REF: CC4/LPG20012283/Qg93 ASS. REC. BY: Sulm Pin ASSIGNMENT GBK 2932 R Yr Regn: 19/03/2020 Veh No: Date: From: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: ruck Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Toyota Hrlux Pouble. cc 2397. Make: To Inspect Vehicle No: Insured / Std / NI / NA Gilver Colour at Workshop m/s T/Radio: Insured / Std / NI / NA 10956 Sp.Reading Eng/No: Insured: MROCB800100502942 C/No: Policy No. Gen. Cond: Good / Fan / Poor / Burnt Claims No. Steering: In rder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: In order / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / S/Rim / STD A Rim or Make of Veh: 265/65 RIT Tyre Size: R: 265/65 RIT (Policy Condition) BS/DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / N/S Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or XXXX Rear Front Bal. or Market Value: IDAC Accident Rport: \_\_\_\_ Consistent? : Yes or No R/Bal. R/Bal. mm L/Bal. Consistent?: Yes or No mm GIA / PR Seen: 12/11/2020 D.O.I. D.O.A. 04/11/2020 Res.: Yes or No days Est. Repairs: Yew tee Auto 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rean / 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: Date / Time Action / Instruction MV: 80,000 Date/Time, File Pass to? : Preli. Report Days Of Repair: ; Final Report Survey Fee: Resurvey No. of Trip: Date/Time, File Return to? Transportation: Add Fee: : Site Insp S + RS. SI : Interview (\$ Photos :Tech, Invs 🖇 Offices Reper Format: Weekend (\$ Lump Sum H.B.L.C. TOTAL

### > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Company
Owner ID: Vehicle Details	421C
Vehicle No.:	CDI/2022D
	GBK2932R
Vehicle to be Exported:	No 1411 2000
Intended Deregistration Date:	16 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HILUX DOUBLE CAB TURBO PICKUP 2WD MT
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	2GDC580157
Chassis No.:	MR0CB8DD100502942
Maximum Power Output:	-
Open Market Value:	\$30,226.00
Original Registration Date:	19 Mar 2020
First Registration Date:	19 Mar 2020
Transfer Count:	0
Actual ARF Paid:	\$34,317.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 Mar 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$24,202.00
COE Rebate Amount:	\$22,601.00
Total Rebate Amount:	\$22,601.00

The information contained herein is correct as at 16 Nov 2020

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# 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.

Date Of Report

06/11/2020 17:25

Date Of Accident

04/11/2020 19:30

**Exact Location Of Accident** 

SLE (TOWARDS TPE/CTE) EXITING TO WOODLANDS AVE 12

SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBK2932R** 

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner

SEMBCORP SPECIALISED CONSTRUCTION PTE LTD

Co Reg No

2XXXXX421C

**Email Address** 

SSC CONTRACTS@SEMBCORP.COM

Mobile Phone No

Alternative Phone No

OFFICE-67696030

**Vehicle Particulars** 

Manufacturer

TOYOTA

Model

HILUX DOUBLE CAB TURBO PICKUP 2WD MT

Exact Purpose for which vehicle was being used at

time of accident

WORK 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

COMMERCIAL VEHICLE

**Insurance Company** 

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5116758158

Cover Note Number

**Driver** 

Name of Driver

FOO SIANG HAI (FU XIANGHAI)

NRIC No

SXXXX662B

Date Of Birth

13/10/1981

Occupation

**OUTDOOR** 

**Date Of Driving Pass** 

16/07/2007

**Driving Experience** 

13 YEARS AND 3 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97940327

Fax Number

Contact Number

**EMail Address** 

ALVIN.FOO@SEMBCORP.COM

Address

107B CANBERRA STREET #07-599

Postcode

752107

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

Passenger 1

2

NAME:

: WONG MAY LING

GENDER:

: FEMALE

**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** 

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

**FILE TOO LARGE** 

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

YN185E

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** 

Vehicle Category Name of Driver

**CHANG GUOCHENG** 

NRIC/Passport Number

GXXXX219K

Contact Number

81506963

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

No. Of Passenger (Including Driver)

#### 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 Drivet
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.
- Amy 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 aforesaid.
- S. 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)
  - 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.

Policyholder's Sprintine

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Sai

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

## Sketch Plan #2

	Woodlands Ave 17	15
ETCH PLAN		E - 68K293
	1 A B	B - YN185E
ESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	
I was que back of my	ring up to exit Woodland Au vehicle.	lenuc 12 when YN 185E hit into the
DECLARATION  I/We declare the foreg	oing particulars are true in every respect	.laz
Policyholder's Signature Date & Time:	Onver's Signature (If driver is not the policyh Date & Time:	Reporting Centre Personnel's Signature colder) Name. NRIC/FIN No :

#### Estimate Report

### Yew Tee Automobile Tech Pte Ltd (Co.Reg.No.200311009C)

Mega@Woodlands, 39 Woodlands Close #01-12 Singapore 737856 Tel: 62562281 Fax: Email: YTMG

**INSURER: LONPAC INSURANCE BHD** 

PARTICULARS OF CLAIM

Claim Type:

TP

5116758158

Ref. No:

YTMG/TP/2011/001

Policy No:

Date of Loss:

04/11/2020

Vehicle Reg. No.:

**GBK2932R** 

Driveable?

no

Driver Age:

13/10/1981

Third Party Vehicle No.:

YN185E

Any Injuries?

no

Contact No:

63052788

Insured/Claimant:

SEMBCORP SPECIALISED

Driver:

FOO SIANG HAI (FU

CONSTRUCTION PTE LTD

XIANGHAI)

Make/Model: Vehicle Colour: Toyota, Hilux

Vehicle Reg. Date:

19/03/202

Silver

Engine Number:

2GDC580157

Chassis No: Total Loss?

MR0CB8DD100502942

Odometer:

Est. Duration of Repair(Day)

Description of Accident/loss COLLISION - HEAD TO REAR

Remarks:

Present Location:

Yew Tee Automobile Tech Pte Ltd (Mega)-YTMG

COST OF CLAIMS		Amount
Parts	A STATE OF THE REAL PROPERTY OF THE PROPERTY O	1,460.22
Miscellaneous Items		220.00
Labour		710.00
Paintwork Labour		0.00
Towing		0.00
Towning	Gross Total(S\$):	2,390.22
	GST 7.00%(S\$):	167.32
	Nett Amount(S\$):	2,557.54

This claim is handled by: Lai Yee Meng

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

Estimate Report

11/12/2020

### REPAIR DETAILS

No.	Qty	Particulars	Amount	%Disc	After
			cut		Disc
1	1	REAR SIDE BUMPER STEP GARNISH LH	148.20	-10.00	133.38
2	1	REAR SIDE BUMPER LH (CHROME)	pb 331.40	-25.00	248.55
3	1	REAR SIDE BUMPER BRACKET LH	154.20	-10.00	138.78
4	1	REAR BUMPER STEP GARNSIH CENTER	/CIM 287.70	-10.00	258.93
5	1	REAR BUMPER STEP GARNSIH INNER PANEL	756.20	-10.00	680.58
6	1	Rear Side bumper RH (CHROME)	/pb 331.40_ Total Parts (S\$)	~35.00	1,460.22

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	REAR BUMPER REVERSE SENSOR	220.00	0.00	220.00

Sub Total (S\$)	220.00

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	To Remove and Refit Rear Sumper Sensor.	80.00	0.00	80.00 3 🔾
2	1	To Disconnect and Reconnect, Check Electrical wiring Harness Wire, Sockets, Replace Damaged Parts.	30.00	0.00	30.00
3	1	To Remove and Replace the above Damaged Parts, Straighten, Knock out, Realign and Repair including Cut and Weld body panels. To Re-adjust to the Original position using power tools.	600.00	0.00	600.00 30

Gross Labour Cost (S\$)	710.00

Estima	ates On Pa	int Work Labour			
No.	Qty	Particulars	Amount	%Disc	After Disc

0.00 Gross Labour Cost (S\$)

< END OF ESTIMATES >

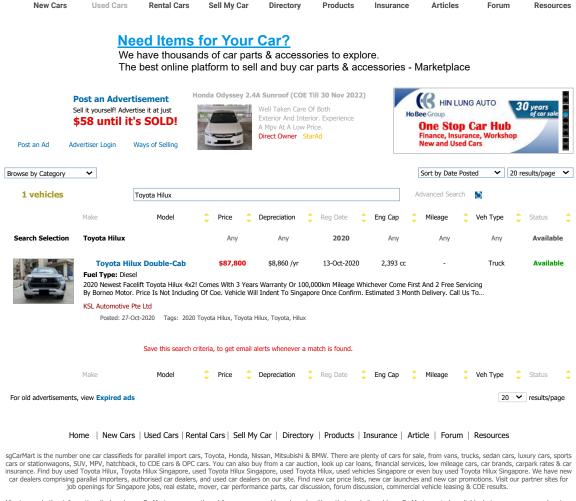
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Sun Princular) 12/11/2020 Tp without prejulo

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