CC4/A1420011465/bas. ASS. REC. BY: Sun ASSIGNMENT Veh No: SM/M 2488 Yr Regn: 24/06/2014. Date: From: Type: (M.Can) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV c.c 1798 Toyota Prius Plus Make: To Inspect Vehicle No: Insured / Std / NI / NA Black. Colour at Workshop m/s T/Radio: Insured / Std / NI / NA 132554 Sp.Reading Eng/No: Insured: TTD ZS3EUXOJO珍<u>144</u> C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorden/Jammed/Leaked/Burnt or (Client's Record) Modi: Nil (S/Rim / STD A/Rim or Make of Veh: 205 /60 R16 Tyre Size: 205/60 RIG (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / N/S OIS Remark: The veh had commenced its Davanti repair at the time of inspection. TOYO / YOKO or Rear <u>Front</u> Bal. or Market Value: R/Bal. mm R/Bal. Consistent?: Yes or No IDAC Accident Rport: L/Bal. L/Bal. mm Consistent?: Yes or No mm GIA / PR Seen: D.O.I. 28/10/2020 D.O.A. \q/10/2020 Res.: Yes or No days Est. Repairs: My Car 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / (Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time

Date / Time | Action / Instruction |
| MV: 97, 000 |
| PV: 52, 370 |
| NV: 44, 630 |
| Powe Of Bonding

| Pate/Time, File Pass to? | : Preli. Report | Days Of Repair: | |
|----------------------------|-----------------|--------------------------|----------------|
|) | : Final Report | Resurvey No. of Trip: | Survey Fee |
| Date/Time, File Return to? | I | | Transportation |
| <u>'</u> | | Add Fee: : Site Insp (\$ |)S + RS |
| | | : Interview (\$ |) Photos |
| | | | 3 |

Repear Former: Lump Sum / LB.R. Cr

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type: | Company |
|-------------------------------|---------------------------------------|
| Owner ID: | 961K |
| Vehicle Details | |
| Vehicle No.: | SMM2488R |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 30 Oct 2020 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS PLUS (AUTO) |
| Primary Colour: | Black |
| Manufacturing Year: | 2018 |
| Engine No.: | 2ZR0D09385 |
| Chassis No.: | JTDZS3EUX0J038344 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$30,006.00 |
| Original Registration Date: | 24 Jun 2019 |
| First Registration Date: | 24 Jun 2019 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$24,009.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 23 Jun 2029 |
| PARF Rebate Amount: | \$18,006.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 23 Jun 2029 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$39,728.00 |
| COE Rebate Amount: | \$34,364.00 |
| Total Rebate Amount: | \$52,370.00 |

The information contained herein is correct as at 30 Oct 2020

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/10/2020 13:32

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 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.

| | ACCIDENT STATEMENT |
|--|--------------------------------------|
| Date Of Report | 21/10/2020 13:22 |
| Date Of Accident | 19/10/2020 19:30 |
| Exact Location Of Accident | UPPER THOMSON ROAD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMM2488R |
| Insured/Policyholder | |
| Name Of Registered Owner | LUMENS AUTO PTE LTD |
| Co Reg No | 2XXXXX961K |
| Email Address | OPERATIONS@LUMENS.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-87781765 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | PRIUS PLUS |
| 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 20-ML000509-R00 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHITA YONG SENG |

Name of Driver CHUA YONG SENG NRIC No SXXXX563G Date Of Birth 06/11/1981 **OUTDOOR** Occupation **Date Of Driving Pass** 02/06/2003 **Driving Experience** 17 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87238998

Fax Number

Contact Number

EMail Address NOEMAIL

APT BLK 175B YUNG KUANG ROAD #14-21 Address

Postcode 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

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)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NPC

ROAD: 2 SENGKANG SQUARE #01-02, POSTCODE: 545025, COUNTRY:

SINGAPORE

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Address

Police Station Contact

Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20201020/2089

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD713G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE PABLO CARLITO JR LONTOC Name of Driver

GXXXX041Q NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 24

DETAILS OF INJURED PERSON 1

Name CHUA YONG SENG

Approximate Age Injuries Sustain

Injured person in which vehicle?

SMM2488R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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)
 - (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")
- 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:

CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singaport 975643 Tel: 6453 1235 Rax: 6453 7944 (Claims Section)

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

Accident Sketch Plan

| | | C A 21447//296 |
|--|---|--|
| | | Gr A - SMM2488R Gr B - GBD7/3G |
| | 1 1 1 | GF D GIOD HOG |
| | | AMK A |
| | | AMIX AVE |
| | ADIL | 1-90 |
| | [B] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Upper thomson road |
| | | Sept. Howen red |
| | | |
| SCRIBE CIRCUMSTANCES O | F THE ACCIDENT | |
| Please refler to po | les capact. | |
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| ECLARATION | | CITY AUTO PTE LTD |
| ECLARATION We declare the lovegoing particul | lars are true in evely respect. | CITY AUTO PTE LTD Bik 8 Sin Ming Road #01-58/50/62/Big Ming Ind Fet |
| ECLARATION We declare the toregoing particul | lars are true in every respect. | CITY AUTO PTE LTD Bik 8 Sin Ming Road #01-58/60/62/ Sin Ming Ind Est Singaput \$75643 Tel: 6453 1235 Fax: 6453 7944 |
| We declare the lovegoing particul | Mr. | #01-58/60/62/Big Ming Ind Est Singappy 5/75643 Tel: 6453 1265 Fax: 6453 7944 (Claims Section) |
| | lars are true in every respect. Driver's Signature (If driver is not the policyholder) | CITY AUTO PTE LTD Bik 8 Sin Ming Moad #01-58/60/62/ Sin Ming Ind Est Singapout 6/75643 Tel: 6453 1265 Fax: 6453 7944 (Claims Section) Reporting Centre Personnel's Signature Name: |

Police report





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 1 of 3 Report No. T/20201020/2089

Tel No: 1800-343 8999

| REPORT OF A TRAFFIC ACCIDENT | | | | |
|------------------------------|--|--------------------|--|--|
| Date/Time Report Made: | Vide Report No.: | Station Diary No.: | | |
| 20/10/2020 15-58 | The local design of the lo | 03 | | |

| 20/10/2020 15:58 | | | | 93 | |
|--|--------------|------------------------------|---|----------------------------|--|
| Informa | nt's Partici | ulars | BOAR BUILDING | | |
| Name of Informant: CHUA YONG SENG | | | Address: APT BLK 175B YUNG KUANG ROAD #14-21 SINGAPORE 612175 | | |
| ID Type / ID No.: NRIC NO / S8138563G | | | Contact No.: Home/Office: | Mobile: 87238998 | |
| Nationality: SINGAPORE CITIZEN | | EN | Email: | | |
| Sex: Male | Age: 38 | Date of Birth; 06/11/1981 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 19/10/2020 19:30 | Type of Location |
|----------------------|----------------------|-----------------------|---|------------------|
| Lamp Post N | MSON ROAD | | | |
| Weather: Clear | | Road Surface: Dry | R | oad Speed Limit: |
| | | Traffic Control: | Tr | raffic Volume: |
| Traffic Flow: | | | | |

| Vehicle No. | Type | Make | Model | Colar | Condition | No of Passenge |
|-------------|------|------|-------|-------|-----------|----------------|
| GBD713G | Van | | | | | 0 |
| SMM2488R | Car | | | | | 0 |

| Details of Person Involved | A DESCRIPTION OF THE PROPERTY |
|---------------------------------|---|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police report





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 2 of 3 Report No. 1/20201020/2089

Tel No: 1800-343 8999

CONTINUATION OF REPORT

| Driver | | | | | | |
|---------------------------------------|--------------------------------------|----|-------------|---|----------|-----------------------------------|
| Name | PABLO CARLITO JR LONTOC | | | ID No | | G0611041Q |
| Related Vehicle | GBD713G (Van) | | | Contact No. | | 85186152 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL Date | | | scharge NIL | | |
| No. of Days granted Medical Leave NIL | | | Degree o | Degree of Injury NIL | | |
| Driver | | | | | | |
| Name | CHUA YONG SENG | 3 | | ID No | ŧ. | S8138563G |
| Related Vehicle | SMM2488R (Car) | | Contact No. | | 87238998 | |
| Hospital/Clinic | SINGHEALTH POLYCLINICS - SENGKANG | | | Class Drivin Licens Expiry | g | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Dis | charge | NIL | |
| No. of Days gran | ted Medical Leave | 02 | Degree o | of Injury | NIL | |

Brief Details.

On 19/10/2020 at about 1930hrs, I was driving vehicle bearing SMM2488R along lane 2 Upper Thomson Road towards Yio Chu Kang, While driving, the vehicle in front of me step brake and I also did step brake to slow down my vehicle. As such slowly both me and the front vehicle both come to a stop and were in stationary position.

After awhile, a vehicle bearing GBD713G has collided onto the rear side of my vehicle. Both of us got down from the vehicle and exchange particulars, he then explain and informed me as my vehicle was braking and subsequently come to a stop but he couldn't stop in time as such he had to swerve to the lane 3 to avoid my vehicle.

During the accident, no one suffered any injures however, I visit Sengkang Polyclinic and was given two days of medical certificate and doctor informed that I am suffering neck strain.

Police report





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999 3 of 3 Report No. T/20201020/2089

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

| Signature Of Officer Recording The Report: // Sigt 2 ONG JING YING | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: | Date/Time: 20/10/2020 15:58 |
| Officer In Charge Of Case; P / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 SN 08 | Classification Of Case: |



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: NO:60 JALAN LAM HUAT CARROS CENTRE #05-68 SINGAPORE 737869

HP: 9888885

ESTIMATION

Date:

22/10/2020

Vehicle:

SMM2488R

Make / Model:

TOYOTA PIRUS

Chassis No:

| | | | 182212 IAO: | |
|-----|--------------------------------------|------|-------------|-------------|
| No. | Description | Unit | Unit Price | Amount |
| 1 | REAR BUMPER / CRY | | \$798.00 | \$798.00 |
| 2 | REAR BUMPER BRACKET LH | | \$68.00 | \$68.00 |
| 3 | REAR BUMPER SIDE RETAINER LH | _ | \$65.00 | \$65.00 |
| 4 | REAR BUMPER SIDE RETAINETR RH | | \$65.00 | \$65.00 |
| 5 | REAR BUMPER LOWER / SCK | | \$351.00 | \$351.00 |
| 6 | REAR BUMPER REFLECTOR LH 2 / CKA | | \$112.00 | \$112.00 |
| 7 | REAR BUMPER REINF ? > | | \$398.00 | \$398.00 |
| 8 | REAR BUMPER SPONGE 7 X | | \$187.00 | \$187.00 |
| 9 | REAR TAILAMP LH | | \$498.00 | \$498.00 |
| 10 | REAR TAILAMP LOWER BRACKET LH 2 / KR | | \$85.00 | \$85.00 |
| 11 | REAR TAILAMP LOWER PANEL LH 2 XR | | \$298.00 | \$298.00 |
| 12 | REAR TAILGATE EMBLEM | | \$65.00 | \$65.00 |
| 13 | REAR TAILGATE LOGO X | | \$62.00 | \$62.00 |
| 14 | REAR TAILGATE "HYBRID" LOGO X | | \$68.00 | \$68.00 |
| 15 | QUARTER GLASS MOULDING X | | \$198.00 | \$198.00 |
| 16 | REAR FENDER LH | | \$898.00 | \$898.00 |
| 17 | REAR FENDER INNERSHIELD LH | | \$212.00 | \$212.00 |
| 18 | REAR END PANEL 2 X K | | \$651.00 | \$651.00 |
| 19 | REAR END PANEL TOP GAR | | \$212.00 | \$212.00 |
| 20 | REAR FENDER INNER TRIM LH | | \$412.00 | \$412.00 |
| 21 | REAR FENDER AIR VENT LH 2 CRU. | | \$72.00 | \$72.00 |
| | TOTAL PART | | | \$5,775.00 |
| | LIST DOWN | 25% | | \$1,443.75 |
| | AFTER LIST DOWN | | | \$4,331.25 |
| | | | | |
| | SPECIAL NETT | | | |
| 1 | REAR BUMPER CLIP SET / N-& | | | \$50.00 30 |
| 2 | REAR FENDER INNERSHIELD CLIP SET | | | \$50.00 🗶 |
| 3 | REAR END PANEL TOP GAR CLIP SET × | | | \$30.00 × |
| 4 | REAR END PANEL SEALANT X | | | \$120.00 × |
| 5 | REAR FENDER INNERTRIM CLIP SET X | | | \$50.00 × |
| | TOTAL SPECIAL NETT | | | \$300.00 |
| | | | | |
| | LABOUR | | | |
| 1 | CHECK WIRING | | | \$80.00 \$0 |
| 2 | ANTI RUST COAT | | | \$150.00 40 |
| 3 | R+R REVERSE SENSOR | | | \$120.00 } |
| 4 | PANEL BEAT | | | \$1,000.00 |
| 5 | SPRAY, REAR FENDER LH | | | \$800.00 |
| | TOTAL AMOUNT | | 57 | \$2,150.00 |

| No. | Description | Unit | Unit Price | Amount |
|-----|--------------|------|------------|------------|
| | TOTAL PART | | | \$4,331.25 |
| | TOTAL LABOUR | | | \$2,450.00 |
| | FINAL AMOUNT | | | \$6,781.25 |

Repair dy - 3 dys

4th pain phto

Sin Pin (Llek) 28/10/2020 TP withen projuder LKK Auto Consultants hence notify

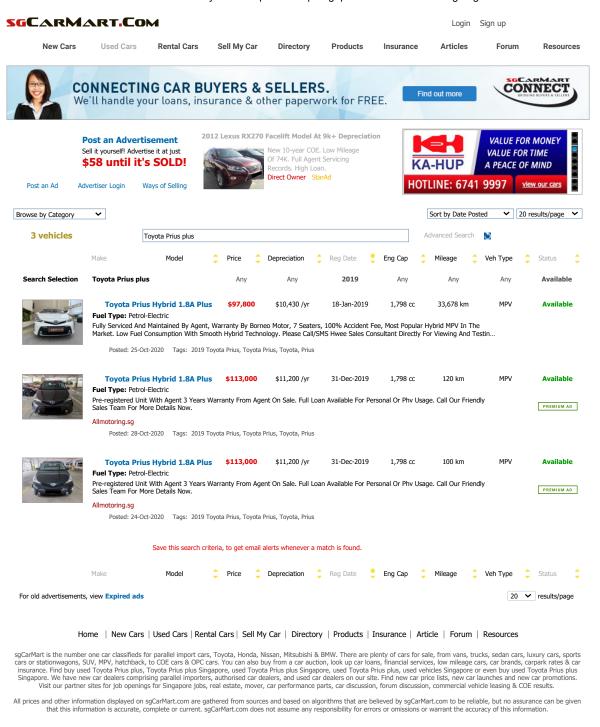
the Repairer of the following:

- · 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:



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