

(08/11/13) wef

ASS. REC. BY: *James*

REF:

NS/INC21010966/R1uc

8396

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SHA 9535P  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SLD 2559D  
 Policy No. \_\_\_\_\_  
 Claims No. MT/1148845-002  
 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: 4 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Date / Time Action / Instruction

Confirmed L/S \$3800, 4 repair days  
 (RED \$2237.19; 37%)

Veh No: *SHA 9535P* Yr Regn: *2017 / 12 / 14*  
 Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: *TOYOTA PRIUS HYBRID 1.8CVT* c.c. *1798*  
 Colour: *Yellow* A/C: Insured / Std / NI / NA  
 Sp. Reading \_\_\_\_\_ T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: *JTDK13FU863861477*  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: ☒ In order / Jammed / Leaked / Burnt or  
 Brake: ☒ In order / Jammed / Leaked / Burnt or  
 Modi: ☒ Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: *195/65R15*  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or *WESTLAK*  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. *6* mm R/Bal. *6* mm  
 L/Bal. *6* mm L/Bal. *6* mm  
 D.O.A. *23/10/21* D.O.I. *25/10/21*  
 Survey held at *COMFORT DELHA*  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
*N/S Frt*  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Preli. Report

1) 1/11 TYPIST

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

) : S + RS, SI

☐ : Interview (\$

) : Photos

☐ : Tech. Invs (\$

) : Others

☐ : Weekend (\$

Report Format : TP

Lump Sum / T.B.T. (\$) 3800

REPAIR ESTIMATE

Vehicle No. : SHA9535P

Make : Toyota

Model : Prius

Date: 25/10/2021

Insurance: NTUC

MVA: MS. LOKE YY

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT FENDER SHIELD LH <i>sc</i>			\$198.50
1	FRT FENDER LH <i>bt</i>			\$945.30
1	FRT FENDER EMBLEM LH <i>nc</i>			\$86.50
	FRT BUMPER SIDE RETAINER LH <i>cm</i>			\$77.00
1	HEADLAMP PANEL LH ?			\$241.10
1	FRONT BUMPER FOG LAMP LH ?			\$920.00
1	HEADLAMP LH <i>cm</i>			\$2,735.28
1	FRONT BUMPER COVER <i>form</i>			\$499.90
1	FRONT BUMPER SIDE BRACKET LH <i>cm</i>			\$82.30
10	FRONT BUMPER CLIPS <i>nc</i>			\$22.00
1	FRT BUMPER SUPPORT LH ?			\$81.70
SUB TOTAL				\$5,889.58
LESS 25%				\$1,472.40
DISCOUNTED TOTAL				\$4,417.19
				\$-
Labour Charge				
PANEL BEATING				700 <del>\$980.00</del>
SPRAY PAINTING CHARGE				500 <del>\$600.00</del>
CHECK ALL LIGHTING				30 <del>\$60.00</del>
TUFF KOTE				40 <del>\$60.00</del>
TOTAL LABOUR				\$1,620.00
ESTIMATE TOTAL				\$6,037.19

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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:

*Rasul*  
*4p 900 00068*  
*4 days*  
*4/8*  
*25/10/21 @ 1555*  
*Resurvey after repair*



Date/Time: 25.10.2021 10:48

Page : 1

ARC Repair TP(CFSO)1

**JOB CARD** Sales Order: 4132840

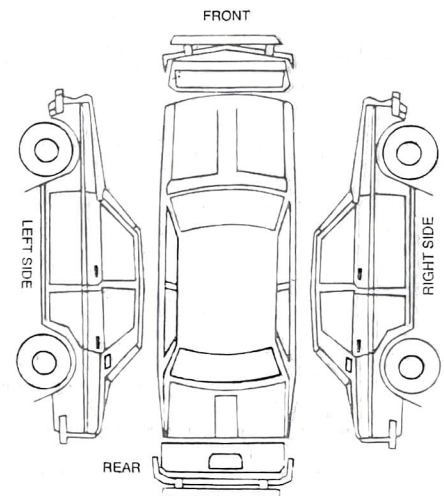
JC NO305491937

CITYCAB PTE LTD MER NO. 7010070 ESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) JUNT CARD NO.	REGN NO.: <b>SHA9535P</b>	MILEAGE
	MAKE : <b>TOYOTA</b>	FUEL E.....1/2.....F
	MODEL <b>PRIUS HYBRID(G4)23.10.2021 23:10</b>	DATE/TIME IN
	YR OF MANU. <b>17.08.2017</b>	TARGET DATE
	CHASSIS CODE <b>JTDKB3FU803561477</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 23.10.2021  
TURE: 3P 23.10.2021

NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: **SHA9535P YY**

Vehicle No.: **SHA9535P**

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

# 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 ..... 25/10/2021 10:11 (SGT)  
Date of Accident ..... 23/10/2021 19:05 (SGT)  
Exact Location of Accident ..... Serangoon, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA9535P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CITYCAB PTE LTD  
Company Reg No ..... 1XXXXX839G  
Email Address ..... fleetsafety@cdgtaxi.com.sg  
Mobile Phone No ..... (Phone) +65-97967980  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2419138  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LI LIJUN  
NRIC No ..... SXXXX298A



Date Of Birth ..... 02/01/1964  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 20/07/2007  
 Driving experience ..... 14 YEARS AND 3 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97967980  
 Alt. Phone Number ..... -  
 Email Address ..... fleetsafety@cdgtaxi.com.sg  
 Address ..... 164 CANBERRA DRIVE  
 Address complement ..... #04-58  
 Postcode ..... 768001  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... RELIEF  
 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 ..... Side Swipe  
 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) ..... 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

ON THE 23/10/2021 AT ABOUT 1910 HOURS, I WAS DRIVING VEHICLE A (SHA9535P) ON LANE 1 ALONG SERANGOON ROAD LANE CHANGING TO LANE 2 AS THERE IS CARS PARKED INFRONT OF ME WHEN VEHICLE B (SLD2559D) APPEAR FROM MY REAR LEFT SUDDENLY AND GLAZED THE FRONT LEFT PORTION OF MY BUMPER. I WISH TO MENTION THAT I DID CHECK MY LEFT BLIND SPOT AND SIGNALLLED BEFORE EXECUTING THE LANE CHANGE. NOBODY IS INJURED.

#### 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 ..... FILE IS NOT SUITABLE  
 Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLD2559D  
 Vehicle Manufacturer ..... Honda  
 Vehicle Model ..... Vezel  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private hire  
 Name of Driver ..... TAN KIAN HWEE

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

SXXXX653D  
(Phone) +65-84187320

PASSENGER 1

Name .....  
Gender .....

PASSENGER  
Male

PASSENGER 2

Name .....  
Gender .....

PASSENGER  
Female



**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

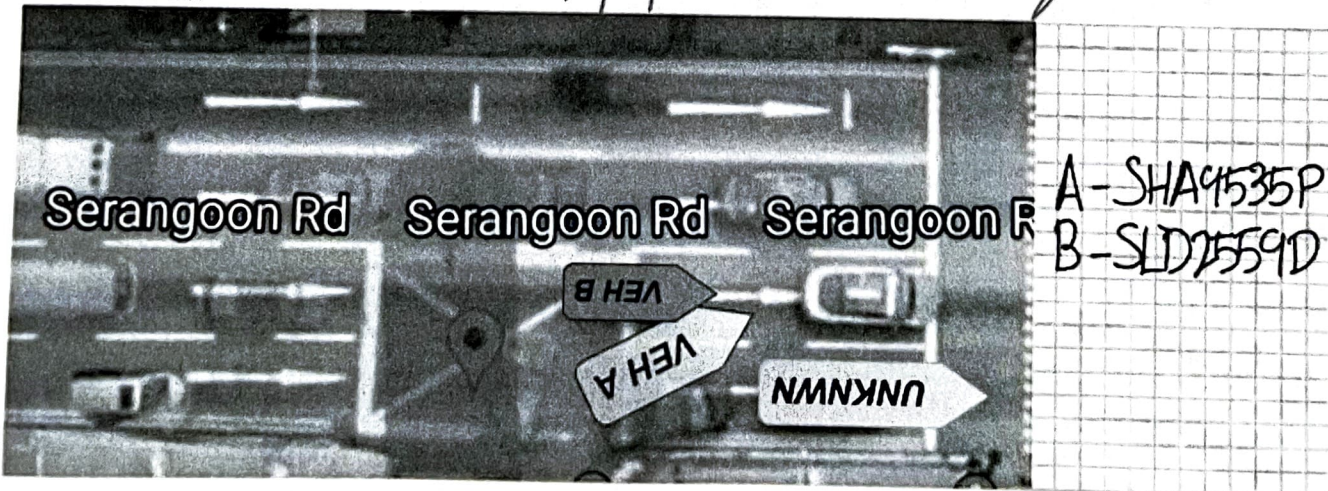
Sketch Plan

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

23/10/21 2130

Witnessed by Reporting Centre Personnel

Personnel



**Describe Circumstances of the Accident**

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**Declaration**

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

7 / 9

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



23/10/21

21:50





> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	839G
Vehicle No.:	SHA9535P
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Yellow
Manufacturing Year:	2017
Engine No.:	2ZRS056544
Chassis No.:	JTDKB3FU803561477
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	17 Aug 2017
First Registration Date:	17 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Aug 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	16 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,320.00
COE Rebate Amount:	\$17,281.00
Total Rebate Amount:	\$21,031.00
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 26 Oct 2021

OK



> Back to OneMotoring

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