ASS. REC. BY: CAPAL REF: CS LP C21 00	6824/Rivf3 5739
Add: NEd: 211	GNMENT
From: Date:  Estimated Cost:  OBJ TP / WS / TP RES / OD RES / EVA / INV / MV  To Inspect Vehicle No: SLQ 6950 L  at Workshop m/s Movin Amomo 7 WC  of BUK 1008 GUKUT MERRY LW 3 HO 104/61/68  Insured: LR	Veh No: SLQ 6950L Yr Regn: 20(1) July Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or  Make: Tollog Parrial Premium 20 c.c 1986 Colour GREY A/C: Insured / Std / NI / NA Sp.Reading 39689 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.  Claims No. 20/21/21/VP05/024657  Sum Insured: Excess:  (Client's Record)  Make of Veh:	C/No: ZSU 6008369(  Gen. Cond: Good / Pair/ Poor / Burnt  Steering: Inforder / Jammed / Leaked / Burnt or  Brake: Inforder / Jammed / Leaked / Burnt or  Modi: Nil / S/Rim / STD A/Rim or  Tyre Size: F: 235 SR18
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:	R: A DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No	R/Bal.   mm   R/Bal.   mm   mm   mm   mm   mm   mm   mm
Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Pegary IInst - 4/V	
: Final Report	Days Of Repair:  Resurvey No. of Trip: Survey Fee:
Add Fee  Report Format:	: Interview (\$ ) Photos : Tech. Invs (\$ ) Others
ump Sum / I.B.I: (\$	: Weekend (\$ )



Workshop Dept: Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Tel: **(65) 6272 3892** Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

**Estimate** 

15/06/2021

**LONPAC INSURANCE BHD** 300 BEACH ROAD #17-04/07 The Concourse

SINGAPORE 199555.

Attention :- XA025 Remarks :-

No.	Description	Qt	/	U.Price Amo	ounts S\$
	LIST ITEMS:	67735			
1.	FRONT DOOR LH BULL	1	PC	650.00	650.00
2.	FRONT DOOR PROTECTOR LH CA	1	PC	75.00	75.00
3.	FRONT DOOR RUBBER LH MA	1	PC	90.00	90.00
4.	FRONT DOOR LOWER RUBBER LH MA	1	PC	40.00	40.00
5.	FRONT DOOR BLACK TAPE LH M	5	PC	40.00	200.00
6.	FRONT DOOR LOCK?	1	PC	250.00	250.00
7.	FRONT DOOR CATCH LH X	1 x 1 x 1 x 1 x 1	PC	35.00	35.00
8.	REAR DOOR LH Suc/	1	PC	650.00	650.00
9.	RERA DOOR PROTECTOR LH C/A	1	PC	80.00	80.00
10.	REAR DOOR RUBBER LH MA	1	PC	90.00	90.00
1.	REAR DOOR LOWER RUBBER LH M	1	PC	46.00	46.00
12.	REAR DOOR BLACK TAPE LH M	5	PC	40.00	200.00
3.	REAR DOOR LOCK?	, i	PC	260.00	260.00
4.	REAR DOOR CATCH X				35.0
5.	REAR DOOR OUTER MOULDING LH ?	*1	PC PC	35.00	75.0
6.	REAR DOOR HINGE LH & ?	1		75.00	
7.	REAR FENDER 1/4 GLASS C/W MOULDING LH 64	2	PC	48.00	96.0
и. В.	REAR FENDER 1/4 GLASS SEALANT No.	1	PC	390.00	390.0
o. 9.	ROCKER GARNISH LH TORU	1	PC	40.00	40.0
).	ROCKER GARNISH CLIPS	1	PC	390.00	390.0
J.  .		10	PC	5.00	50.0
	ROCKER PANEL LH refour	1	PC	300.00	300.0
2.	ROCKER PANEL TOP GARNISH LH	2		75.00	150.0
3.	CENTRE PILLAR LH	1		300.00	300.0
4.	CENTRE PILLAR INNER MEMBER LH report	1	PC	250.00	250.0
j	FLOOR PANEL - REPAIR	1	PC		
S	REAR FENDER LH - REPAIR	1	PC		
	LIST TOTAL S\$				4,742.0
	15% COST PLUS S\$				711.
					5,453.
	LABOUR:				
	TO CUT & WELD CANTRE PILLAR LH, CENTRE INNER				
	MEMBER LH , ROCKER PANEL LH, TO REPAIR LH				
	FLOOR PANEL, REAR FENDER LH. TO REMOVE &				
	REFIT DAMAGED PARTS, STRAIGHTEN AND REALIGN			**************************************	
	AFFECTED AREAS			90	1,400.
	TO SPRAY AFFECTED AREAS			800	1,200.
				000	7
	TO REMOVE & REFIX DOOR MECHANISM, TRANSFER				
	DOOR POWER WINDOW, CHECK & TEST POWER				
	WINDOW AND CENTRE LOCKING SYSTEM			8	160
	TO REMOVE & REFIX SAFETY BELT, REAR CUSHION			and the second	160.00 12
	CARPET AND OTHER ATTACHMENT PARTS			4	128
	SAME TAND OTHER ATTACHWENT PARTS			,	, 5
	TO PROGRAMMING ADAS SYSTEM			10	200.0
	O S. O SIVINING ADAS STSTEIN			10	1

Page #

Veh#

Claim #

:- SLQ6950L

Veh Model :- TOYOTA HARRIER

:- C.O.D Days

Estimate# :- CK421959

ACC. Date :- 13/06/21

ehicle m/s

st: IT / S

TO REMOVE & REFIX ROOF LILING, FRONT CUSHION



Main Office: Mova Building

No. 22, Jalan Kilang, Singapore 159419 Tel: **(65) 6476 3333** Fax: (65) 6271 5891 www.mova.com.sq

**Workshop Dept:** 

Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Tel: (65) 6272 3892 Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

141268

Estimate# :-

Veh Model :-

Page #

Veh#

CK421959

**SLQ6950L** 

TOYOTA HARRIER

Claim #

13/06/21 ACC. Date :-

**Terms** 

C.O.D Days

Remarks

Attention :- XA025

No.

Estimate

300 BEACH ROAD

SINGAPORE 199555.

15/06/2021

Description

LONPAC INSURANCE BHD

#17-04/07 The Concourse

Qty

U.Price Amounts S\$

& SAFETY BELT

LABOUR TOTAL S\$

3,230.00

E. & O.E

eon

NON-TAX AMOUNT S

**AMOUNT S\$** 

8,683.30

GST @ 7 %

607.83

AMOUNT DUE S\$

9,291.13

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD

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 "earl modification(s) is allowed
- Supplientary (a s) = 1st he resurveyed and is subject to final a. 103 Company

Acknowledged have

Signature:

Date:

A)m Hp 90010068 9 days

18/06/21@1600
Resy after repair
EXCESS:TBA
REVERT



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

| C/NO.

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

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

  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

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	14/06/2021 15:33 (SGT) 13/06/2021 01:15 (SGT) Singapore ALONG JLN ISHAK TOWARDS LOR SALLEH (JUNCTION OF
Country/State of Loss	MARICAN) Singapore

Additional Location Information	ALONG JLN ISHAK TOWARDS LOR SALLEH (JUNCTION OF MARICAN)
Country/State of Loss	Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SLQ6950L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN SEOK ENG
NRIC No	SXXXX773G
Email Address	DARYLJOELLEE@GMAIL.COM
Mobile Phone No	(Phone) +65-97425667
Alternative Phone No	+65-97425667
VEHICLE PARTICULARS	
Manufacturer	Toyota
Model	HARRIER PREMIUM 2.0 A
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1986
INSURANCE COMPANY	1/4/10/60
Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05027106
Cover Note Number	- ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
DRIVER	
Name of Driver	DADYL JOEL LEE CLYLIAN
	DARYL JOEL LEE SI-XUAN
Accident report SM0M216E0003	Page 1 of 20

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C No	SXXXX301B
te Of Birth	31/10/1996
ccupation	Indoor
Date Of Driving Pass	19/08/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98753292
Alt. Phone Number	-
Email Address	DARYLJOELLEE@GMAIL.COM
Address	86 JALAN DAUD #12-92
Address complement	-
Postcode	419594
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NU
Vehicle Registration Number of Other Vehicle Owned by Driver	"Y_
Insurance Company of Other Vehicle Owned by Driver	
insurance company of other verticle owned by briver	r <sup>-</sup>
GENERAL INFORMATION OF THE ACCIDENT	
Tune of Assident	Callinian Major/Minor Dd
Type of Accident Weather Conditions	Collision - Major/Minor Rd
	Clear
Road Surface	Dry
OTHER INFORMATION	
We continue the first transfer of the second continue to	
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)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	DAPHNE LIM
Gender	Female
Gender	i emaie
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	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO
DETAILS OF OTHE	D VEHIOLE PROPERTY 4
DETAILS OF OTHER	R VEHICLE PROPERTY 1
VIII 5	
Vehicle Registration Number	GZ8491T
Vehicle Manufacturer	<del>-</del>
Vehicle Model	-
Vehicle Variant Vehicle Colour	-
- silicite Goldul	
C Accident report SMOM216F0002	Page 2 of 20
Accident report SM0M216E0003	Page 2 01 20

1E1 89

AT CY

icle Category	Commercial vehicle
me of Driver	LIAO LINHUL, ALEX
RIC No	SXXXX447B
Contact Number	-
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.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>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, 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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date  & Time  Winessed by Reporting Centre Personnel	е
Sketch Plan		
		-
LOR		a sales are as
MARIGAN		
LINE	TRAB YAN SALLAHI 7284917	
NIA	7284917	seraelo -ve
	SIGNACARD	
1		
6950/	ALAN ISHAE	
		+1
		+1

Accident report SM0M216E0003

Describe Circumstances of the Accident  ACCIDENT DATE & TIME: 13 /6/ 2021 01 /5 /	
CONTACT NUMBER: 1875 3242. E-MAIL ADDRESS: Jay Joeliee Bymail . Com	
LOCATION: Junea on of JALAN ISHAR & LOR MAKE CAN.	
1) I was diving along Jalan Ishak to words for Salleh.  2) At the sunction of Jalan Ishak and for Manson, a van collided into w	岁
the passings side of my car. The van is a grat van, GZ 8491T. die b	7
THE LIAD LINHUS, AIEX, S8308447 B.	
3) This vehicle belongs to my mather, TAN SEOK ENG SET S1485773G.	
a) No one war injured in the accident.	
	A DOMESTIC NAMES
	-
	2 (
<u>수 있는 사람들은 사람들이 많아 보는 사람들이 되었다. 그런 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은</u>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN	
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	

## Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

14/6/2021

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

Wilnessed by Rendriting/Centre Personnel

# CONFIDENTIAL

## ANNEX E

### NOTICE OF REPORTING

This is to confirm that Daryl Joel Lee Si-Xuan, NRIC: S9642301B, Tel: 98753292 has reported to the Police a non-injury traffic accident which occurred along Jln Ishak towards Lor Salleh at the junction of Lor Marican on 13/06/2021 at 01:15 a.m. involving the following vehicles:-

- i) SLQ6950L (Complainant vehicle)
- **GZ8491T** ii)
- If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SSS T130275 Hafiz

Date: 13/06/2021

Time: 1352 hrs Station Diary ref: 5

Police Post/Unit: Kg Kembangan NPP

Kg Kembangan NPP Block 112 Lengkong Tiga

#01-215 Singapore 410117 Tel: 1800-7489999

Original -

Duplicate -

to be issued to informant to be submitted to Traffic Police

CONFIDENTIAL

version as of 15 Sep 2000

Tyre Size:

は一次

# > Back to OneMotoring

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

Owner ID Type:	Singapore NRIC
Owner ID:	773G
Vehicle No.	SLQ6950L
Vehicle to be Exported:	No.
Intended Deregistration Date:	21 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER PREMIUM 2.0 A
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	3ZRB830643
Chassis No.:	ZSU600083691
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$34,030.00
Original Registration Date:	19 Jul 2017
First Registration Date:	19 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$34,642.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jul 2027
PARF Rebate Amount:	\$25,981.00
COE Expiry Date:	18 Jul 2027
COE Category:	
COE Period(Years):	B - Car above 1600cc or 97kW (130bhp)
QP Paid:	\$49,802.00
COE Rebate Amount:	\$30,246.00
Total Rebate Amount:	\$56,227.00

The information contained herein is correct as at 21 Jun 2021

# **Toyota Harrier 2.0A Premium Panoramic**

Overview Fin	ancial Accessories Si	imilar Research	Photos Map
Price	\$99,800		
Depreciation ⑦	\$13,350 /yr View models with similar depre	Reg Date	03-Aug-2017 (6yrs 1mth 12days COE left)
Mileage	31,676 km (8.2k /уг)	Manufactured ②	2015
Road Tax ⑦	\$1,196 /yr	Transmission	Auto
Dereg Value ⑦	\$57,802 as of today (change)	OMV ②	\$35,202
COE ⑦	\$50,001	<b>ARF</b> ①	\$36,283
Engine Cap	1,986 cc	Power	111.0 kW (148 bhp)
Curb Weight ②	1,610 kg	No. of Owners 🕜	1
Type of Vehicle	SUV		