Date/Time, File Pass to?	: Preli. Report	Day	s Of Repair:		
1)	: Final Report	Res	survey No. of Trip:	Survey Fee:	
Date/Time, File Return to?				Transportation:	1
2)		Add Fee:	: Site Insp (\$)S + RSSI	
			: Interview (\$) Photos	
Ferent Fund:			: Tech. Invs (\$	Others	
Lung Sum/LPA: 12			: 'Meel end 'S		
				रुप्त.	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	931X
Vehicle Details	
Vehicle No.:	SLT223B
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD 2.5SC CVT ABS
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	2ARH638215
Chassis No.:	AGH300040826
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$42,462.00
Original Registration Date:	11 Dec 2015
First Registration Date:	11 Dec 2015
Transfer Count:	2
Actual ARF Paid:	\$51,447.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Dec 2025
PARF Rebate Amount:	\$36,012.00
Intended COE Rebate Details	
COE Expiry Date:	10 Dec 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$60,789.00
COE Rebate Amount:	\$30,152.00
Total Rebate Amount:	\$66,164.00

The information contained herein is correct as at 24 Dec 2020

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 <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.	ion to the distincting of the report at the sound that to explore of the report being made a failure.
	ACCIDENT STATEMENT
Date Of Report	29/10/2020 12:36
Date Of Accident	28/10/2020 16:45
Exact Location Of Accident	CHAI CHEE LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT223B
Insured/Policyholder	
Name Of Registered Owner	FASTFETCH SERVICES
Co Reg No	5XXXX931X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96870081
Alternative Phone No	OFFICE-96870081
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALPHARD 2.5SC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5107049271-01
Cover Note Number	
Driver	
Name of Deliver	LIMAYEW OUENO (LIN VA OZUENO)

Name of Driver LIM YEW CHENG (LIN YAOZHENG)

NRIC No SXXXX578I
Date Of Birth 08/07/1972
Occupation OUTDOOR
Date Of Driving Pass 24/03/1990

Driving Experience 30 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96870081

Fax Number

Contact Number OFFICE-96870081

EMail Address NOEMAIL

Address BLK 5 MARINE TERRACE

#09-262

Postcode 440005

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 Vehicle

.

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

NO

Details of Police Action

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 STATEMENT.

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 GBG5725Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

LIM YEW CHENG (LIN YAOZHENG)

Name LIM YEW C

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLT223B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode YES NO

Accident Sketch Plan

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.
- 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.
- 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.
- 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 aforesald.
- 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:
 - 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.

Polit morce & Signature

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

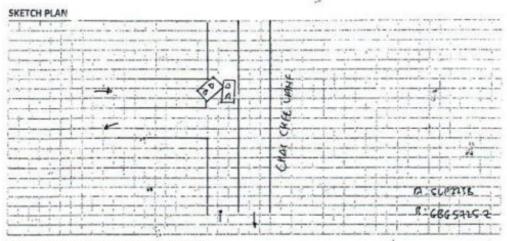
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIAR: C Swend:FishForer_13

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I SA			-								MAICH H I C	
hovilus	POP	LARD	. o	л ор	A S	upacn	VEH	ucie (S Mon	re out	OF H	13
VANE	ANI	2 1/4	N(·p	INA	MINE	. 2	112 IGD	TO	PVOID	AND.	lanked_	PHICLE
Rut	VF+I	ICLE	ď	НАО	ALPE	MOY F	fit GN	176 MA	1 461	creis	LFFT	
PORT	Kı.											
	1	LISH	ть	STAR	THAT	VMIC	رد و	CANG	F11-m	THE	MINIS R	K-1917
WITH	a	170	P (ing.								
10000												

DECLARATION

Policyholder's Signature

Date & Time:

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

Reporting Centre Personnel Name: NRIC/FIN No.:























Bifrost Auto Pte Ltd

No.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit, #01-49 Singapore 415875

Tel: +65 6452 4457 | Fax: +65 6452 4584

Co. Reg. No.: 201929175W

Vehicle No:

SLT 223 B

Model:

Toyota Alphard 2.5SC

Chassis No:

AGH300040826

Year of manufacturing: 2015

S/No	Qty	Items Unit Price	A	mount
1	1	LHS Front door / Buc	\$	-
2	1	LHS Front door inner trim board X	\$	-
3	1	LHS Front door lock X	\$	-
4	1	LHS Front door lock actuator X	\$	-
5	1	LHS Front door power window regulator ?	\$	-
6	1	LHS Front door power window regulator motor $ \gamma $	\$	-
7	1	LHS Front door glass outer weatherstrip X	\$	-
8	1	LHS Front door glass outer run X	\$	-
9	1	LHS Front door protector ×	\$	-
10	2	LHS Front door hinge X	\$	-
11	1	LHS Front door check X	\$	-
12	1	LHS Front door weatherstrip X	\$	-
13	1	LHS Front door outer tape X	\$	-
14	1	LHS Front door lower frame 🗡	\$	-
15	1	LHS Front fender X Report.	\$	-
16	1	LHS Front fender shield $\chi^{\dagger} \mathcal{N} \mathcal{N}$	\$	-
17	1	LHS Side Mirror XNC (GAV).	\$	-
18	1	RHS Front Lower Arm 💉 /	\$	_
19	1	LHS Front Control Arm X	\$	-
20	1	LHS Front Absorber X	\$	-
21	1	LHS Front Knuckle X	\$	-
22	1	LHS Front Wheel Bearing	\$	-
			\$	

	Spe	ecial Nett	.//		
_	1	10	LHS Front door inner trim board clip / MC	\$ 5.00	\$ 50.00
	2	1 set	Rain visor 💢 /	\$ 150.00	\$ 150.00
	3	1	RHS Front sport rim	\$ 2,500.00	\$ 2,500.00
	4	1	RHS Front tyre	\$ 1,200.00	\$ 1.200.00

Total for SP \$ 3,900.00 Sub-Total for Parts : \$ 3,900.00

Total for spare parts \$

S/No	Qty	Items		Unit Price	Amount
1	To dismantle	e, replace, cut,	weld, knock out dents to straighten accide	ent parts as-	\$ 600.00
2	To putty and	d spray paint or	n all accident damage parts and other accid	dent	\$ 500.00
3	To check wi	ring system to f	acilitate repair and refit the same		\$ 150.00
4	Apply rust p	roofing on the	adjacent panels		\$ 60.00
5	Reset engin	e management	system with diagnostic fault		\$ 80.00
6	To supply u	nder coating / p	outty on parts replaced		\$ 80.00
7	To perform	water seepage	test after repair		\$ 150.00
8	Dismantle a	nd transfer doc	or fittings and mechanism to new door ficili	itate	\$ 150.00
9	To remove a	and fit underca	rriage		\$ 180.00

TOTAL AMOUNT : \$ 1,950.00 OVERALL COST: \$ 5,850.00

4Days.

unpsm repair.

After repair phtos.

Gno Qianf

20/10/2020

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: