CS/AGIZ1000746/Qtd1. ASS. REC. BY: Sun Pin ASSIGNMENT SMN 1323J Yr Regn: 25/67/2019 Veh No: Date: From: Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Toyota Vios 1.5 E To Inspect Vehicle No: Make: Insured / Std / NI / NA at Workshop m/s Colour T/Radio: Insured / Std / NI / NA 90510 Sp.Reading Insured: Eng/No: MR2B23F3861181454 Policy No. C/No: Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorde / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Nil / SRim / STD A/Rim or Make of Veh: Modi: 185/60 R 15 Tyre Size: (Policy Condition) N/S OIS Remark: The veh had commenced its BS / (DU)) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Bal. or Market Value: Front Rear R/Bal. Consistent?: Yes or No R/Bal. IDAC Accident Rport: mm mm UBal. L/Bal. Consistent?: Yes or No GIA / PR Seen: mm mm D.O.I. 15/01/2021 D.O.A. 13/01/2021 Res.: Yes or No davs Est. Repairs: 3 Val.: Yes or No Survey held at My (ar. Lum Sum: Des. of Damages : Frt / Rean / O/S / N/S / U/C / Rooftop or CA | REV | REP. | 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Date / Time MV: 10,000 pv: 33,334 NV: 36,666

Date/Time, rile rass to	: Prell. Report	Days Of Repair:			
1)	; Final Report	Resurvey No. of Trip:		Survey Fee:	
Date/Time, File Return to?				Transportation:	
2)		Add Fee: : Site Insp (\$	)	\$ + RS\$I	_
		: Interview (\$	)	Photos	
Reper Formai:		:Tech. Invs (\$	)	Others	

Lump Sum / LBJ: (\* : Weellend 🧐

TOTAL

SC1R211E0002-01 / City Auto Pte Ltd ENTRY DATE & TIME: 14/01/2021 15:20 (SGT) SUBMITTED BY: Jason Quak VERSION: 2 (15/01/2021 09:31 (SGT))

# 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.

#### ACCIDENT STATEMENT

Date of Submission 14/01/2021 15:20 (SGT) Date of Accident 13/01/2021 15:30 (SGT) Exact Location of Accident Singapore ditional Location Information junction of tampines road \_\_untry/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

SMN1323J

INSURED/POLICYHOLDER Is company?

Name Of Registered Owner LUMENS AUTO PTE LTD Company Reg No ..... 2XXXXX961K Email Address BRUCE@LUMENS.SG Mobile Phone No (Phone) +65-87781765 Alternative Phone No +65-87781765

#### VEHICLE PARTICULARS

Vehicle Registration Number

nufacturer ..... Toyota Model Vios Exact purpose for which vehicle was being used at time of 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 **Tokio Marine** Type of Coverage ThirdParty Fleet Policy Yes 20ml000510R00 Policy Number Cover Note Number

### DRIVER

**ALEX TAY** Name of Driver SXXXX234C NRIC No

Date Of Driving Pass	03/03/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82228800
Alt. Phone Number	*
Email Address	CJTAY,ALEX@GMAIL.COM
Address	BLK821, TAMPINES ST 21, #03-224
Address complement	-
Postcode	520821
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
economistrations shares saying surger against agreet	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Assident	Chain Callinian
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
	•
Martin Andrew and Colored Control of the secretarian and the Secretarian and the secretarian and the secretarian	The property of the second of
OTHER INFORMATION	
Company of the control of the contro	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	Van
	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Nama	
Name	passenger
Gender	Male
DETAIL O OF BOLLOF ACTION	
DETAILS OF POLICE ACTION	
Magazinakan Committion and Carlo Cologo Colo	
Was the accident reported to the police?	No
· · · · · · · · · · · · · · · · · · ·	
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
And the same of th	
refer to sketch plan	
Telef to oldern plan	
And the second of the second o	and the control of th
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
•	
The state of the s	
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Maria Caraca Car	
ALLE BUILDING No. 1 or	
Vehicle Registration Number	SMC8618X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
· Sillors · Sillors	-
Vehicle Colour	•
Vehicle Category	Private car

Private car

Vehicle Category

Address complement Postcode	- - -
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	•
DETAILS OF OTHER	R VEHICLE PROPERTY 2
Vehicle Registration Number	GBJ4696P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	, <u>•</u>
Vehicle Category	Commercial vehicle
Name of Driver	•
Contact Number	-
Address Address complement	-
Address complement Postcode	•
Insurance Company Name	-
Nature Of Damage	-
ails of property damaged in accident	-
No. Of Passenger (Including Driver)	-
-	
DETAILS OF OTHER	VEHICLE PROPERTY 3
Vehicle Registration Number	GBD5460C
Vehicle Manufacturer	•
Vehicle Model	•
Vehicle Variant	•
Vehicle Colour	*
Vehicle Category	Commercial vehicle
Name of Driver	•
Contact Number Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
Of Passenger (Including Driver)	2

**PASSENGER** 

Male

PASSENGER 1

#### 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.
- 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, 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")

- (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.

MEN'S AUTO

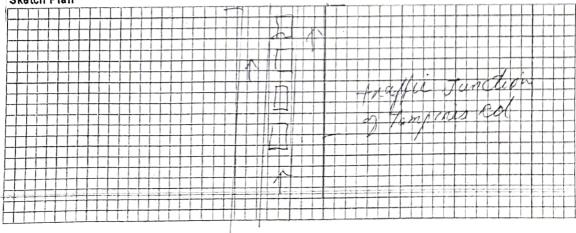
Policyholder's Signature / Date &

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944

Witnessed by Reporting Centre

#### Sketch Plan



Describe Circumstances of the Accident
rar stationary,
Sudden was hit by the car behind
I was at Temperes Rd, when reach
traffic Junction, traffic /1946 turn
Red, I stopped my vehicle s'addenly
Red, I stopped my vehicle suddenly there was a bang I from behind, g
come down and found my vehicle
10/10 that hill some of 10x of portice
was hit by Smc 86 18x g notice
there were another two vehicle also
There were another two voices was
envolve en this accident.
Controlled Controlled (
,

#### Declaration

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel



Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737896

LTANT HP: 98888885

## **Estimation**

Date:

15/1/2021

Vehicle:

**SMN1323J** 

Make / Model:

**TOYOTA VIOS** 

**Chassis No:** 

No.	Description	Unit	Unit Price		Amount	
	Parts Replacement:					
1	REAR BUMPER / hef.	1	\$	598.00	\$	598.00
2	REAR BUMPER SIDE RETAINER / RR	2	\$	129.00	\$	259.00
3	REAR BUMPER BRACKET 💢	2	\$	46.00	\$	92.00
4	REAR BUMPER REINFORCEMENT /bb	1	\$	395.00	\$	395.00
5	REAR BUMPER REFLECTOR X	2	\$	212.00	\$	424.00
6	BOOTLID × 17	1	\$	912.00	\$	912.00
7	BOOTLID LOCK ×	1	\$	256.40	\$	256.40
8	BOOTLID LOCK CATCH ×	1	\$	45.00	\$	45.00
9	BOOTLID LAMP ×	1	\$	389.00	\$	778.00
10	BOOTLID EMBLEM 'VIOS'	1	\$	84.20	\$	84.20
11	BOOTLID EMBLEM 'E' Nec	1	\$	25.00	\$	25.00
12	BOOTLID HINGE 💢	2	\$	107.60	\$	214.20
13	BOOTLID INNER TRIM BOARD ★	1	\$	221.40	\$	221.40
14	BOOTLID EMBLEM LOGO / Ne	1	\$	60.00	\$	60.00
15	BOOTLID WEATHER STRIPE / CV4	1	\$	175.00	\$	175.00
16	BOOTLID DETECTOR 💢	1	\$	312.00	\$	312.00
17	TAILLAMP LOWER BRACKET 💢	2	\$	65.00	\$	130.00
18	EXHAUST PIPE ×	1	\$	466.00	\$	466.00
19	EXHAUST PIPE HEAT SHIELD ×	1	\$	198.00	\$	198.00
20	REAR END PANEL 🗡 🥂	1	\$	285.60	\$	285.60
21	REAR FLOOR TOP BOARD >	1	\$	312.00	\$	312.00
22	REAR END PANEL TOP GARNISH 🗶	1	\$	240.00	\$	240.00
					\$	6,482.80
			L	ess 25%	\$	1,620.70
				Total	\$	4,862.10

	S/Nett items:			
1	REVERSE SENSOR /shurt.	1	\$ 250.00	\$ 250.00
2	REAR BUMPER CLIP SET / Nec.	1	\$ 80.00	\$ 80.00
3	BOOTLID SEALANT ×	1	\$ 80.00	\$ 80.00
4	BOOTLID INNER TRIM CLIPS SET 🗡	1	\$ 50.00	\$ 50.00
5	REAR END PANEL GARNISH CLIP SET 🗡	1	\$ 30.00	\$ 30.00
6	FLOOR PANEL SEALANT 💢	1	\$ 50.00	\$ 50.00
7	END PANEL SEALANT ×	1	\$ 50.00	\$ 50.00
			_	\$ 1,490.00
	Labour to:			
1	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00

200 30

			Tota	al Am	ount	\$	9,202.10	
	Tota	al Amo	ount fo	r Lab	our	\$ 	2,850.00	
		•	laceme			\$	6,352.10	
	<u> </u>					_		
						\$	2,850.00	
8	PANEL BEATING ON AFFECTED AREAS		1	\$ 1	,000.00	\$	1,000.00	400
7	SPRAY PAINTING ON AFFECTED AREAS		1	\$ 1	,000.00	\$	1,000.00	660 7 CO
6	APPLY ANTI RUST ON AFFECTED AREAS		1	\$	200.00	\$	200.00	40
5	TO RESPRAY UNDERCOATING		1	\$	150.00	\$		40
4	CHECK AND TEST FOR WATER LEAKING	×	1	\$	120.00	\$	120.00	
3	REMOVE AND TRANSFER ALL REAR BOOTLID FITTI	ING X	1	\$	150.00	\$	150.00	1
2	TO REMOVE AND REFIT REVERSE SENSOR / CAME	RA 🗡	. 1	\$	150.00	\$	150.00	1
								_

Repair dy - 3 day;

LIS

Alter pair photo.

Sin Pin (Lide)

15/01/2024

Thurm projen

# 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:

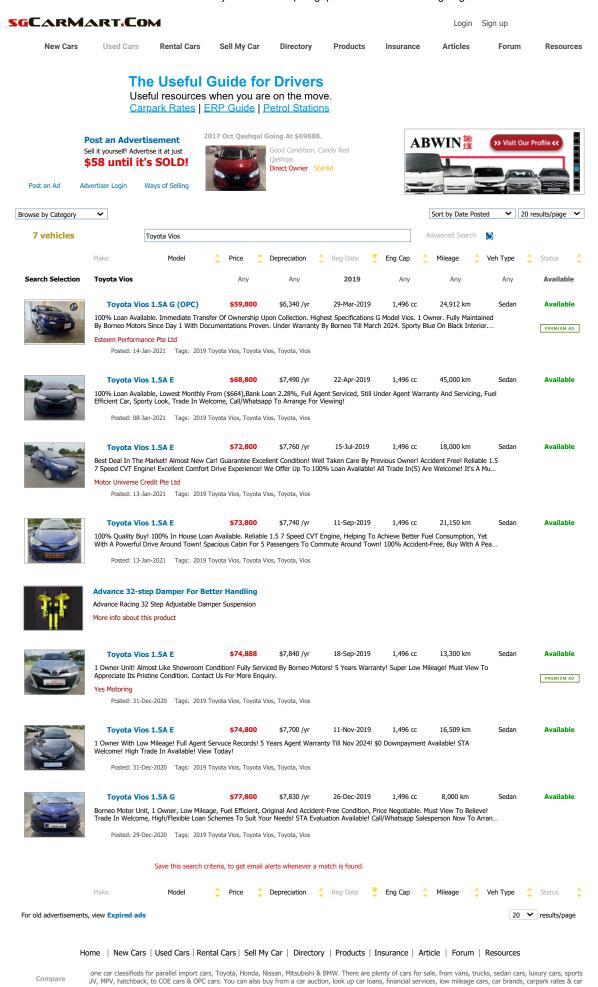
Date:

# > Back to OneMotoring

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

Owner ID Type:	Company
Owner ID:	961K
Vehicle Details	
Vehicle No.:	SMN1323J
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5 E (AUTO)
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	2NR5370008
Chassis No.:	MR2B23F3801181454
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,788.00
Original Registration Date:	25 Jul 2019
First Registration Date:	25 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$13,788.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jul 2029
PARF Rebate Amount:	\$10,341.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jul 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$27,000.00
COE Rebate Amount:	\$22,993.00
Total Rebate Amount:	\$33,334.00

The information contained herein is correct as at 18 Jan 2021



https://www.sgcarmart.com/used\_cars/listing.php?ORD=RGD\_ASC&MOD=Toyota Vios&RPG=20&VEH=0&RGD=2019&AVL=2