CS/EQI21011355/Atf3

ASS, REG. BY ASSIGNMENT SML3493Z Yr Regn: 2013 / Date: From: Type, M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Lexus LS460L c.c 4608 Make: To Inspect Vehicle No: Insured / Std / NI / NA A/C: Colour at Workshop m/s HLSS 116685 T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: insured: JTHGL46F405050023 C/No: Policy No. Gen. Cond; Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil /S/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / 0/8 N/S Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Front Rear Bal. or Market Value: 06 R/Bal. R/Bal. mm Consistent?: Yes or No IDAC Accident Rport: 06 L/Bal. mm Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No days Est. Repairs: Advence Survey held at 3 Val.: Yes or No Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Front N/S Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date / Time Action / Instruction 35K X1.5K+ 50% ARF = 37.5+62 \$100K mv : 1001 Depriciation (a) PV: 82.4K LUMP SUM \$8500, 4DAYS Nett: 17-6K RED: 7494.20:46% Days Of Repair: Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time. File Return to? Add Fee: : Site Insp (\$ S + RS.__SI Interview (\$ Pholos Tech. Invs (\$ Others Report Formet : : Westend 18 Lugar Sum / LEJ: (3

SA1F21B80001 / ALPINE MOTORS PTE LTD ENTRY DATE & TIME: 08/11/2021 11:30 (SGT) SUBMITTED BY: Mohammad Suhaimi Bin Mohd Suadi Ong VERSION: 1 (08/11/2021 11:30 (SGT))



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 witholding 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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

. .

08/11/2021 11:30 (SGT) 06/11/2021 11:20 (SGT) Singapore Driveway of Bedok Shopping Complex Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMI 34937

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

Tan Keng Hong Richard

SXXXX980H

rtkh49@live.com

(Phone) +65-9457818243927916

(Home) +65-81824392

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Lexus

Ls4601

Ls460

Private use

No - Claiming third party

Private car

Auto

4608

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AXA Insurance Pte Ltd Comprehensive

No

GA489109/1

nil

DRIVER

Name of Driver

Tan Keng Hong Richard SXXXX980H



Accident report SA1F21B80001

Page 1 of 13

13/02/1949 Date Of Birth Indoor Occupation 31/10/1977 Date Of Driving Pass 44 YEARS AND 1 MONTH Driving experience Gender (Phone) +65-9457818243927916 Mobile Number (Home) +65-81824392 Alt. Phone Number rtkh49@live.com **Email Address** 769 Upper East Coast Road Address Address complement 466624 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any othe vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Report Please refer to Sketch Plan ATTACHMENT(S) Are accident photos available for attachment? Yes Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

No

file to big

GBB4077T Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category Name of Driver Contact Number Address

Reasons for not uploading a video of the accident

Was there any audio recorded?

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

Accident report SA1F21B80001

Page 3 of 13

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful insrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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
- 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)

Lunderstand, 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 yers/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")

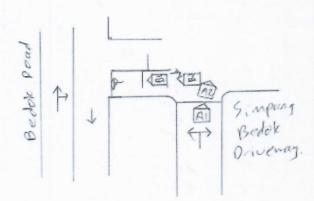
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A)-5ML3493Z (B)-GBB4077T

Describe Circumstances of the Accident
On the Oblilzozi @ about 11.700. n along Driveway of Bedok
Shopping Complex along Bedok Road also known as Simpang Budok
They are confier along beach toda are known as timbered beach
I was driving glong the driveway and wanted to anake a right
turn to the look for many carpark lots. I stopped to check
for traffic, and proceeded to make a right turn continusly.
Guddenly, a vehicle (B) on my left who was trying to exit
the compark reversed without courtion and proper lookout, and
collided into the left of front portion of my Vehicle (A).
causing damages to my vehicle
encying alwayer to my vertice
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under you
your own comprehensive policy. Please check your policy for more information.

Declaration

IWe declare the foregoing particulars are true in every respect

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Veh	icle
Maria Common Doubles long	

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	980H
Vehicle No.:	SML3493Z
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2021
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS LS460L AUTO
Primary Colour:	Black
Manufacturing Year:	2013
Engine No.:	1UR0346281
Chassis No.:	JTHGL46F405050023
Maximum Power Output:	280.0 kW (375 bhp)
Open Market Value:	\$124,762.00
Original Registration Date:	08 May 2013
First Registration Date:	08 May 2013
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$124,762.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 May 2023
PARF Rebate Amount: Intended COE Rebate Details	\$68,619.00
COE Expiry Date:	07 May 2023
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$91,910.00
COE Rebate Amount:	\$13,755.00
Total Rebate Amount:	\$82,374.00
The information contained herein is correct as at 08 Nov 2021	

OK

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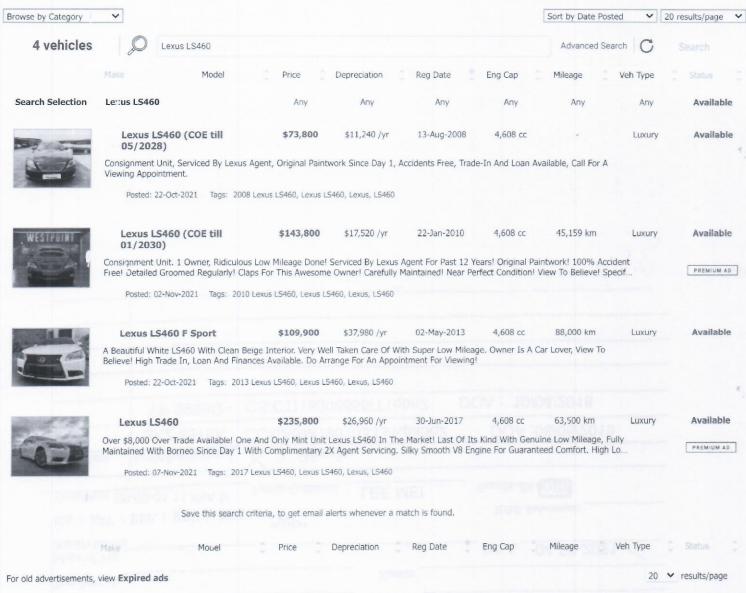
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Platinum Motoring

2016 Citroen C4 Picasso Diesel 1.6A BlueHD





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