05/04/21009742/T, 6f3 KEF: ASSIGNMENT Veh No: 5 J J 66 5 4 Z Yr Regn: 2017, May.

Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / From: Estimated Cost: OD / (TP) WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or To Inspect Vehicle No: Make: at Workshop m/s Colour Insured / Std / NI / NA Sp.Reading T/Radlo; Insured / Std / NI / NA Eng/No: Policy No. C/No: Gen. Cond: Good / Fair / Poor / Burnt Claims No. Sum Insured: Steering: Inorder / Jammed / Leaked / Burnt or Excess: Brake; Inorder / Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Modi: Nil / S/Rim / STD A/Rim or (Policy Condition) Remark: The yeh had commenced its 0/8 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO I YOKO OF 967K. Rear Front Bal. or Market Value: R/Bal. Consistent? : Yes or No R/Bal. IDAC Accident Rport: L/Bal. Consistent?: Yes or No L/Bal. mm GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: ~ wp Des. of Damages : Frt / Rear 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 Date/Time, File Pass to? : Prell. Report Days Of Repair: Resurvey No. of Trip: Survey Fee: : Final Report Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$: Interview (\$ Photos : Tech. Invs (\$ Repersonnel: Others Lump Sum / LB.A: (7 : Weellend (\$ TOTAL

Vin's Motor Pte Ltd 160 Sin Ming Drive #03-03 Sin Ming Autocity Singapore 575722 Tel: 6453 2121 Fax: 6459 9795 GST Registration No. 199906067G

Estimated Cost of Repair

Attention To

Auto & General Insurance

(Singapore) Pte Ltd

190 Clemenceau Avenue, #03-01 Singapore Shopping Centre

Singapore 239924

Date **Accident Date**

Claim Details

Case Ref. No.

TP/092021/4986

17-09-2021 16-09-2021

Vehicle Details

Make & Model :

Toyota SIENTA 1.5 CVT

ELEGANCE

Chassis No

MHFZ28H3X00026866

Registration No : SJY6654Z

Third Party Vehicle Details Registration No: SMU3647A

S/N	Description	Qty	Amount (S\$)
1	FRONT RH DOOR ht	1.00	\$1,016.10
2	FRONT RH DOOR OUTER MOULDING	1.00	\$93.30
3	FRONT RH DOOR PILLAR FRAME GARNISH	1.00	\$74.40
4	FRONT RH DOOR PILLAR FRAME STICKER	1.00	\$42.20
5	FRONT RH DOOR RUBBER	1.00	\$177.20
6	FRONT RH DOOR LOCK 17	1.00	\$422.30
7	FRONT RH DOOR POWER WINDOW MOTOR 🗡	1.00	\$181.20
8	FRONT RH DOOR POWER WINDOW GEAR 7	1.00	\$181.20
9	REAR RH SLIDING DOOR ha	1.00	\$1,128.40
10	REAR RH SLIDING DOOR OUTER MOULDING	1.00	\$73.20
11	REAR RH SLIDING DOOR PILLAR GARNISH - FRONT	1.00	\$73.80
12	REAR RH SLIDING DOOR PILLAR GARNISH - REAR	1.00	\$106.80
13	REAR RH SLIDING DOOR DOOR PROTECTOR - BLACK (W	1.00	\$135.80
14	REAR RH SLIDING DOOR TRIMBOARD	1.00	\$828.90
15	REAR RH SLIDING DOOR DOOR VERTICAL RUBBER	1.00	\$899.20
16	REAR RH SLIDING DOOR LOWER RUBBER - LONG	1.00	\$68.80
17	REAR RH SLIDING DOOR LOWER RUBBER - SHORT	1.00	\$52.70
18	REAR RH SLIDING DOOR POWER GATE LOCK	1.00	\$433.90
19	REAR RH SLIDING DOOR POWER WINDOW MOTOR	1.00	\$529.90
20	REAR RH SLIDING DOOR POWER WINDOW GEAR	1.00	\$198.20
21	RH CENTRE PILLAR RY	1.00	\$312.80
22	RH SWITCH dig/	1.00	\$49.70
23	REAR RH FENDER	1.00	\$929.10
24	REAR RH WHEEL BEARING	1.00	\$601.20
25	REAR RH WHEEL SPORT RIM WAT	1.00	\$683.10
26	REAR AXLE * 7	1.00	\$1,924.10
			\$11,217.50
		Discount -25%	(\$2,804.43)
			\$8,413.07

Vin's

Vin's Motor Pte Ltd 160 Sin Ming Drive #03-03 Sin Ming Autocity Singapore 575722 Tel: 6453 2121 Fax: 6459 9795 GST Registration No. 199906067G

27	REAR RH WHEEL TYRE		1.00	X	\$280.00
28	TO CHECK WHEEL ALIGNMENT		1.00	80	\$120.00
29	TO REMOVE AND REFIX REAR SEA	T CUSHION AND ROOF LINING	, 1.00 8	O COD	\$280.00
30	TO REMOVE AND REFIX REAR UND	ERCARRIAGE	purty.00	150?	\$280.00
31	TO REPAIR DAMAGES		1.00	700	\$880.00
32	TO SPRAY PAINTING		1.00	1000	\$1,200.00

Subtotal w/o GST:

\$11,453.18

Tauphin 17415749

WP 17/1/212 1415

L/S Resny after report

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Offleys

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 resurred d 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:	Singapore NRIC
Owner ID: Vehicle Details	327Z
Vehicle No.:	SJY6654Z
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Sep 2021
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA 1.5 CVT ELEGANCE
Primary Colour:	Orange
Manufacturing Year:	2017
Engine No.:	2NRX126487
Chassis No.:	MHFZ28H3X00026866
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$19,439.00
Original Registration Date:	16 May 2017
First Registration Date:	16 May 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$19,439.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 May 2027
PARF Rebate Amount: Intended COE Rebate Details	\$14,579.00
COE Expiry Date:	15 May 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,000.00
COE Rebate Amount:	\$29,430.00
Total Rebate Amount:	\$44,009.00

ОК



Factory Japan 2019.0.2 : Toyota : Sienta : P170 Series : NSP170G Thrust Line Alignment

Front : Left

Actual	Before	Specified Range
0°25'	0°25'	-0°55' 0°35'
4°37'	4°37'	4°05' 5°35'
0.03,	0°03'	-0°03' 0°09'
8°44'	8°44'	
9°09'	9°09'	

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Actual	Before	Specified Range
0°06'	0.06,	-0°55' 0°35'
4°28'	4°28'	4°05' 5°35'
0°08'	0°07'	-0°03' 0°09'
5°43'	5°43'	
5°49'	5°49'	

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

1	Actual	Before	Specified Range						
	0°20'	0°19'	-0°30' 0°30'						
	0°08'	0°08'	-0°30' 0°30'						
	3°01'	3°01'							
	0°10'	0°10'	-0°06' 0°17'						

Rear : Left

Actual	Before	Specified Range
-1°35'	-1°36'	-2°10' -0°40'
-0°11'	-0°12'	-0°03' 0°14'

Camber Toe

		_		
Actual	Before	Spec	ified Range	
0°03'	0°03'	-29	10' -0°40'	
1°20′	1°20'	-00	03' 0°14'	

Rear : Right

Rear

Cross Camber Total Toe Thrust Angle Axle Offset

		,	
Ī	Actual	Before	Specified Range
	-1°38'	-1°39'	-0°45' 0°45'
	1°09'	1°08'	-0°06' 0°29'
	-0°45'	-0°46'	
Ī	Omm	Omm	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 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
- 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 17/09/2021 10:13 (SGT) Date of Accident 16/09/2021 14:00 (SGT) **Exact Location of Accident** Bishan Street 14, Singapore Additional Location Information Bishan Street 22 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY6654Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHOW YAN BIN NRIC No. SXXXX327Z Email Address ybchow@gmail.com Mobile Phone No (Phone) +65-81688741 Alternative Phone No +65-81688741

VEHICLE PARTICULARS

Manufacturer Toyota Model Sienta 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? No - Claiming third party Vehicle Category Private car

Transmission Auto 1496

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number GA466502 Cover Note Number

DRIVER

CC

Name of Driver **CHOW YAN BIN** SXXXX327Z



Date Of Birth	11/03/1979
Occupation	Indoor
Date Of Driving Pass	
Driving experience	
Gender	THAT C
Mobile Number	(1.110.10)
Alt. Phone Number	
Email Address	ybchow@gmail.com
Address	3 Lorong Punton
Address complement	
Postcode	
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	533 -
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driv	ver
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - U-Turn
Weather Conditions	Commonday of the common of the
Road Surface	· · · · · · · · · · · · · · · · · · ·
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OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	
Was any other vehicle or property damaged?	
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	
PASSENGER 1	
Name	Son
Gender	3011
	· Wale
PASSENGER 2	
Name	Wife
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
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?	Yes
Was there any video captured by Car Camera? Was there any audio recorded?	Yes No
DETAILS OF OT	THER VEHICLE PROPERTY 1
Vehicle Registration Number	CM112647A
Vehicle Manufacturer	SMU3647A

11/03/1979

Vehicle Manufacturer

Date Of Birth

Vehicle Model	:-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN
Contact Number	(Phone) +65-98478160
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

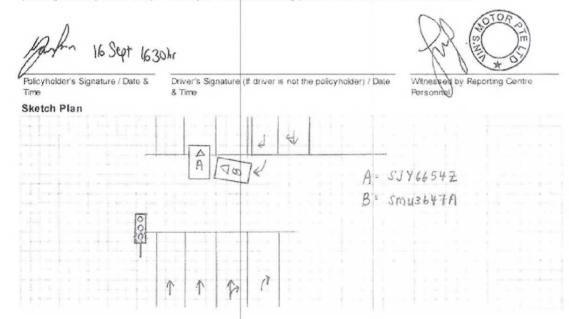
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 loggement 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)

Funderstand, 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 shall be collectively referred to as the "Insurers"), the Insurers law yers/law firms, the Monetary Authority of Singapore and any relevant government agencylauthority (such as the police), for the purpose(s) of
- (if 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 enquines 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.



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