

ASS. REC. BY:

REF: C72/21009854/KVC

C

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ B12G

of \_\_\_\_\_

Insured: GBC 7337T

Policy No. DMKVSHW00110972100

Claims No. SHM21D205332 / C02 / TOHHS

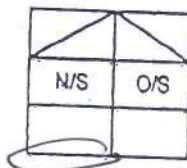
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: STU 13805 Yr Regn: 11, 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy / Atlas c.c. 1598

Colour: M. Brown A/C: Insured / Std / NI / NA

Sp. Reading: 208208 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MRO538EE106758386

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Rada

Front

Rear

R/Bal. 3 mm

R/Bal. 2 mm

L/Bal. 3 mm

L/Bal. 2 mm

D.O.A. 18/9/21

D.O.I. 21/9/2021

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear N/S

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

Date / Time

Action / Instruction

1 Got BI

30/9 11pm @ 4100 Cestm (Rad 10,618.97, 72%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 27/10/21-typist

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS - SI

Fines

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

TOTAL

Report Format : Merimen

Lump Sum / LB: (\$ 4100)

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 030G

### Vehicle Details

Vehicle No.: SJU1380S  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 20 Sep 2021  
Vehicle Make: TOYOTA  
Vehicle Model: COROLLA ALTIS 1.6 AUTO  
Primary Colour: Silver  
Manufacturing Year: 2009  
Engine No.: 3ZZ4942066  
Chassis No.: MR053ZEE106158396  
Maximum Power Output: 80.0 kW (107 bhp)  
Open Market Value: \$17,853.00  
Original Registration Date: 19 Nov 2009  
First Registration Date: 19 Nov 2009  
Transfer Count: 5  
Actual ARF Paid: \$17,853.00

### Intended PARF Rebate Details

PARF Eligibility: Forfeited  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 31 Oct 2024  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 5  
PQP Paid: \$15,287.00  
COE Rebate Amount: \$9,517.00  
**Total Rebate Amount: \$9,517.00**

### Message

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 20 Sep 2021

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 Submission	20/09/2021 10:00 (SGT)
Date of Accident	18/09/2021 11:25 (SGT)
Exact Location of Accident	Cluny Rd, Singapore
Additional Location Information	CLUNY ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1380S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAN WONG CHUN FOH
NRIC No	SXXXX030G
Email Address	fswilliewong@singnet.com.sg
Mobile Phone No	(Phone) +65-87427889
Alternative Phone No	+65-87427889

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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
CC	1598

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114040135-01
Cover Note Number	-

#### DRIVER

Name of Driver	WILLIE WONG LEE VUI
NRIC No	SXXXX214G



Date Of Birth	10/11/1969
Occupation	Indoor
Date Of Driving Pass	29/04/1994
Driving experience	27 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90607385
Alt. Phone Number	-
Email Address	fswilliewong@singnet.com.sg
Address	BLK596D ANG MO KIO STREET 52
Address complement	#22-311
Postcode	564596
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### 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?	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?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
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?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7337T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Address	BLK596D ANG MO KIO STREET 52
Address Complement	#22-311
Post Code	564596
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SJU1380S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

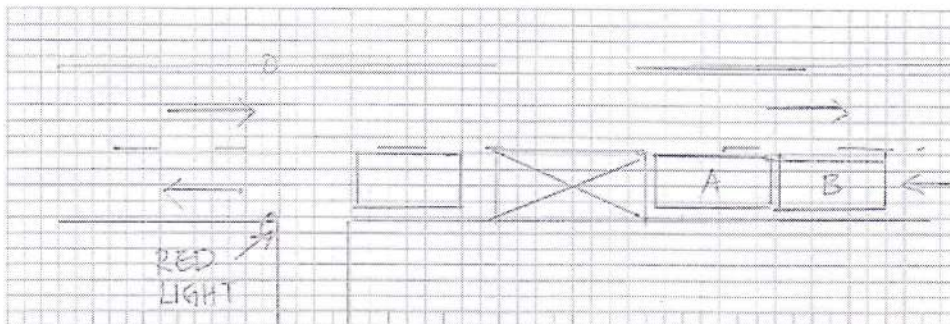
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Refer to police report  
Report no: T/20210918/2051

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop: Shi Ming Auto care BFG Pte Ltd.

Email address:

Myself email:

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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

Witnessed by Reporting Centre Personnel







**SINGAPORE  
POLICE FORCE**



T/20210918/2051

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3

Report No. T/20210918/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/09/2021 13:55		Vide Report No.:		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: WONG LEE VUI			Address: APT BLK 596D ANG MO KIO STREET 52 #22-311 SINGAPORE 564596		
ID Type / ID No.: NRIC NO / S6981214G			Contact No.: Home/Office: Mobile: 90607385		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 10/11/1969	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Building and construction project manager		Driving Licence Information: Class: 3 Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/09/2021 11:25	Type of Location: Straight Road
Location:  CLUNY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC7337T	Van					0
SJU1380S	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210918/2051

2 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20210918/2051

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	PUAR CHIA YONG		ID No.	S7736359I
Related Vehicle	GBC7337T (Van)		Contact No.	97346670
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
<b>Driver</b>				
Name	WONG LEE VUI		ID No.	S6981214G
Related Vehicle	SJU1380S (Car)		Contact No.	90607385
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/09/2021	Date Discharge	18/09/2021	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

**Brief Details.**

On 18/09/2021 at about 1125hrs, I was traveling along Cluny Road towards Holland Road. I stopped my vehicle in front of a traffic light as the traffic light was red. Suddenly, I felt an impact from rear. I then stepped out of my vehicle and realized one van hit into my vehicle. As such, I exchanged particulars with the driver. I felt pain in my neck and back area due to the collision. Subsequently, I sought medical treatment at hospital and I was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20210918/2051

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 3

Report No. T/20210918/2051

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
E /  
Sgt 3 ZHU JIANBIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:

Date/Time:  
18/09/2021 13:55

Classification Of Case:

SN 070

Authentication Stamp  
NP168

SIGNATURE



# Sin Ming Autocare BFG Pte Ltd

176 Sin Ming Drive  
#02-05 Sin Ming Autocare  
Singapore 575721  
Tel : 6455 0600 | Fax : 6455 6192  
Website: www.autocare.com.sg  
GST Reg. No: 20-0210033-N

CHINA TAIPING INSURANCE (S) PTE LTD

Attn: Motor Claim Dept

*Not Noted*  
*615m @ 41.00%*  
*Recovery After Repair*

ESTIMATE

VEHICLE NO: SJU1380S

MAKE/MODEL: TOYOTA ALTIS  
ELEGANCE

DATE: 20/09/2021

No.	Descriptions	Qty	Unit Price	Amount S\$
<b>LIST ITEM:</b>				
1	BOOT LID	1	\$ 1,407.64	\$ 1,407.64 ✓
2	BOOT HINGE LH	1	\$ 85.20	\$ 85.20 X
3	BOOTLID WEAHTERSTRIP	1	\$ 268.40	\$ 268.40 50% ✓
4	BOOT OUTER GARNISH	1	\$ 268.40	\$ 268.40 X
5	BOOT LOCK	1	\$ 385.25	\$ 385.25 ✓
6	BOOT EMBLE "LOGO"	1	\$ 85.60	\$ 85.60 ✓
7	BOOT EMBLE "COROLLA"	1	\$ 72.50	\$ 72.50 ✓
8	BOOT EMBLE "ALTIS"	1	\$ 85.60	\$ 85.60 ✓
9	BOOTLID INNER TRIM	1	\$ 320.80	\$ 320.80 X
10	BOOT INNER TRIM CLIP	4	\$ 10.00	\$ 40.00 X
11	TAIL LAMP RH	1	\$ 615.84	\$ 615.84 X
12	TAIL LAMP LH	1	\$ 615.84	\$ 615.84 ✓
13	TAIL LAMP PANEL	1	\$ 180.50	\$ 180.50 ✓
14	REAR BODY PANEL	1	\$ 871.00	\$ 871.00 ✓
15	REAR BODY PANEL TOP GARNISH	1	\$ 324.20	\$ 324.20 ✓
16	SPARE WHHEL PANEL COVER	1	\$ 450.15	\$ 450.15 X
17	REAR FENDER LH	1	\$ 1,082.80	\$ 1,082.80 X
18	REAR FENDER INNER TRIM RH	1	\$ 444.90	\$ 444.90 ✓
19	REAR BUMPER	1	\$ 795.60	\$ 795.60 ✓
20	REAR BUMPER BRACKER LH / RH	2	\$ 128.40	\$ 256.80 ✓
21	REAR BUMPER SIDE RETAINER LH / RH	2	\$ 128.40	\$ 256.80 ✓
22	REAR BUMPER REFLECTOR RH / LH	2	\$ 75.60	\$ 151.20 X
23	REAR WHEEL BEARING LH	1	\$ 485.35	\$ 485.35 X
24	REAR BUMPER REFLECTOR RH	1	\$ 75.60	\$ 75.60 X
25	REAR BOOTLID REFLECTOR RH	1	\$ 192.40	\$ 192.40 ✓
26	REAR BOOTLID EMBLEM "1.6VVTI"	1	\$ 85.60	\$ 85.60 ✓
27	REAR BUMPER SPONGE	1	\$ 185.00	\$ 185.00 ✓
			\$	10,088.97

25%



**SPECIAL NETT ITEMS:**

1	REAR NUMBER PLATE	\$ 50.00	\$ <i>pn</i> 50.00	X
2	REAR NUMER PLATE HOLDER	\$ 30.00	\$ <i>pn</i> 30.00	λ
3	REVERSESENSOR LH/RH	\$ 300.00	\$ <i>CM</i> 300.00	<i>2005n</i>
4	REAR CAMERA	\$ 480.00	\$ <i>pn</i> 480.00	X

\$ 860.00

**LABOUR:**

1	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT ON AFFECTED AREAS.	\$ 1,800.00	\$ 1,800.00	<i>700l</i>
2	TO PUTTY, APPLY PRIMER & SPRAY PAINT EFFECTED PORTION.	\$ 1,200.00	\$ 1,200.00	<i>800l</i>
3	TO APPLY RUST PROOFING ON REPAIR, REPLACE PANEL.	\$ 180.00	\$ 180.00	<i>60l</i>
4	LABOUR TO REMOVE AND REPLACE REAR BOOTLID.	\$ 80.00	\$ 80.00	<i>50l</i>
5	TO CHECK WIRING FUNCTIONS.	\$ 80.00	\$ 80.00	<i>20l</i>
6	SEALANT	\$ 50.00	\$ <i>nn</i> 50.00	X
7	TO REMOVE & REFIT REAR CUSHION	\$ 200.00	\$ 200.00	<i>60l</i>
8	TO REMOVE & REFIT REAR GLASS	\$ 180.00	\$ <i>nn</i> 180.00	X

\$ 3,770.00

*14,718.97*

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: