

ASS. REC. BY: Sun Pin

REF:

CS3/11/20010618/Gqf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. MCT20090238

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

☒	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMC6662E Yr Regn: 25/03/2010Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Tractor or

Make: Toyota Lexus RX350 c.c. 3456Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 194597 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTJBK11AX02423153Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 235/60 R18R: 235/60 R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /TOYO / YOKO or S

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 16/09/2020 D.O.I. 05/10/2020Survey held at Sheng KhooDes. of Damages: Front / Rear / O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV: 78,000PV: 33,521NV: 44,479

Repair day 2 days

Repair Range
\$1,000 - \$2,000

06/10/20 Submit PRS.

04/03/21 Submit LS \$2350, 3 days (Red \$4800, 67%)

Submit LS \$2900, 3 days (Red \$4250, 59%) after Adrian reviewed

Date/Time, File Pass to? ☐ : Prel. Report1) 04/03 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. \$

Price

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Formed: TPLump Sum 2900

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	501H
Vehicle Details	
Vehicle No.:	SMC6662E
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS RX350
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	2GRJ214673
Chassis No.:	JTJBK11AX02423153
Maximum Power Output:	204.0 kW (273 bhp)
Open Market Value:	\$55,421.00
Original Registration Date:	25 Mar 2010
First Registration Date:	25 Mar 2010
Transfer Count:	3
Actual ARF Paid:	\$55,421.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Mar 2030
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$35,416.00
COE Rebate Amount:	\$33,521.00
Total Rebate Amount:	\$33,521.00

The information contained herein is correct as at 06 Oct 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 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	16/09/2020 14:51
Date Of Accident	16/09/2020 07:40
Exact Location Of Accident	LORONG 7 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC6662E
Insured/Policyholder	
Name Of Registered Owner	DON TEO AENG SOON
NRIC No	S6901501H
Email Address	DONTEO@SMIGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-92307511
Alternative Phone No	OFFICE-92307511

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS RX350
Exact Purpose for which vehicle was being used at time of accident	
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	GA386098/1
Cover Note Number	25/09/2020-24/09/2021

Driver

Name of Driver	DON TEO AENG SOON
NRIC No	S6901501H
Date Of Birth	14/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2002
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92307511
Fax Number	
Contact Number	OFFICE-92307511
Email Address	DONTEO@SMIGROUP.COM.SG

Address	BLK 689E WOODLANDS DRIVE 75 #15-130
Postcode	735689
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 - U-TURN
Weather Conditions	DRIZZLING
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?	NO
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)	1

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

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	SH6974H
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

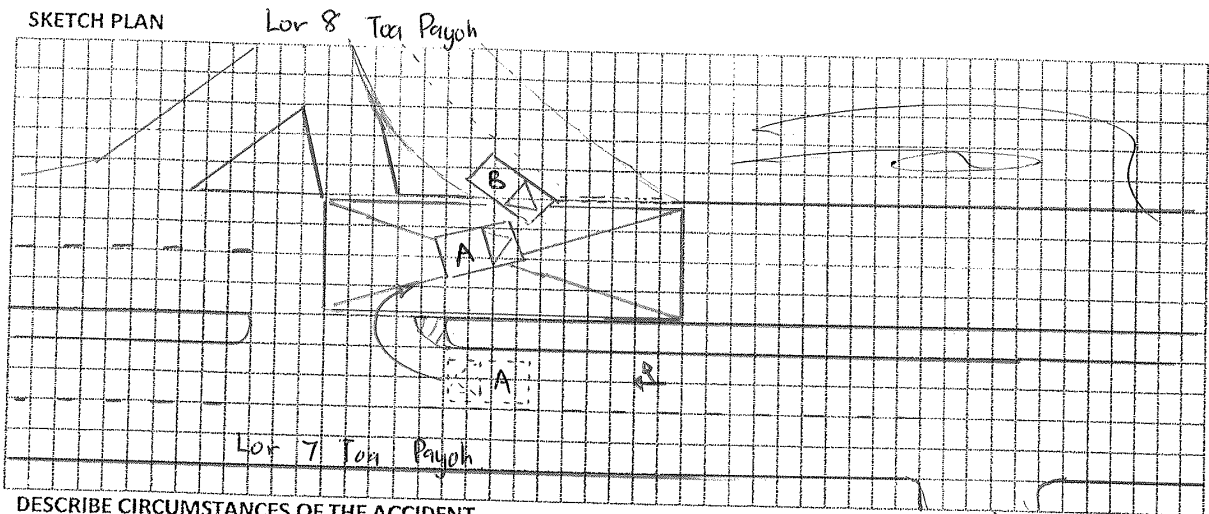
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lor 7 Markel

Refer to Attachment

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE** WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

☐	- Reporting Only
☐	- Claim OD
☐	- Claim TP
☒	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name: Pate Surman, Pined
Nric/Fin No.

On 16/09/2020 at about 7.40am while I drive my vehicle from Lor 7 Toa Payoh Market towards Lor 7 Toa Payoh. While make U turn there was Vehicle B (SH6974H) taxi coming out from Lor 8 Toa Payoh to Lor 7 Toa Payoh. The Taxi driver did not stop and give way at the junction continue move forward and hit into my vehicle front left bumper.



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\$ 1.000.000

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Model Mitsubishi Colt Plus 1.5 COE Expire 30/04/2029.



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New and Used Cars

30 years of car sale

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Sort by Date Posted 20 results/page

1 vehicles

Lexus RX350

Advanced Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Lexus RX350	Any	Any	> 10 year(s) old	Any	Any	Any	Available
	Lexus RX350 (COE till 11/2027)	\$61,800	\$8,640 /yr	30-Nov-2007	3,456 cc	-	SUV	Available
Newly Arrived, Free 6 Months Road Tax. Look No Further! Very Depreciation. Where To Find? 100% Loan Available. AA Trust Certified Quality Pre Owned Vehicle! No Gimmick, High Paper And Body Value. Elegant Lexus RX350 At An Affordable Price Now! Muscular Lookin...								
AA Trust Automotive								
Posted: 27-Sep-2020 Tags: 2007 Lexus RX350, Lexus RX350, Lexus, RX350								

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