

(08/11/13) wef

ASS. REC. BY: Paul

REF:

369K

## 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.

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 Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

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:

SHE 189M

Yr Regn:

2019 / DEC

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

Truck / Trailer or

Make:

TOYOTA PRIUS SOR H.B.A

c.c

1798

Colour

MAROON

A/C:

Insured / Std / NI / NA

Sp. Reading

110291

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

STDKB3FU103089431

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size:

F:

R:

195/65R15

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

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

08/08/21

D.O.I.

10/09/21

Survey held at

SMRT

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

O/S Frt

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) \$ + RS. SI

) Photos

) Others

TOTAL



## Case Details

Case Reference Number :

TAX/09/21/2013

Type of Repair : Accident Repair

Vehicle Registration Number : SHF189M

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-15953-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NO INSURANCE COMPANY ( EXPIRED )

Accident Date and Time : 08/09/2021 01:00 AM

Vehicle Age(In Months) : -

## Documents / Photographs

View Documents / Photographs

Total Documents: 0

## Estimation Details

### Spare Part's Cost Detail

| SMRT Recommendation |              |         |                 |                              |     |                         |                |        |                 | Surveyor Approval |                   |                          |                | Remarks |
|---------------------|--------------|---------|-----------------|------------------------------|-----|-------------------------|----------------|--------|-----------------|-------------------|-------------------|--------------------------|----------------|---------|
| BOM Type            | Costing Type | Portion | Material Number | Part Name                    | Qty | List Price Per Unit(\$) | List Price(\$) | Dis(%) | Final Price(\$) | Repair/ Replace   | Surveyor Quantity | Surveyor Final Price(\$) | Repair/Replace |         |
| One Time Key In     | Main         |         |                 | COVER, FR BUMPER             | 1   | 521.00                  | 521.00         | 25.00  | 390.75          | Replace           | 1                 | 390.75                   | Replace ▾      | can     |
| One Time Key In     | Main         |         |                 | SUPPORT, FR BUMPER RH        | 1   | 80.10                   | 80.10          | 25.00  | 60.07           | Replace           | 0                 | 0                        | Not Give ▾     | fan     |
| One Time Key In     | Main         |         |                 | SUPPORT, FR BUMPER LH        | 1   | 82.30                   | 82.30          | 25.00  | 61.72           | Replace           | 0                 | 0                        | Not Give ▾     | fan     |
| One Time Key In     | Main         |         |                 | COVER, FR BUMPER RH          | 1   | 30.20                   | 30.20          | 25.00  | 22.65           | Replace           | 0                 | 0                        | Not Give ▾     | fan     |
| One Time Key In     | Main         |         |                 | GRILLE, RADIATOR             | 1   | 178.60                  | 178.60         | 25.00  | 133.95          | Replace           | 0                 | 0                        | Not Give ▾     | fan     |
| One Time Key In     | Main         |         |                 | GRILLE SUB-ASSY              | 1   | 422.50                  | 422.50         | 25.00  | 316.88          | Replace           | 0                 | 0                        | Not Give ▾     | fan     |
| One Time Key In     | Main         |         |                 | COVER ASSY, ENGINE           | 1   | 241.90                  | 241.90         | 25.00  | 181.43          | Replace           | 0                 | 0                        | Not Give ▾     | fan     |
| One Time Key In     | Main         |         |                 | CLIPS PIECE, FRT & RR BUMPER | 10  | 4.50                    | 45.00          | 25.00  | 33.75           | Replace           | 10                | 33.75                    | Replace ▾      | see     |
| One Time Key In     | Main         |         |                 | PAD, FRONT BUMPER ( NO.1)    | 1   | 40.70                   | 40.70          | 25.00  | 30.53           | Replace           | 0                 | 0                        | Not Give ▾     | fan     |

Total Spare Part Cost 12,755.84

Lump Sum Discount (%) 0.00

Final Spare Part Cost 12,755.84

Surveyor Total 537.15

Lump Sum Dis (%) 0

Final Sur Total 537.15

Em/No:

| SMRT Recommendation |              |         |                 |                                      |     |                         |                |        |                 | Surveyor Approval |                   |                          |                |         |
|---------------------|--------------|---------|-----------------|--------------------------------------|-----|-------------------------|----------------|--------|-----------------|-------------------|-------------------|--------------------------|----------------|---------|
| OM Type             | Costing Type | Portion | Material Number | Part Name                            | Qty | List Price Per Unit(\$) | List Price(\$) | Dis(%) | Final Price(\$) | Repair/ Replace   | Surveyor Quantity | Surveyor Final Price(\$) | Repair/Replace | Remarks |
| One Time Key In     | Main         |         |                 | PAD, FRONT BUMPER ( NO.2)            | 1   | 36.00                   | 36.00          | 25.00  | 27.00           | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | MOULDING, FRONT BUMPER SIDE, RH      | 1   | 95.60                   | 95.60          | 25.00  | 71.70           | Replace           | 1                 | 71.70                    | Replace        | see     |
| One Time Key In     | Main         |         |                 | ABSORBER, FR BUMPER LOWER            | 1   | 132.70                  | 132.70         | 25.00  | 99.52           | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | ABSORBER, FR BUMPER                  | 1   | 80.20                   | 80.20          | 25.00  | 60.15           | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | EXTENSION SUB-ASSY, RH               | 1   | 120.10                  | 120.10         | 25.00  | 90.07           | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | EXTENSION SUB-ASSY, LH               | 1   | 120.10                  | 120.10         | 25.00  | 90.07           | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | REINFORCEMENT FRONT LOWER            | 1   | 246.10                  | 246.10         | 25.00  | 184.57          | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | REINFORCEMENT FRONT UPPER            | 1   | 716.60                  | 716.60         | 25.00  | 537.45          | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | UNIT , HEADLAMP , RH                 | 1   | 2,637.60                | 2,637.60       | 10.00  | 2,373.84        | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | COMPUTER SUB-ASSY, HEADLAMP, RH NO.1 | 1   | 3,772.50                | 3,772.50       | 10.00  | 3,395.25        | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | LAMP ASSY, FOG, RH                   | 1   | 237.10                  | 237.10         | 10.00  | 213.39          | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | COVER ASSY, ENGINE UNDER CENTER SET  | 1   | 472.40                  | 472.40         | 25.00  | 354.30          | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | COVER, ENGINE UNDER SIDE RH          | 1   | 80.10                   | 80.10          | 25.00  | 60.07           | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | SUPPORT S/A UPPER,                   | 1   | 377.10                  | 377.10         | 25.00  | 282.83          | Replace           | 0                 | 0                        | Not Give       | Xan     |
| One Time Key In     | Main         |         |                 | SUPPORT S/A RH                       | 1   | 245.10                  | 245.10         | 25.00  | 183.82          | Replace           | 0                 | 0                        | Not Give       | Xan     |

Total Spare Part Cost 12,755.84  
 Lump Sum Discount (%) 0.00  
 Final Spare Part Cost 12,755.84

Surveyor Total 537.15  
 Lump Sum Dis (%) 0  
 Final Sur Total 537.15



| SMRT Recommendation   |         |                 |                              |     |                         |                |        |                 |                  | Surveyor Approval |                          |                |         |  |
|-----------------------|---------|-----------------|------------------------------|-----|-------------------------|----------------|--------|-----------------|------------------|-------------------|--------------------------|----------------|---------|--|
| Costing Type          | Portion | Material Number | Part Name                    | Qty | List Price Per Unit(\$) | List Price(\$) | Dis(%) | Final Price(\$) | Repair/ Replace  | Surveyor Quantity | Surveyor Final Price(\$) | Repair/Replace | Remarks |  |
| One Time Key In       | Main    |                 | SUPPORT S/A LH               | 1   | 245.10                  | 245.10         | 25.00  | 183.82          | Replace          | 0                 | 0                        | Not Give       | X17     |  |
| One Time Key In       | Main    |                 | SUPPORT SUB-ASSY LOWER       | 1   | 409.90                  | 409.90         | 25.00  | 307.42          | Replace          | 0                 | 0                        | Not Give       | X17     |  |
| One Time Key In       | Main    |                 | FENDER SUB-ASSY, FR , RH     | 1   | 977.80                  | 977.80         | 25.00  | 733.35          | Replace          | 1                 | 0                        | Repair         | R       |  |
| One Time Key In       | Main    |                 | EMBLEM, SIDE PANEL ( HYBRID) | 1   | 54.60                   | 54.60          | 25.00  | 40.95           | Replace          | 1                 | 40.95                    | Replace        | nee ✓   |  |
| One Time Key In       | Main    |                 | LINER, FR FENDER, RH         | 1   | 202.50                  | 202.50         | 25.00  | 151.88          | Replace          | 0                 | 0                        | Not Give       | X17     |  |
| One Time Key In       | Main    |                 | PAD, FR WHEEL RH             | 1   | 59.60                   | 59.60          | 25.00  | 44.70           | Replace          | 0                 | 0                        | Not Give       | X17     |  |
| One Time Key In       | Main    |                 | WHEEL, DISC FRONT            | 1   | 1,879.40                | 1,879.40       | 25.00  | 1,409.55        | Replace          | 1                 | 0                        | Repair         | R       |  |
| One Time Key In       | Main    |                 | TYRE                         | 1   | 126.74                  | 126.74         | 0.00   | 126.74          | Replace          | 0                 | 0                        | Not Give       | X17     |  |
| One Time Key In       | Main    |                 | HUB & BEARING ASSY, RH & LH  | 1   | 668.90                  | 668.90         | 25.00  | 501.67          | Replace          | 0                 | 0                        | Not Give       | X17     |  |
| Total Spare Part Cost |         |                 |                              |     |                         |                |        | 12,755.84       | Surveyor Total   |                   | 537.15                   |                |         |  |
| Lump Sum Discount (%) |         |                 |                              |     |                         |                |        | 0.00            | Lump Sum Dis (%) |                   | 0                        |                |         |  |
| Final Spare Part Cost |         |                 |                              |     |                         |                |        | 12,755.84       | Final Sur Total  |                   | 537.15                   |                |         |  |

#### Labour's Cost Detail

| S.No.  | Costing Type | Job Scope                  | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|----------------------------|-------------------------|-------------------------|---------|
| 1      | Main         | TO REPAIR FRONT RH PORTION | 507.00                  | 300                     |         |
| Total: |              |                            | 507.00                  | 300.00                  |         |

#### Spray Cost Detail

| S.No.  | Costing Type | Job Scope                            | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|--------------------------------------|-------------------------|-------------------------|---------|
| 1      | Main         | TO REPSRAY FRONT BUMPER              | 378.00                  | 200                     |         |
| 2      | Main         | TO RESPRAY FRONT BUMPER LOWER GRILLE | 180.00                  | 0                       | X17     |
| Total: |              |                                      | 1,296.00                | 450.00                  |         |

| Costing Type | Job Scope                      | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------------|--------------------------------|-------------------------|-------------------------|---------|
| 3 Main       | TO RESPRAY FRONT SUPPORT PANEL | 180.00                  | 0                       | X11     |
| 4 Main       | TO RESPRAY FRONT FENDER RH     | 378.00                  | 200                     |         |
| 5 Main       | TO RESPRAY RIM                 | 180.00                  | 50                      |         |
| Total:       |                                | 1,296.00                | 450.00                  |         |

**Other Cost Detail**

| S.No.  | Costing Type | Job Scope                                       | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|---|-------------------------|-------------------------|---------|
| 1      | Main         | TO DO WHEEL ALIGNMENT / TYRE BALANCING          | 120.00                  | 60                      |         |
| 2      | Main         | TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE) | 120.00                  | 30                      |         |
| 3      | Main         | TO REPLACE SUNDRY PARTS                         | 100.00                  | 0                       | X11     |
| 4      | Main         | TO CHECK WIRING AND SYSTEM FUNCTION             | 80.00                   | 0                       | X11     |
| 5      | Main         | TO WASH AND VACUUM                              | 60.00                   | 0                       | X11     |
| Total: |              | 480.00  | 90.00                   |                         |         |

**Summary**

|                          | Estimator Assesment(\$) | Surveyor Assesment(\$)                             |
|--------------------------|-------------------------|--|
| Total Spare Part Detail  | 12,755.84               | 537.15   |
| Total Labour Cost        | 507.00                  | 300.00   |
| Total Spray Painting     | 1,296.00                | 450.00   |
| Other                    | 480.00                  | 90.00  |
| Overall Total            | 15,038.84               | 1,377.15   |
| Lump Sum Repair Option   |                         | <input type="checkbox"/>                           |
| Lump Sum Total           | 0.00                    | 1,377.15   |
| Surveyor Approved Amount |                         | 1,377.15   |
| No of Repair Days*       | 5                       | 3  |
| Remarks                  | -                       | PART BY PART REPAIR / RESURVEY BEFORE PAINT PHOTO. |
| Surveyor Name            |                         | Rasul  |

11:06

Signature

Estimator Assesment(\$)

Surveyor Assesment(\$)



Save

Clear

Survey Date

10/09/2021

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:

# 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              | 09/09/2021 13:12 (SGT)      |
| Date of Accident                | 08/09/2021 09:00 (SGT)      |
| Exact Location of Accident      | PIE, Singapore              |
| Additional Location Information | PIE TOWARDS PAYA LEBAR EXIT |
| Country/State of Loss           | Singapore                   |

## DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SHF189M |
|-----------------------------|---------|

### INSURED/POLICYHOLDER

|                          |                           |
|--------------------------|---------------------------|
| Is company?              | Yes                       |
| Name Of Registered Owner | Strides Taxi Pte Ltd      |
| Company Reg No           | 1XXXXX369K                |
| Email Address            | AUTO-SVC-TARC@SMRT.COM.SG |
| Mobile Phone No          | (Phone) +65-68662671      |
| Alternative Phone No     | (Office) +65-68662672     |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Prius                     |
| Variant  | -                         |
| 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 - Claiming third party |
| Vehicle Category   | Taxi                      |
| Transmission   | Auto                      |
| CC   | 1800                      |

### INSURANCE COMPANY

|                           |                                |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS First Capital Insurance Ltd |
| Type of Coverage          | ThirdParty                     |
| Fleet Policy              | Yes                            |
| Policy Number             | D-21097466MFSH                 |
| Cover Note Number         | -                              |

### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | CHUA ENG HWEE |
| NRIC No        | SXXXX41E      |



|  |                           |
|--|---------------------------|
| Birth  | 23/07/1967                |
| Location   | Outdoor                   |
| Of Driving Pass  | 14/03/1988                |
| ing experience   | 33 YEARS AND 6 MONTHS     |
| nder   | Male                      |
| ile Number   | (Phone) +65-68662672      |
| Phone Number   | -                         |
| Email Address  | AUTO-SVC-TARC@SMRT.COM.SG |
| Address  | 11                        |
| Address complement   | -                         |
| Postcode   | -                         |
| Is the driver the policyholder?                              | No                        |
| If No, Relationship of the Driver with the Insured           | Hirer                     |
| 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   | Chain Collision |
| Weather Conditions | Clear           |
| Road Surface       | Dry             |

#### 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?  | Yes |
| Was any other vehicle 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   | UNKNOWN |
| Gender | Male    |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police?  | Yes                              |
| Police Station Name                       | Traffic Police                   |
| Police Station Phone No                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No              | (Fax) +65-65474900               |
| Police Station Address                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No                               |
| If yes, against whom?                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210908/7057

#### 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 | SJL7851H |
| Vehicle Manufacturer        | -        |

Accident report SS2721000001



Model  
Variant  
Colour  
Category  
Name of Driver  
Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

Private car  
MUHAMMAD ASYRAAF BIN IBRAHIM

#### DETAILS OF OTHER VEHICLE PROPERTY 2

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

SMJ2451L  
-  
-  
-  
-  
Private car  
YEAP LAI CHONG  
-  
-  
-  
-  
-  
-  
-  
-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

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

GY7974D  
-  
-  
-  
-  
Commercial vehicle  
-  
-  
-  
-  
-  
-  
-  
-  
-

#### INJURED PERSONS DETAILS

##### INJURED 1

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

MUHAMMAD ASYRAAF BIN IBRAHIM  
-  
-  
-  
-  
-  
-  
-  
SJL7851H  
-  
Yes

## 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' 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.



Policyholder's Signature / Date & Time

*[Signature]* 08/09/2021  
Driver's Signature (If driver is not the policyholder) / Date & Time

*A. 8/9/21*  
Witnessed by Reporting Centre Personnel

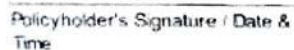
#### Sketch Plan



A - SHF129M  
B - SJL78514  
C - SMJ24501L  
D - G18197013

of the Accident

We declare the foregoing particulars are true in every respect.



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

08/09/2021

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20210908/7057

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210908/7057

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>08/09/2021 21:36 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>CHUA ENG HWEE        |            |                              | Address:<br>143 PETIR ROAD #07-232 SINGAPORE 670143 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1815414E   |            |                              | Contact No.:<br>Home/Office: Mobile: 93878411       |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>tcworld123@gmail.com                      |                    |                            |
| Sex:<br>Male                               | Age:<br>54 | Date of Birth:<br>23/07/1967 | Type of Informant:<br>Driver                        |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                |                    | Institution / School Name: |
| Occupation:<br>Taxi driver                 |            |                              | Driving Licence Information:<br>Class: 3            |                    | Date of Expiry:            |

## General Information of the Accident

|  |                              |                                    |   |                                    |
|--|------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>08/09/2021 08:55 | Type of Location:<br>Straight Road |
| Location:<br><br>PAN ISLAND EXPRESSWAY                       |                              |                                    |   |                                    |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry               | Road Speed Limit:<br>90 Km/h                  |                                    |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                      |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                              |                                    | Anyone conveyed by<br>ambulance:<br>Yes       |                                    |

## Details of Vehicle Involved

| Vehicle No. | Type  | Make | Model | Color | Conditio             | No of |
|-------------|-------|------|-------|-------|----------------------|-------|
| GY7974D     | Lorry |      |       |       | Seriously<br>Damaged | 2     |
| SHF189M     | Car   |      |       |       | Seriously<br>Damaged | 2     |
| SJL7851H    | Car   |      |       |       | Seriously<br>Damaged | 1     |



**SINGAPORE  
POLICE FORCE**



T/20210908/7057

Police Station Of Origin:  
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10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20210908/7057

**CONTINUATION OF REPORT**

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition            | No of |
|-------------|------|------|-------|-------|----------------------|-------|
| SMJ2451L    | Car  |      |       |       | Seriously<br>Damaged | 1     |

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

|                                   |               |  |                                 |
|-----------------------------------|---------------|--|---------------------------------|
| Name                              | CHUA ENG HWEE | ID No.                                     | S1815414E                       |
| Related Vehicle                   | SHF189M (Car) | Contact No.                                | 93878411                        |
| Hospital/Clinic                   | NIL           | Class of<br>Driving<br>Licence &<br>Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | NIL           | Date                                       | NIL                             |
| No. of Days granted Medical Leave | 03            | Degree of                                  | Serious                         |

**Brief Details.**

I was driving Vehicle A bearing number plate SHF189M stationary on lane 5 of PIE CHANGI BEFORE PAYA LEBAR ROAD EXIT waiting for built up traffic in-front to move when I was suddenly hit by Vehicle B bearing number plate SJL7851H - head to side. I got down my vehicle and find that I was involved in a 4 car collision accident including Vehicle C bearing number plate SMJ2451L and Vehicle D bearing number plate GY7974D. I felt discomfort after the accident and consulted a local GP which I was subsequently given 3 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210908/7057

3 of 3

Report No. T/20210908/7057

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
08/09/2021 21:36

Classification Of Case:



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|                               |                                      |
|-------------------------------|--------------------------------------|
| Owner ID Type:                | Company                              |
| Owner ID:                     | 369K                                 |
| Vehicle No.:                  | SHF189M                              |
| Vehicle to be Exported:       | No                                   |
| Intended Deregistration Date: | 10 Sep 2021                          |
| Vehicle Make:                 | TOYOTA                               |
| Vehicle Model:                | PRIUS 5DR HATCHBACK (AUTO)           |
| Primary Colour:               | Maroon                               |
| Manufacturing Year:           | 2019                                 |
| Engine No.:                   | 2ZR2F45586                           |
| Chassis No.:                  | JTDKB3FU103089431                    |
| Maximum Power Output:         | 90.0 kW (120 bhp)                    |
| Open Market Value:            | \$26,807.00                          |
| Original Registration Date:   | 26 Dec 2019                          |
| First Registration Date:      | 26 Dec 2019                          |
| Transfer Count:               | 0                                    |
| Actual ARF Paid:              | \$14,530.00                          |
| PARF Eligibility:             | Yes                                  |
| PARF Eligibility Expiry Date: | 25 Dec 2027                          |
| PARF Rebate Amount:           | \$10,897.00                          |
| COE Expiry Date:              | 25 Dec 2027                          |
| COE Category:                 | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):            | 8                                    |
| PQP Paid:                     | \$25,581.00                          |
| COE Rebate Amount:            | \$20,114.00                          |
| Total Rebate Amount:          | \$31,011.00                          |

Please note that the 8-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 10 Sep 2021

OK