CS/TP21009308/Atc

ASS, REG. BY ASSIGNMENT SMA4194M Yr Regn: 2006 Dec 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 Topota Wida Make: To Inspect Vehicle No: A/C: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: ZNE10039776 * C/No: Policy No. Gen. Cond. Good PFair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: morder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil (S/Rim) / STD A/Rim or Make of Veh: 215/45R17. Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / O/S N/S Remark: The veh had commenced its repair at the time of inspection. louisdo! TOYO / YOKO or Rear Front Bal. or Market Value: R/Bal. R/Bal mm Consistent?: Yes or No mm IDAC Accident Rport: L/Bal. L/Bal. mm Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date: Action / Instruction Date / Time COE Expiry: 05/12/21. Tokio Marine (Independent LUMP SUM \$3800,7DAYS PV: 151 RED: 7004.38:64% Nett: 32. Days Of Repair: Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: : Final Report 1) Transportation: Date/Time, File Return to? Add Fee: Site Insp (\$ S + RS.__SI Interview (\$ Photos Tech. Invs (3) Uthers Report Format: Westend (\$

Lump Sum / L.B.I: (\$

SS1Y21910007 / SME MOTOR PTE LTD ENTRY DATE & TIME: 01/09/2021 15:41 (SGT)
SUBMITTED BY: Chia Pei Ying VERSION: 1 (01/09/2021 15:41 (SGT))

NDL- Tokio Marine Your NCD will be affected due to late reporting

- Independent.



SINGAPORE ACCIDENT STATEMENT

- 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
- 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.

- Any false reporting may be referred to the Police for investigation.
 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 Country/State of Loss

01/09/2021 15:41 (SGT) 30/08/2021 20:22 (SGT) Hougang Ave 3, Singapore TWDS LORONG AH SOO Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMA4194M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No

Yes AH SENG STAINLESS STEEL PTE LTD 200301818C jasontaykp@yahoo.com (Phone) +65-98296676 +65-98296676

VEHICLE PARTICULARS

Alternative Phone No.

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to vour vehicle? Vehicle Category Transmission CC

Employment

Toyota

Wish

No - Claiming third party Private car Auto 1800

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5116049770-01

DRIVER

Name of Driver NRIC No

TAY KOK PENG S1683283I

Date Of Birth 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

26/03/1965 Outdoor 29/06/1965

56 YEARS AND 2 MONTHS

(Phone) +65-98296676

jasontaykp@yahoo.com

BLK 138 LORONG AH SOO #04-113

530138 No

Employee

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Change/cross lane AFTER RAIN

Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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

I WAS DRIVING STRAIGHT ALONG HOUGANG AVE 3 TOWARDS LORONG AH SOO AT THE THIRD LANE OF 4 LANES AND THE TRAFFIC IS GREEN IN MY FAVOUR. SUDDENLY, I FELT A HUGE IMPACT. VEHICLE B ENCROACHED INTO MY LANE AND COLLIDED ONTO THE WHOLE RH PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER COLLIDING MY VEHICLE, VEHICLE B SWERVED TO RH AND COLLIDED INTO STATIONARY VEHICLE C. I ALIGHTED AND VEHICLE SAID CLAIM AGAINST HIS INSURANCE POLICY.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMK5094J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMS8118M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE C** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY KOK PENG
Gender	Male
Phone No	
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA4194M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust 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
- 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, acknow ledge, agree and consent that

- (a) My insurer , my w orkshop 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
- (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 &

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A: SMA 4194m

B: 9MK 50940

C: SMS 8118M

Hougang the 3

Lowns Ah Son

DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
I was driving straight along and the traffic light is green		g Ah Soo at the 3 rd lane of 4 lanes
Suddenly, I felt a huge impa portion of my vehicle and ca	act. Veh "B" encroached into my aused damages.	y lane and collided into the whole rh
After colliding my vehicle, v	eh "B" swerved to RH and collic	ded into stationary veh "C"
alighted and veh "B" said of	claim against his insurance poli	cv.
*	•	M.
DECLARATION		
I/We declare the foregoing particulars are to	rue in every respect.	
1 (Pens)	A.	
Policyholder's Signature	priver's Signature	Reporting Centre Personnel's Signature
Oate & Time:	(If driver is not the policyholder)	Name:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	venicie
Owner ID Type:	Company
Owner ID: Vehicle Details	818C
Vehicle No.:	SMA4194M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 A
Primary Colour:	Black
Manufacturing Year:	2006
Engine No.:	1ZZ2659533
Chassis No.:	ZNE100319776
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$19,815.00
Original Registration Date:	06 Dec 2006
First Registration Date:	06 Dec 2006
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$21,797.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	· ·
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	05 Dec 2021
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$27,594.00
COE Rebate Amount:	\$1,453.00
Total Rebate Amount: Message	\$1,453.00
	be further renewed. The vehicle must be de-registered upon COE expiry or when the

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 31 Aug 2021

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Vehicle Type

C

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Used Car Comparison

--- Comparing 2 Vehicles ---

Toyota Wish 1.8A (COE till 01/2022)



Toyota Wish 1.8A (COE till 06/2022)



Use search bar above to select another car



Use search bar above to se to compare.

NO IMAGE AV

Clear All

Add all to Shortlist

\$4,988

Back to searc' result

Add to Shortlist

CAR DETAILS

\$7,700 Instalment N.A. **Registration Date** 30-Jan-2007 25-Jun-2007 Manufactured 2006 2007 Mileage Transmission Auto Auto **Engine Cap** 1,794 cc 1,794 cc Road Tax \$1,458 /yr \$1,458 /yr Power 97.0 kW (130 bhp) 97.0 kW (130 bhp) **Curb Weight** 1,300 kg 1,300 kg **Features** 1.8L Powerful And Reliable 16 Valves 1.8L Powerful And Reliable 16 Valves VVT-i DOHC Engine. Smooth Auto VVT-i DOHC Engine. Smooth Auto

Accessories

Pioneer Bluetooth Player, 17" Sports Rims, Leather Seats. Reverse Sensors. Solar Films. Knockdown Rear Seats.

Steptronic Gearbox. Digital Climate

Description

Good Ideal MPV Car For Short Term Economically Usage For Another 5 Months. Cheaper Than Renting A Car. Priced Genuinely To Sell, No Gimmick!. Road Tax Till Jan 2022. Pls Call/WhatsApp To Arrange For Viewing Or Test Drive. Hurry Before Its Gone!

Android Player, 17" Sports Rims, Leather Seats. Reverse Sensors. Solar Films. Knockdown Rear Seats.

Steptronic Gearbox, Digital Climate

Cheapest Than Renting A Car. Priced Genuinely To Sell, No Gimmick! Good Ideal MPV Car For Short Term Economically Usage For Another 10 Month. Road Tax Till December 2021. Car In Good Condition Without Further Repair Needed. Pls Call/Watsapp To Arrange For Viewing Or Test Drive. Hurry Before Its Gone!

COE

\$26,330

Aircon. ABS.

OMV ARF

\$17,280 \$19,008

Depreciation

N.A.

No. of Owners

Type of Vehicle MPV

https://www.cacarmart.com/uc

Category COE Car 2

COE Car

\$27,044

\$17,361

\$19,098

\$9,560 /yr

MPV