

488 722 814

Steve

Date:

CS/CT 21010325/Evy3

ASSIGNMENT

9219 J

Yr Regn: 5/8/16

From:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Insured: GBB 91012

Policy No. DMCVSNA00061472102

Claims No. SNM21D205687/C2/IRENE

Sum Insured:

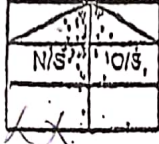
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Ref. or Market Value:

IDAO Accident Report

Consistent? Yes or No

SA / PR Sent

Consistent? Yes or No

Est. Repairs:

days

Res.:

Yes or No

Sum Sum:

%

3 Val.:

Yes or No

QA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Veh No:

SLE

Yr Regn:

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

Truck / Trailer or

Make:

Toyota

C.B.

Colour:

Silver

A/O:

Insured / Std / NI / N

Sp. Reading

752485

TIRadio:

Insured / Std / NI / N

Eng/No:

NKE 165 7129/30

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

Mod: Nil / SRM / STD ARM or

Tyre Size:

FI

185/65R15

RI

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

TOYO / YOKO or

Finnia

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

U/Bal.

5

mm

D.O.A.

2/12/21

Lion City

O/O.L.

7/12/21

Survey held at

Des. of Damages: Frt / Rear / O/S / H/S / VIC / Roof/ or

The U/O / Structural frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MR-SOK

13/10/21 Steve confirmed LS \$1050 (Red 3427,76%)

mer/Tue, File, Retain

☐

Prall. Report

Days Of Repair: 3

mer/Tue, File Retain

☐

Final Report

Resurvey No. of Trips: 1

13/10/21-typist

Add Fee:

☐

Site Insp

(\$

☐

Interview

(\$

☐

Tech. Insp

(\$

☐

VVest and

(\$

Survey Fee:

Transportation

Service

Others

TOTAL

Merimen

LS \$1050

Lion City Rentals Pte Ltd  
CARROS CENTER  
60 JALAN LAM HUAT #04-01 S(737869)  
Main +65 62524991

Ms China Taiping Insurance (Singapore) Pte Ltd

Date 5/10/2021

Attn : MOTOR CLAIMS DEPT

**ESTIMATE**

VEHICLE NO: SLE9129J

Chassis No: NKE1657129130

MAKE / MODEL : Toyota Corolla Axio Hybrid 1.5 Auto

DATE OF ACCIDENT: 02/10/2021

YOUR INSURED VEHICLE NUMBER: GBB9101Z

MILEAGE: 252485 km

|                      | <u>PARTS DESCRIPTION</u>              | <u>QTY</u> | <u>UNIT PRICE</u> | <u>LIST PRICE</u> |
|----------------------|---------------------------------------|------------|-------------------|-------------------|
| 1                    | Rear boot weatherstrip X nn           | 1PC        | \$270.00          | \$270.00          |
| 2                    | Rear end panel top cover/garnish X nn | 1PC        | \$342.00          | \$342.00          |
| 3                    | Rear end panel X nn                   | 1PC        | \$792.00          | \$792.00          |
| 4                    | Rear bumper - 00                      | 1PC        | \$912.00          | \$912.00          |
| 5                    | Rear bumper LH side retainer - BR     | 1PC        | \$138.00          | \$138.00          |
| 6                    | Rear bumper LH side arm ? X nn        | 1PC        | \$56.00           | \$56.00           |
| 7                    | Rear bumper LH reflector ? X nn       | 1PC        | \$100.00          | \$100.00          |
| 8                    | R/L taillamp X nn                     | 1PC        | \$850.00          | \$850.00          |
| LIST TOTAL S\$:      |                                       |            |                   | \$2,316.00        |
| 25.00% DISCOUNT S\$: |                                       |            |                   | \$579.00          |
|                      |                                       |            |                   | \$1,737.00        |

780 ✓  
65 ✓  
845  
-25%  
633-75

**SPECIAL NETT**

|                         |                         |       |          |     |
|-------------------------|-------------------------|-------|----------|-----|
| 1                       | Rear bumper clips - npe | 1 SET | \$80.00  | 30  |
| 2                       | Body sealant X nn       | 1SET  | \$200.00 |     |
| 3                       | Reverse sensor - Shnd   | 1SET  | \$260.00 | 200 |
| Special Nett Total S\$: |                         |       | \$540.00 | 230 |

### LABOUR CHARGES

- 1 To labour charge for removing rear bumper, rear end panel inner and outer out to facilitate repairs and replacement of damaged parts. \$800.00 779
- 2 To respray rear bumper, end panel inner and outer panel, spare tyre panel \$800.00 779
- 3 To deactivate and activate high voltage battery as a safety precautions \$300.00 X
- 4 To conduct standard of operating procedures post repairs diagnostic scan test as a requirement for hybrid cars upon completion of collision repairs \$300.00 X

LABOUR TOTAL S\$: .....  
TOTAL S\$: \$2,200.00  
7% GST \$4,477.00  
\$313.39  
GRAND TOTAL S\$: \$4,790.39

420

Steve (LKK)  
7/10/21, 10:10 AM

WNL PL  
3 djs  
LIS

My AL My

P-633-75  
M-930  
L-420  
1283.75  
LIS-1027  
= 1050

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:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| Owner Particulars             |                                       |
|-------------------------------|---------------------------------------|
| Owner ID Type:                | Company                               |
| Owner ID:                     | 621K                                  |
| Vehicle Particulars           |                                       |
| Vehicle No.:                  | SLE9219J                              |
| Vehicle to be Exported:       | Yes                                   |
| Intended Deregistration Date: | 20 Oct 2021                           |
| Vehicle Make:                 | TOYOTA                                |
| Vehicle Model:                | COROLLA AXIO HYBRID 1.5G CVT D/AIRBAG |
| Primary Colour:               | Silver                                |
| Manufacturing Year:           | 2016                                  |
| Engine No.:                   | 1NZR360315                            |
| Chassis No.:                  | NKE1657129130                         |
| Maximum Power Output:         | 73.0 kW (97 bhp)                      |
| Open Market Value:            | \$26,499.00                           |
| Original Registration Date:   | 05 Aug 2016                           |
| First Registration Date:      | 05 Aug 2016                           |
| Transfer Count:               | 2                                     |
| Actual ARF Paid:              | \$5,000.00                            |

| PARF Rebate Details           |             |
|-------------------------------|-------------|
| PARF Eligibility:             | Yes         |
| PARF Eligibility Expiry Date: | 04 Aug 2026 |
| PARF Rebate Amount:           | \$3,500.00  |

| COE Rebate Details          |                                      |
|-----------------------------|--------------------------------------|
| COE Expiry Date:            | 04 Aug 2026                          |
| COE Category:               | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):          | 10                                   |
| QP Paid:                    | \$52,301.00                          |
| COE Rebate Amount:          | \$25,053.00                          |
| <b>Total Rebate Amount:</b> | <b>\$28,553.00</b>                   |

The information contained herein is correct as at 04 Oct 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              | 04/10/2021 11:10 (SGT)                  |
| Date of Accident                | 02/10/2021 17:15 (SGT)                  |
| Exact Location of Accident      | 590 Queensway, Singapore 149072         |
| Additional Location Information | QUEENSWAY UNDERPASS TOWARDS FARRER ROAD |
| Country/State of Loss           | Singapore                               |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SLE9219J                      |
| INSURED/POLICYHOLDER        |                               |
| Is company?                 | Yes                           |
| Name Of Registered Owner    | LION CITY RENTALS PTE LTD     |
| Company Reg No              | 2XXXXX621K                    |
| Email Address               | lcrarc@lioncityrentals.com.sg |
| Mobile Phone No             | (Phone) +65-62525525          |
| Alternative Phone No        | (Office) +65-62525525         |

### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Toyota                    |
| Model                                                                        | Axio                      |
| Variant                                                                      | HYBRID                    |
| Exact purpose for which vehicle was being used at time of accident           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category                                                             | Private car               |
| Transmission                                                                 | Auto                      |
| CC                                                                           | 1500                      |

### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Type of Coverage          | ThirdParty                           |
| Fleet Policy              | Yes                                  |
| Policy Number             | -                                    |
| Cover Note Number         | -                                    |

### DRIVER

|                |            |
|----------------|------------|
| Name of Driver | [REDACTED] |
| NRIC No        | [REDACTED] |

Date Of Birth [REDACTED]  
 Occupation [REDACTED]  
 Date Of Driving Pass [REDACTED]  
 Driving experience [REDACTED]  
 Gender [REDACTED]  
 Mobile Number [REDACTED]  
 Alt. Phone Number [REDACTED]  
 Email Address [REDACTED]  
 Address [REDACTED]  
 Address complement [REDACTED]  
 Postcode [REDACTED]  
 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 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? No  
 Was any injured conveyed to hospital by ambulance? -  
 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 NA  
 Gender Female

#### 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

#### REFER TO SKETCH PLAN

#### 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 GBB9101Z  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Commercial vehicle

SKETCH PLAN

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SLE9219J

B = GBB9101Z



Queenway underpass  
Toward Farrer Rd

Describe Circumstances of the Accident

On 2 OCT 2021 at 1715 I was stationary along  
Queensway underpass towards Farrer Rd. Suddenly, I felt an  
impact at the rear of my vehicle. I was stationary  
because the traffic light was red and there was  
a car in front of me.

Declaration

I/we declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre  
Personnel

## SKETCH PLAN

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- (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

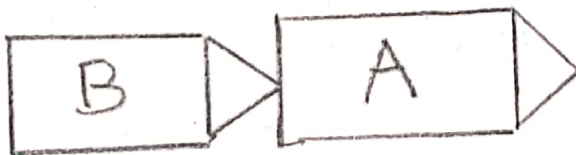
Sketch Plan

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

Witnessed by Reporting Centre Personnel

A = SLE9219J

B = GBB9101Z



Queen way underpass  
Toward Farrer Rd