIS-/ U/C,/ Rooftop or
Vehicle: IN/OU	Rec O/S
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Dep 1000	2. 4.4/12 (2.11
رو کا	ding estimate from repairer
27/07/20@3pm informed wing 3hao, we are pen	unig estimate nom repairer.
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	e: : Site Insp (\$)
	:Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$
	TOTAL

MSME20061856 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 22/07/2020 16:22 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.

159 Tick Hai Motor

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 witholding 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.

《大文》	ACCIDENT STATEMENT
Date Of Report	22/07/2020 16:22
Date Of Accident	22/07/2020 11:40
Exact Location Of Accident	ANG MO KIO AVE 1 & ANG MO KIO ST 22
Country/State of Loss	SINGAPORE

The second of the second of the	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ9132K	

Insured/Policyholder

JUN EXPRESS GROUPS PTE LTD Name Of Registered Owner

2XXXXX728H Co Reg No **NOEMAIL Email Address**

(LOCAL) +65-92270221 Mobile Phone No OFFICE-92270221 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer CAMRY Model

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5109407575-01-000024 Policy Number

Cover Note Number

Driver

CHEONG KOK HOU Name of Driver

NRIC No SXXXX406F 06/09/1981 Date Of Birth OUTDOOR Occupation 09/11/2001 Date Of Driving Pass

18 YEARS AND 8 MONTHS **Driving Experience**

Gender

(LOCAL) +65-92270221 Mobile Number

Fax Number Contact Number

EMail Address

NOEMAIL

Address

BLK 225 ANG MO KIO AVE 1 #09-601

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Was any body injured in the Accident?

NO

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)

1

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

VEHICLE A WAS STOPPING AT THE JUNCTION WAITING FOR THE INCOMING VEHICLE FROM THE MAIN ROAD. SUDDENLY, VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE A.

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

SLQ8155C

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of <u>material</u> facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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, taws or court orders.

Policyholder's Signature

the all m.

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

TICK HAY

SKETCH PLAN

A PLAN

B PLAN

B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle to was stopping at the junction waiting for
Whiche A was stopping at the junction waiting for the incoming which from the main road. Suddenly Whiche B hit onto the rear parties of my vehicle (A)
B hit onto the comparing of my vehicle (A)

DECLARATION

I/We declare the foregoing particulars are true in every passed

Policyholder Standure 3000 Date & Time:

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

Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

SMARKIC Skern Har Liner 173

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	728H
Vehicle Details	
Vehicle No.:	SJQ9132K
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Jul 2020
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	1AZE134896
Chassis No.:	MR053BK4107044580
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	\$26,727.00
Original Registration Date:	29 May 2009
First Registration Date:	29 May 2009
Transfer Count:	4
Actual ARF Paid:	\$26,727.00
Intended PARF Rebate Details	18
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 May 2024
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$19,782.00
COE Rebate Amount:	\$15,176.00
Total Rebate Amount:	\$15,176.00
Message	

The information contained herein is correct as at 27 Jul 2020

applicable), whichever is earlier.

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Toyota Camry 2.0A (COE till 03/2024)

Overview **Financial** Accessories

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Search

PREMIUM AD



Price

Mileage

\$41,800

\$1.331 /vr

1,998 cc

Luxury Sedan

Depreciation (\$11,360 /yr

Reg Date 27-May-2009

(3yrs 8mths 4days COE left)

Manufactured (?) 2009

157,000 km (14k /yr)

Transmission Auto

Dereg Value

Road Tax

\$12,149 as of today (change)

\$26,727

COE \$16,509 ARF (?)

\$26,727

Engine Cap

OMV ()

Power

108.0 kW (144 bhp)

Curb Weight 1,530 kg No. of Owners

Shortlist

Compare

Report Error

More Actions

Seller Information

Car Search

Customer Reviews

4.7 青青青青青

Car Search recommended by 33 people

Type of Vehicle

16V 2.0 DOHC VVTi Engine, 4 Speed Super ECT, 4 Airbags, ABS, Climatic Aircon, Immobiliser, Cruise Control, Electric Seats, Multi Steering Controls. View specs of the Toyota Camry (2006-2012)

Beige Interior. Leather Seats, 16" Rims, Factory Audio/CD System, Rear Vents, Walnut Trimming, Reverse Sensors, Auto HID/Fog Lamps, Tinted Films.

Description

Tip Top Condition, Most Popular Luxury Sedan In The Market. Secured And Well Maintained By Fussy Owner. Immaculate Condition Inside And Outside. Give Yourself A Peace Of Mind! Buy It From Us! A Company With Professional Sales Serviced Assured. Call Our Sales Team And Arrange For Viewing.

Category

COE Car, Premium Ad Car

Status

Available

Resources

Vehicle Evaluation Afraid of lemons? Request to have this car evaluated professionally. Find out more

Compare