G SINGAPORE ACCIDENT STATEMENT

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 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

- 5. Information provided must be as administrated as a position of solid provided must be as administrated as a position of solid provided must be as administration of solid provided must be as administration of solid provided must be as administration of solid provided must be associated as a provided must be solid provided must be associated as a provided must be solid provided must be
- 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

Country/State of Loss

04/01/2021 16:36 (SGT) 03/01/2021 23:45 (SGT)

Singapore

PICK UP/DROP OFF POINT OF BUGIS (ALONG NORTH BRIDGE

ROAD)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ5405P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No Alternative Phone No

LUMENS AUTO PTE LTD

2XXXXX961K bruce@lumens.sg (Phone) +65-87781765 (Office) +65-87781765

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

Toyota

Noah

No - Claiming third party

Private hire

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy **Policy Number** Cover Note Number **NTUC**

ThirdParty

Yes

20-ML000510-R00

DRIVER

Name of Driver NRIC No Date Of Birth

WONG MUN HAN BERNARD SXXXX190D 23/05/1973



Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

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

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

Was there any audio recorded?

Outdoor 20/12/1995

25 YEARS AND 1 MONTH

Male

(Phone) +65-87781765

bruce@lumens.sq

BLK 206B COMPASSVALE LANE #15-89

542206

No

Hirer

No

Collision - Head to Rear

Clear

Dry

No 2

Yes

No

Yes

1

No

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

_

DETAILS OF OTHER VEHICLE PROPERTY 1

No

No

Yes

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SLQ9878T

~

-

-

Private car

MUHAMMED FIZLI BIN ABDUL LATIFF



NRIC No	SXXXX415H
Contact Number	3///41311
Address	•
Address complement	-
Postcode	•
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

SMQ5405P

INJURED 1

Name of injured person WONG MUN HAN BERNARD Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?

Were seat belts worn? Was this injured conveyed to hospital by ambulance?

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 <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>.
- 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. 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)

I understand, acknow ledge, 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")
- (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.



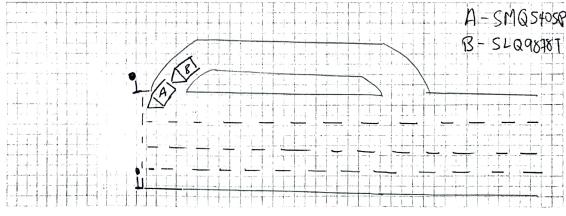
Policyholder's Signature / Date &

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62/Sin Ming Ind Est
Singarbry 275643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer	to	police	report	
		7	0	
				····
	h-streetin to company			
		-		
			The state of the s	

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapper 575643
Tel: 6453 #235 Pax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 \$737896

HP: 98888885

06/01/2016

Estimation

Date:

Vehicle:

Chassis No:

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 <u>and</u> is subject to final approval from Insurance Company 6/1/2021

Acknowledged by Repairer

Signature: TOYOTA NOAH Make / Model:

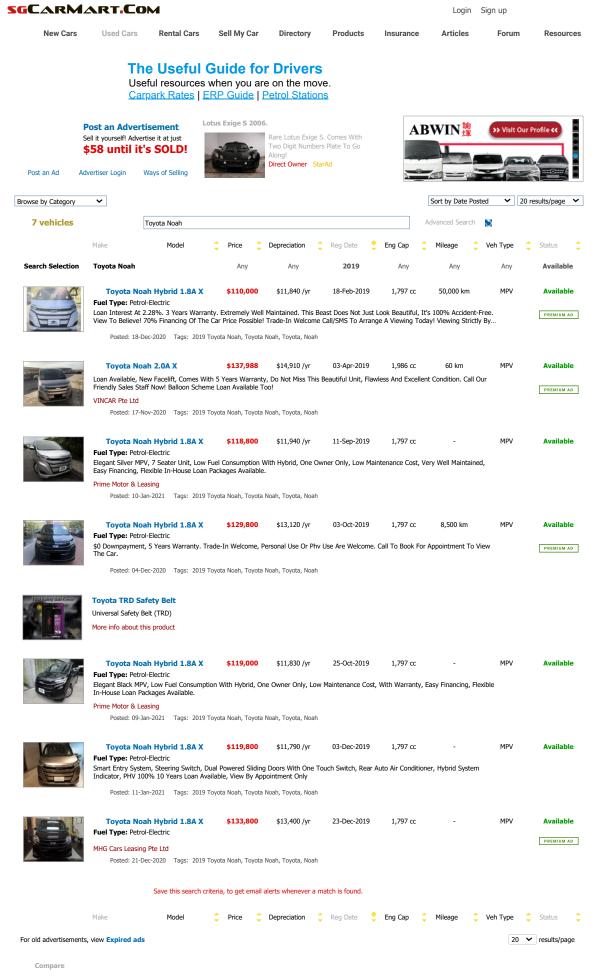
No.	Description Unit Unit Price		Amount					
	Parts Replacement:							
1	REAR BUMPER / Chy			\$	798.20	\$	798.20	
2	REAR BUMPER REFLECTOR LH			\$	159.00	\$	159.00	
3	REAR BUMPER SIDE RETAINER LH / PR			\$	171.45	\$	171.45	H
4	REAR BUMPER SIDE LH		2	\$	312.20	\$	312.20	
5	REAR BUMPER TOWING COVER LH X			\$	62.00	\$	62.00	
6	TAILGATE ×			\$	2,110.25	\$	2,110.25	
7	TAILGATE EMBLEM" ×		1	\$	45.00	\$	45.00	
8	TAILGATE WEATHERSTRIPE X		1	\$	391.05	\$	391.05	
9	REAR FENDER LH 💢		1	\$	2,125.00	\$	2,125.00	
10	FENDER INNER TRIM LH ✓		1	\$	1,417.70	\$	1,417.70	
11	FENDER AIR VANT LH 💢		1	\$	112.00	\$	112.00	
12	REAR END PANEL ×		1		1,100.85	\$	1,100.85	
13	REAR END PANEL TOP GAR 😕		1	\$	391.45	\$	391.45	
\dashv	TOTAL PART					\$	9,196.15	
	LIST DOWN	2.	5%			\$	2,299.04	
\neg	AFTER LIST DOWN					\$	6,897.11	
	•							
	S/N							_
1	CHECK WIRING		1	\$	80.00	\$	80.00	3
2	ANTI RUST COAT		1	\$	150.00	\$		4
3	REAR BUMPER REVERSE SENSOR		1	\$	220.00	\$	220.00	K
4	REAR BUMPER CLIP		10	\$	4.00	\$	40.00	3
	REAR BUMPER TOP MAT ///ec		1	\$	200.00	\$	200.00	
5	REAR END PANEL SEALANT		1	\$	120.00	\$	120.00	
6	REAR FENDER INNER TRIM CLIP SET		1	\$	50.00	\$	50.00	X
	TOTAL SPECIAL NETT \$ 860.00							
	Labour to:					۲	180.00	/
1	R+R RR WINDSCREEN			\$	180.00	\$	120.00	
2	R+R RR SEATS			\$	120.00 800.00	\$	800.00	Z
3	PANEL BEATING ON AFFECTED AREA RR SPARE TYRE PANEL		-	\$	800.00	\$	800.00	_
4	SPRAY ON AFFECTED AREA & RR FENDER X2			\$	150.00	\$	150.00	
5	R+R TAILGATE MECHANICISM		-	\$	80.00	\$	80.00	
6	R+R REVERSE SENSOR			Ş	80.00	٠,	30.00	
7	- A		\dashv			\$	2,130.00	
	Repair dy -20 dys.					٠	2,130.00	
	,	Don's			Amount	\$	7,757.11	
	Parts Replacement Amount Other Supplement Amount Total Amount for Labour						2,130.00	
	After punch photo Total Sun Pin (LIN)	ı Amour	nt 10	r La	pour	\$	2,130.00	
	Sun Pin (LIN)							I

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	961K
Vehicle No.:	SMQ5405P
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 7-SEATER 1.8X CVT
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	2ZR0D80897
Chassis No.:	ZWR800391132
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,364.00
Original Registration Date:	22 Nov 2019
First Registration Date:	22 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$28,710.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Nov 2029
PARF Rebate Amount:	\$21,532.00
Intended COE Rebate Details	
COE Expiry Date:	21 Nov 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$40,009.00
COE Rebate Amount:	\$35,452.00
Total Rebate Amount:	\$56,984.00

The information contained herein is correct as at 11 Jan 2021



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