ASS. REC. BY: Sun Pin HEF: CS3/11/20010	618/Qqf3
	GNMENT
-1	Cha (CCa
Eslimated Cost;	Veh No: SMC 0062E Yr Regn: 25/03/2010 Type: M.Cary M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
Martin has 19 to high Martin his lighter of beautiful probability and margin strains where the	
QD / TP / WS / TP RES / QD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: - Toyota Lexus RX350 c.c 3456
ul Workshop m/s	Colour Grey AC: Insured/Std/NI/NA
01	Sp.Reading 194597 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: JTJBKIIAXO2423153
Clalms No.	Gen. Cond: Good (Fa) / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorde / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nii (S/Rim / STD A/Rim or
XX	Tyre Size: F: 235/60 R18
(Policy Condition)	R: 235/60 R/8
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or 5
Bal. or Market Value:	Fron! Rear
IDAC Acadent Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	UBal. 6 mm UBal. 0 mm
Est Repairs: days Res.: Yes or No	D.O.A. 16/09/2020 D.O.I. 05/10/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at Sheng Khoon
CA REV / REP. / 24 HRS	Des. of Damages: (1) Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	we used to a second to the collision
	The U/C / Chasels frame / Body Structure affected due to collision.
Dale / Time Action / Instruction	Repair day 2 days
MV: 78,000	
Pv. 23.521	Repair Range
NV: 44,479	\$1,000 - \$2,000
06/10/20 Submit PRS.	
	· · · · · · · · · · · · · · · · · · ·
Dale/Tine, Fle Pass 107 Proll. Report	Days Of Repair:
1) 06/10 Typist: Final Report	Resurvey No. of Trlp: Survey Fee:
Dale/Tine, File Return to?	Transportation:
Add Fee:	: Site insp (\$)_s+Rs_si
	: Interview (\$) Photos
Popul comes: MER-PRS	Tech. Invs (3
Lump Sun / J.B.I: Ca	:Weelend (\$
Employed State Control of the Contro	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	501H
Vehicle Details	
Vehicle No.:	SMC6662E
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS RX350
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	2GRJ214673
Chassis No.:	JTJBK11AX02423153
Maximum Power Output:	204.0 kW (273 bhp)
Open Market Value:	\$55,421.00
Original Registration Date:	25 Mar 2010
First Registration Date:	25 Mar 2010
Transfer Count:	3
Actual ARF Paid:	\$55,421.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Mar 2030
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$35,416.00
COE Rebate Amount:	\$33,521.00
Total Rebate Amount:	\$33,521.00

The information contained herein is correct as at 06 Oct 2020

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/09/2020 14:51
Date Of Accident	16/09/2020 07:40
Exact Location Of Accident	LORONG 7 TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC6662E
Insured/Policyholder	
Name Of Registered Owner	DON TEO AENG SOON
NRIC No	S6901501H
Email Address	DONTEO@SMIGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-92307511
Alternative Phone No	OFFICE-92307511
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS RX350
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA386098/1
Cover Note Number	25/09/2020-24/09/2021
Driver	
Name of Driver	DON TEO AENG SOON
NRIC No	S6901501H
Date Of Birth	14/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2002
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92307511
Fax Number	

OFFICE-92307511

DONTEO@SMIGROUP.COM.SG

BLK 689E WOODLANDS DRIVE 75 #15-130 Address

Postcode

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 - U-TURN**

Weather Conditions DRIZZLING 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

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH6974H

Vehicle Make/Model/Colour

HYUNDAI 140

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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
- 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:

- 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)
 - (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
- (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
- 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.
- 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: Rakeswaran, Auand NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Accident Sketch Plan Pg. 2

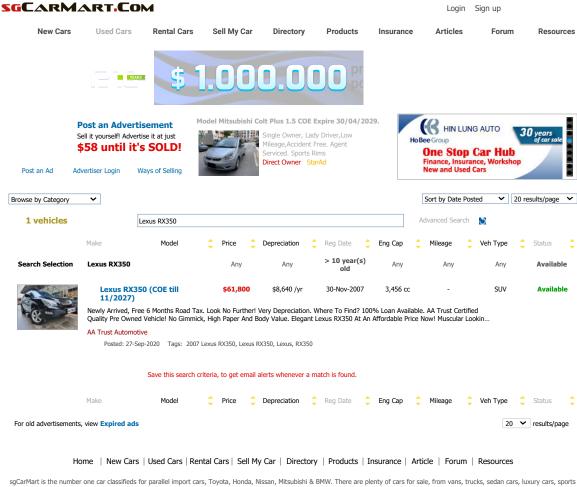
SKETCH PLAN Lor 8 Tay Payoh			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Pefer to Aftuchnent.		Lor 7 Market.	
Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence. DECLARATION	✓	- Reporting Only - Claim OD - Claim TP - Claim QD/ TP at other wor	kshop
/WE declare the foregoing particulars are true in every respect.			

Policyholder's signature Date & Time

Driver's Signature (if driver not the policyholder) Date & Time Reporting Centre Personnel's Signature Name: PakeSculman. Frund. Nric/Fin No.

Accident Sketch Plan Pg. 3

On 16/09/2020 at about 7.40am while I drive my vehicle from Lor 7 Toa Payoh Market torwards Lor 7 Toa Payoh. While make U turn there was Vehicle B (SH6974H) taxi coming out from Lor 8 Toa Payoh to Lor 7 Toa Payoh. The Taxi driver did not stop and give way at the junction continue move forward and hit into my vehicle front left bumper.



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