

ASS. REC. BY:

REF:

CS3/MSH20012754/R173

380H

ASSIGNMENT

From:

Date:

Estimated Cost:

Veh No:

SLU 6220P

Yr Regn:

2017/DEC

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLU 6220P

at Workshop m/s ASSURANCE AUTO ASSIST

of NO. 14, AMK ST 63 PAK B

Insured: MS14

Policy No.

Claims No.

Sum Insured:

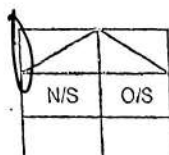
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 75K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Truck / Trailer or

Make: TOYOTA CHR HYBRID 1.8S CVT c.c. 1797

Colour: WHITE

A/C: Insured / Std / NI / NA

Sp. Reading: 80315

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 24X102078018

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 215/60R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or .

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 13/11/2020

D.O.I. 23/11/2020

Survey held at

NO. 14 AMK ST 63

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S FR

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

ESTIMATE OF REPAIR RANGE / no. of days - (1K - 2K) / 3 days

submit prs report

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Rep. Format:

Lump Sum / L&L: (\$

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 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 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	13/11/2020 16:28
Date Of Accident	13/11/2020 13:15
Exact Location Of Accident	CTE TWDS SLE BEFORE ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6220P
Insured/Policyholder	
Name Of Registered Owner	LIM SU PING
NRIC No	SXXXX330H
Email Address	SGMAKEOVER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87262906
Alternative Phone No	OTHERS-87262906

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S CVT (A)
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 CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA542809
Cover Note Number	08/06/2020 - 07/06/2021

Driver

Name of Driver	LIM SU PING
NRIC No	SXXXX380H
Date Of Birth	22/04/1988
Occupation	INDOOR
Date Of Driving Pass	25/11/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87262906
Fax Number	
Contact Number	OTHERS-87262906
Email Address	SGMAKEOVER@GMAIL.COM

Address 994B BUANGKOK LINK
#06-337
Postcode 532994
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 - CHANGE/CROSS LANE
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? YES
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) 2
Passenger 1
NAME: : PATRICIA JAIHAN
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 THE SKETCH PLAN BY DRIVER

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 SML6925A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE HIRE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

of Passenger (Including Driver)

OF INJURED PERSON 1

LIM SU PING

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SLU6220P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE


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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 companies.
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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:

- (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:
 - (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")
- (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, laws or court orders.



Policyholder's Signature
Date & Time:



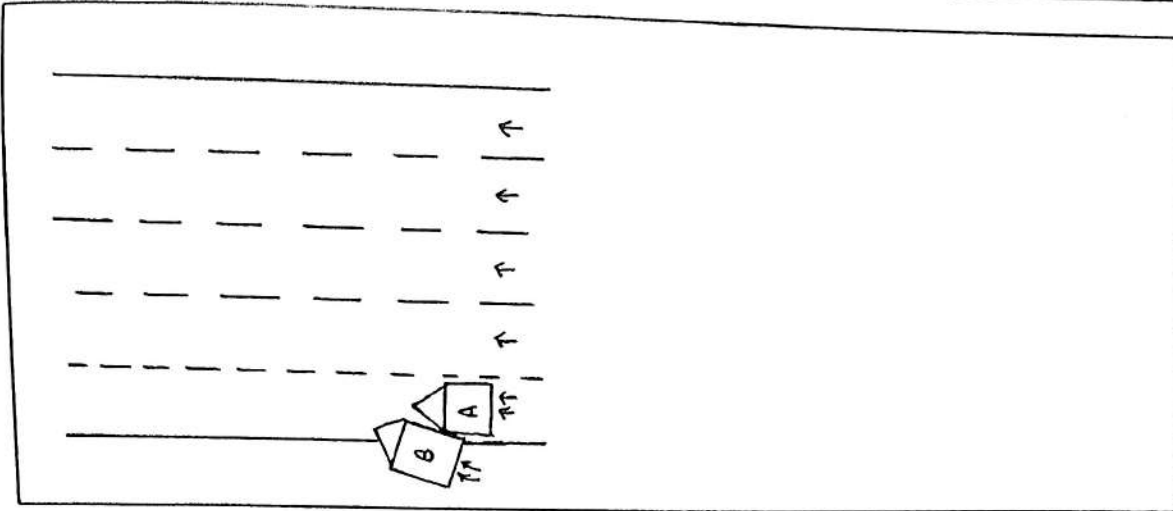
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

Date of accident: 13/11/2020 Time: 1315hrs Location: CTE TWDs SLE Before Ang Mo Kio Ave 1
 My Vehicle A: SLU 6220P Vehicle B: SML6925A Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was travelling straight along at the stated location on lane 5. Out of sudden, vehicle B (SML6925A) travelling along the shoulder lane collided onto the front left portion of my vehicle causing damages.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: JWG International PTE LTD

Email address: jwg.claims@gmail.com

& myself: Lim Su Ping

Email address: sgmakeover@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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



AH LIM MOTOR COMPANY



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date:

13/11/20

For Owner of Vehicle Number:

SLU 62209

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, Eileen, Zila, Mui Hong, Wei Jie. Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- () You had been advised by the workshop on the liability and merits of the case accordingly.
- () You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
☐ if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- () You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- ☐ \$200 off on your Basic Own Damage Excess or
☐ \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
☐ Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- () There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- () The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- () You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- () For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- () You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- () For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ Others Claim Third Party @ an workshop

Signed and acknowledged by:

x

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

mg



Name and signature of workshop personnel including company stamp

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Singapore NRIC

Owner ID: 380H

Vehicle No.: SLU6220P

Vehicle to be Exported: No

Intended Deregistration Date: 23 Nov 2020

Vehicle Make: TOYOTA

Vehicle Model: C-HR HYBRID 1.8S CVT

Primary Colour: White

Manufacturing Year: 2017

Engine No.: 2ZR8202567

Chassis No.: ZYX102078018

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$26,447.00

Original Registration Date: 08 Dec 2017

First Registration Date: 08 Dec 2017

Transfer Count: 0

Actual ARF Paid: \$5,000.00

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 07 Dec 2027

PARF Rebate Amount: \$3,750.00

COE Expiry Date: 07 Dec 2027

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$53,711.00

COE Rebate Amount: \$37,803.00

Total Rebate Amount: \$41,553.00

The information contained herein is correct as at 23 Nov 2020

OK

White

► Toyota C-HR Hybrid 1.8A S

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Autotruster Traders Pte Ltd
where cars are our currency.



2015
ASIA
PACIFIC
BRAND
AWARD

Price	\$75,800	Fuel Type	Petrol-Electric
Depreciation ⓘ	\$10,330 /yr View models with similar depre	Reg Date	29-Dec-2017 (7yrs 1mth 5days COE left)
Mileage	6,000 km (2.1k /yr)	Manufactured ⓘ	2017
Road Tax ⓘ	\$974 /yr	Transmission	Auto
Dereg Value ⓘ	\$41,864 as of today (change)	OMV ⓘ	\$27,981
COE ⓘ	\$52,163	ARF ⓘ	\$5,000
Engine Cap	1,797 cc	Power	90.0 kW (120 bhp)
Curb Weight ⓘ	1,440 kg	No. of Owners ⓘ	2
Type of Vehicle	SUV		

Features

Powerful And Fuel Efficient 4 Cylinders 16 Valve DOHC, 120Bhp, ABS Toyota Safety Sense, Keyless Entry/Start, Cruise Control, Land Departure Assist. View specs of the Toyota C-HR Hybrid (2016)

