

08/11/13) wef
ASS. REC. BY: Marcus

REF: CS/SM020013444/Uq d3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **SMU 6467H**
at Workshop m/s: **M6 Solution**
of _____
Insured: _____
Policy No. _____
Claims No. **CMTD 2003542/AGC**
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: **SMU 6467H** Yr Regn: **81 20**
Type: **Car** / M.Cycle / Bus / Van / Lofry / Taxi / Prime Mover /
Truck / Trailer or **CA**
Make: **Toyota Camry Hybrid** c.c. **2487**
Colour: **Red** A/C: **Insured / Std / NI / NA**
Sp. Reading: **26488** T/Radio: **Insured / Std / NI / NA**
Eng/No: _____
C/No: **AXVH70 1039930**
Gen. Cond: **Good** / Fair / Poor / Burnt
Steering: **In order** / Jammed / Leaked / Burnt or
Brake: **In order** / Jammed / Leaked / Burnt or
Modi: **Nil** / S/Rim / STD A/Rim or
Tyre Size: F: **245/40 R18**
R: _____

(Policy Condition)
Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / **PIR** / SUMI /
TOYO / YOKO or

Bal. or Market Value: **\$ 115k.**
IDAC Accident Rport: _____ Consistent?: **Yes** or No
G/A / PR Seen: **2** Consistent?: **Yes** or No
Est. Repairs: **4** days Res.: **Yes** or No
Lum Sum: **20** % 3 Val.: **Yes** or No
CA / REV / REP. / 24 HRS **L7A 64094**
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Front 7 mm Rear 7 mm
R/Bal. 7 mm R/Bal. 7 mm
L/Bal. 7 mm L/Bal. 7 mm
D.O.A. **3/12/20** D.O.I. **7/12/20**
Survey held at _____
Des. of Damages: **FRt** / Rear / O/S / N/S / U/C / Rooftop or
Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction **have video**
28/12/20 1143-70 **Boothid P.I. car**
H/S #3200 confirmed with Ms hong Ured \$4881.58, 607.7

Date/Time, File Pass to? : Preli. Report
1) **29/12/20** : Final Report
Date/Time, File Return to?

Days Of Repair: **4**
Resurvey No. of Trip: _____

2) _____
Report Format: **To**
Lump Sum / I.B.: **\$ 3200**

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

Survey Fee:	
Transportation:	
_____S + RS, _____SI	
Photos	
Others	
TOTAL	

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

TO	: SOMPO	DATE	: 05/12/2020
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT :			
<u>VEHICLE DETAILS</u>			
VEHICLE NO	: SMU6467H	<i>Not Authorized Make 7/12/20 through After repair H days. L/S # 3200</i>	
MODEL	: TOYOTA CAMRY 2.5		
CHASSIS NO			
<u>ACCIDENT DETAILS</u>		DATE	: 05/12/2020
		TIME	: 19:15HRS
THIRD PARTY REQUESTOR / CONTACT		:	JACK LI

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE	
1	BOOTLID <i>DD / Bent</i>	1	\$ 1,122.50	\$ 1,122.50	—
2	BOOT LID LOGO <i>61.60 neu</i>	1	\$ 120.00	\$ 120.00	—
3	BOOT LTD EMBLEM 'CAMRY' <i>NA</i>	1	\$ 90.00	\$ 90.00	X
4	BOOT LID EMBLEM 'HYBRID' <i>68.00 neu</i>	1	\$ 80.00	\$ 80.00	—
5	BOOT LID EMBLEM '2.5G' <i>60.50 neu</i>	1	\$ 80.00	\$ 80.00	—
6	BOOTLID LOCK <i>src</i>	1	\$ 320.00	\$ 320.00	X
7	BOOT LTD DETECTOR <i>195.20 (CR)</i>	1	\$ 250.00	\$ 250.00	—
8	BOOT LTD WEATHERSTRIP <i>11</i>	1	\$ 266.30	\$ 266.30	X
9	REAR BUMPER <i>657.60 DD / DE</i>	1	\$ 890.00	\$ 890.00	✓
10	REAR BUMPER SIDE RETAINER <i>11</i>	2	\$ 62.40	\$ 124.80	X
11	REAR BUMPER REINFORCEMENT <i>DD</i>	1	\$ 458.80	\$ 458.80	✓
12	REAR BUMPER LOWER SPOILER <i>De/ton</i>	1	\$ 580.30	\$ 580.30	—
13	REAR BUMPER REVERSE SENSOR <i>o/s sensor</i>	4	\$ 280.60	\$ 1,122.40	inc
14	REAR END PANEL <i>R</i>	1	\$ 677.50	\$ 677.50	X
15	REAR END PANEL TOP GARNISH <i>11</i>	1	\$ 422.50	\$ 422.50	X

*399.50
393*

TOTAL PRICE	\$ 6,602.10
LESS 25%	\$ 1,650.53
SUB TOTAL PRICE	\$ 4,951.58

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR NUMBER PLATE <i>17</i>	1	\$ 200.00	\$ 200.00
2	REAR BUMPER CLIPS(SET) <i>122</i>	1	\$ 20.00	\$ 20.00
3	REAR END PANEL INSULATION SEAL <i>17</i>	1	\$ 120.00	\$ 120.00
4	REAR END PANEL TOP GARNISH CLIPS(SET) <i>17</i>	1	\$ 20.00	\$ 20.00

X
✓
X
X

TOTAL \$ 360.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 1,000.00	<i>600</i>	
2	TO SPRAY PAINT AFFECTED AREA	\$ 1,000.00	<i>750</i>	
3	TUFF COAT	\$ 250.00	<i>30</i>	
4	WIRING CHECK	\$ 80.00	<i>20</i>	
5	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 120.00	<i>50</i>	
6	TRANSFER BOOTLID MECHANISM	\$ 80.00	<i>60</i>	
7	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 240.00	<i>40</i>	

TOTAL \$ 2,770.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 5,311.58
 TOTAL LABOUR COST : \$ 2,770.00
 TOTAL REPAIR COST : \$ 8,081.58

APPROVED DETAILS

EXCESS :
 NO. OF DAYS :
 RE-SURVEY :
 PART BY PART OR LUMP SUM :
 DATE & TIME OF SURVEY :
 SURVEYED BY :
 CONTACT NUMBER :
 FAX NUMBER :

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:

P- 3238-50
25.2
P- 2428.87
S/N-20.00
L- 1550.00
3998.87
202
3699.07

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	051A
Vehicle Details	
Vehicle No.:	SMU6467H
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY HYBRID 2.5G CVT
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	A25A5121165
Chassis No.:	AXVH701039930
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$38,658.00
Original Registration Date:	24 Aug 2020
First Registration Date:	24 Aug 2020
Transfer Count:	0
Actual ARF Paid:	\$36,122.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Aug 2030
PARF Rebate Amount:	\$27,091.00
Intended COE Rebate Details	
COE Expiry Date:	23 Aug 2030
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$38,110.00
COE Rebate Amount:	\$37,003.00
Total Rebate Amount:	\$64,094.00

The information contained herein is correct as at 07 Dec 2020

OK

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 willful 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 Submission	04/12/2020 15:53 (SGT)
Date of Accident	03/12/2020 19:15 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TWDS HOUGANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU6467H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO CHEE KIONG
NRIC No	SXXXX051A
Email Address	teocalvin618@gmail.com
Mobile Phone No	(Phone) +65-93373581
Alternative Phone No	+-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V09551/VPL/R00
Cover Note Number	-

DRIVER

Name of Driver	TEO CHEE KIONG
NRIC No	SXXXX051A
Date Of Birth	24/01/1972
Occupation	Outdoor

Date Of Driving Pass	25/09/1995
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93373581
Alt. Phone Number	+--
Email Address	teocalvin618@gmail.com
Address	BLK 126B CANBERRA STREET
Address complement	#14-791
Postcode	752126
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF5807B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMASAMY MANIKANDAN
Passport No/FIN	GXXXX521Q
Contact Number	(Phone) +65-83510036
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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



A: SMU6487H

B: GBF 5807B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

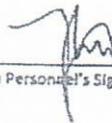
It was raining & wet traffic was very slow.
 I followed the traffic, and my car about to stop
 suddenly the behind lorry didn't follow and brake.
 The lorry hit my vehicle hardly from behind

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.:



**SINGAPORE
POLICE FORCE**



T/20201204/7035

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201204/7035

CONTINUATION OF REPORT

Driver			
Name	TEO CHEE KIONG	ID No.	S7281051A
Related Vehicle	SMU6467H (Car)	Contact No.	93373581
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/12/2020	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On 03/12/2020 at about 1925 hrs at along Upper Serangoon Viaduct towards Upper Serangoon road. I was travelling on the extreme right lane and slow down and stop due to heavy traffic. Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicles involving in the situation:

- (A) SMU6467H
- (B) GBF5807B



**SINGAPORE
POLICE FORCE**



T/20201204/7035

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201204/7035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/12/2020 16:21

Classification Of Case: