S. REC. BY; CAM REF: CS CT1200	GNMENT GEXPIRY: 2016 OUT
ASSI	
rom: Date:	Veh No: SGM 49770 Yr Regn: 2006 / 027
slimated Cost;	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: 36m 4917 D	Make: TOYOTA LEXUS 65 300 mgv c.c 2995
at Workshop m/s WAH HOWY MOTHE	Colour BLMS A/C: Insured / Std / NI / NA
DO THE WALL COLD KNICKT	Sp.Reading 15 3354 T/Radio: Insured / Std / NI / NA
<u></u>	Eng/No:
PLIDOONLAGGGGGGGG	C/NO: JTHBH965865647759 .
0.11.10.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	Gen. Cond: Good I Fait / Poor / Burnt
Claims No. SNM20D204957C02	Steering: Inorde / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: horder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil / SKim / STD A/Rim or
Make of Veh:	-10-012
	Tyre Size: F:
(Policy Condition) Remark: The yeh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced its	TOYO / YOKO Or HABILEAD
11216	J Page
Sur of Manual Vision Manual Vi	- Front R/Bal, R/Bal, mm
1040 4000001114010	UBal. Dim UBal. 6 mm
	0.0.A. 20 12/2020 0.0.1. 28/12/22
Cat Inteparior	Survey held at worth Horsh
Coli Colin.	Des. of Damages: Frt I (Read I OIS I NIS I UIC I Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OI	_
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Report (mit 10K	
30/12/20@5.13pm revised to Adeline Chine	
2 <u>0/01/21@10.11am Rasul finalised with Me</u>	elvin LS \$2750, 5 days (Red \$2286.50, 45%)
Name of the second seco	¥
Dale/Time, File Pass to? Prefit Report	
To to the top of	Days Of Repair: 5
1)20/01 Typist : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
Λ.1.4	Fee: Site Insp (\$) S + RS. SI
. 2) Add	Interview (C
Repair Formet: MER-TP	7
	:Tech, Invs (\$) Otises
Lucio Sim (4.6.4. \$: Weellend (\$
	TOTAL
257	· ·

To Inspect Vehicle No: Carrier Seva I INV I INV



WAH HONG MOTORS & CREDIT PTE LTD

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)
Email: motor@wahhong.sg
(199806235M)

Vehicle No. SGM4977D LEXUS GS300

Page No. 1

QTY	DESCRIPTION	CONDITION	REPAIRER		SURVEYOR'S ADJUSTMENT
	PARTS (LIST ITEMS)		ESTIMATE(39)	ADJUSTIVIENT
	PARTS (LIST TIEWIS)				
1	Rear bumper & / , ,		97	9.00	
1	Rear reinforcement		57	9.00	
1	Boot lid lock Cwl		78	1.00	
1	Rear bumper sponge 🗶		19	0.00	
1	Rear bumper side retainer RH/LH @2*\$181 🗡		36	2.00	
1	Rear bumper screw cover garnish RH 💥 🚜 🗸		4	4.00	
1	Boot lid (Repair refer to labour)			0.00	
				- 1	
				- 1	
			293	5.00	1
				3.50	
				1.50	
	SPECIAL NETT ITEMS				
	220				
1	Rear bumper clips * /	1	3	5.00	
2	Rear reverse sensor @2*\$380 CM		76	0.00	
L		Total Parts	3430	6.50	



Enterprise Hub 38 Toh Guan Road East #01-57 S(608581) Email: motor@wahhong.sg (199806235M)

Vehicle No.

SGM4977D LEXUS GS300

Page No. 2

s/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYOR'S ADJUSTMENT
	LABOUR		,
1	To remove the affected parts & fittings to commence	800.00	600
	repairs; panel beat & reshape the affected areas and	1	1850
	replace the damaged parts and components (End panel repair)		
2	To supply paint materials, expandable items & putty,	600.00	
	respray paint on parts replaced & repaired	555.55	
3	To remove and re-fix wiring system at accident damaged area and	6000 4	
	check all electrical & component for proper function	95.00 (,
4	To perform anti-rust treatment on affected areas	40.00 X	
5	To remove and refit/replace reverse sensor	40.00 X 100.00 6	o
		′	
	Labour Total :	1600.00	
	TOTAL (PARTS & LABOUR):	5036.50	

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

• Lo illeral modification(s) as "Coved

• Suppermentance of the standard of the survey

Acknowledge of the survey

Ac

Ren after reprin

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

MPONTO:

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 Submission Date of Accident **Exact Location of Accident** Additional Location Information 21/12/2020 14:36 (SGT) 20/12/2020 15:10 (SGT)

Near Braddell Flyover, Singapore

CTE TOWARDS CITY BEFORE PIE TOWARDS CHANGI EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGM4977D

INSURED/POLICYHOLDER

Country/State of Loss

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

LIEW XUE YING (LIU XUEYING)

SXXXX600F

BENJAMIN.LXY@GMAIL.COM

(Phone) +65-96234875

+65-96234875

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Lexus

Gs300

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

5119505622

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LIEW XUE YING (LIU XUEYING)

SXXXX600F 24/05/1988 Indoor

Accident report SF0H20CL0003

Page 1 of 17

23/12/2010 **Date Of Driving Pass** 10 YEARS Driving experience Male Gender (Phone) +65-96234875 Mobile Number +65-96234875 Alt. Phone Number BENJAMIN.LXY@GMAIL.COM **Email Address** 25 SEMBAWANG CRESCENT #13-10 Address Address complement 757055 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Weather Conditions DRIZZLING 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 WIFE Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No

No

IDETAILS OF OTHER VEHICLE PROPERTY: 11

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

S5337CD



cle Colour		20
La Category		Private car
me of Driver		-
ontact Number		-0
Address		-
Address complement		-
postcode		-
Insurance Company Name		-
,,,,,,	9: 0 110 10: 00: 000 K + 10: 0 10: 340	0=
Details of property damaged in acc		%€
No. Of Passenger (Including Drive	er)	1.

CC

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.
- 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.
- 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. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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")

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

CTE TOWARD City (before PIE exit

(B) (A)

A: 54 M 4471D (Lexus 300) B: S 5 337 C.D.





2 of 3

Report No. T/20201221/2056

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Brief Details.

On 20/12/2020 at about 1510hrs, I was driving my car a Blue Lexus GS 300 registration number SGM4977D at CTE towards City at PIE Changi Exit. It was a heavy traffic at that point of time. I was at the most left lane and wanted to exit out of the highway.

However there is a red Mazda Car with registration number 5337CD at the rear. He was not able to brake in time and hit the rear of my bumper. The rear bumper had scratches and dented in. The car can still be driven however the boot cannot be closed. I do not have any in-vehicle camera. I have exchange particulars with them. There is another passenger in the car and didn't complain of any pain.

My wife was also in the car and when the accident happened she was using the phone. The phone hit the left side of her eyes. After the incident around evening, I brought her to the doctor to make a check. No medical certificate given and no medicine given. Her left eye is slightly swollen.

No traffic police or ambulance were at scene.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC 600F	
Vehicle No.	SGM4977D	
Vehicle to be Exported:	No	
Intended Deregistration Date:	28 Dec 2020	
Vehicle Make:	TOYOTA	
Vehicle Model:	LEXUS G5300 AUTO	
Primary Colour:	Blue	
Manufacturing Year:	2006	
Engine No.:	3GR0189089	
Chassis No.:	JTHBH965805047759	
Maximum Power Output:	183.0 kW (245 bhp)	
Open Market Value:	\$54,507.00	
Original Registration Date:	20 Oct 2006	
First Registration Date:	20 Oct 2006	
Transfer Count:	114	
Actual ARF Paid:	\$59,958.00	
antanna aggrafian kantan k		
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
·····································		
COE Expiry Date:	19 Oct 2026	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	10	
PQP Paid:	\$56,751.00	
COE Rebate Amount:	\$32,953.00	
Total Rebate Amount:	\$32,953.00	

ОК

