

(08/11/13) wef
ASS. REC. BY: From

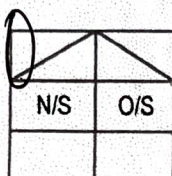
REF:

CS3/SMR 21012262/Rimf3

586B

ASSIGNMENT

From:	Date:	Veh No:	<u>SMP 66435</u>	Yr Regn:	<u>20M / OCT</u>
Estimated Cost:		Type:	<u>M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /</u>		
<u>OD / TP / WS / TP RES / OD RES / EVA / INV / MV</u>		Truck / Trailer or			
To Inspect Vehicle No:	<u>SMP 66435</u>	Make:	<u>TOYOTA CHR HYBRID 1.8 SCV c.c</u>	<u>1747</u>	
at Workshop m/s	<u>ENG HUP AUTO PARTS</u>	Colour:	<u>YELLOW</u>	A/C:	<u>Insured / Std / NI / NA</u>
of	<u>BLK 1, 387J WOODLANDS RD YEN TEE</u>	Sp. Reading	<u>120126</u>	T/Radio:	<u>Insured / Std / NI / NA</u>
Insured:	<u>SMR</u>	Eng/No:			
Policy No.		C/No:	<u>24X10 216 4212</u>		
Claims No.	<u>BUS/11/21/5048</u>	Gen. Cond:	<u>Good / Fair / Poor / Burnt</u>		
Sum Insured:		Steering:	<u>In order / Jammed / Leaked / Burnt or</u>		
(Client's Record)		Brake:	<u>In order / Jammed / Leaked / Burnt or</u>		
Make of Veh:		Modi:	<u>Nil / S/Rim / STD A/Rim or</u>		
(Policy Condition)		Tyre Size:	F: <u>215/60R17</u>		
Remark: The veh had commenced its		R:			
repair at the time of inspection.		BS / DUN / EXNOVA / GY / FS / LIZA / <u>MIC</u> / OHTSU / PIR / SUMI /			
		TOYO / YOKO or			
Bal. or Market Value:	<u>93K</u>	Front		Rear	
IDAC Accident Rpt:	Consistent? : Yes or No	R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
Est. Repairs:	<u>5</u> days Res.: Yes or No	D.O.A.	<u>30/11/21</u>	D.O.I.	<u>03/12/21</u>
Lum Sum:	% 3 Val.: Yes or No	Survey held at	<u>ENG HUP</u>		
CA / REV / REP. / 24 HRS		Des. of Damages:	<u>Frt / Rear / O/S / N/S / U/C / Rooftop or</u>		
Date:	Person Contacted:		<u>N/S FR</u>		
		The U/C / Chassis frame / Body Structure affected due to collision.			
Vehicle: IN / OUT					



Date / Time Action / Instruction
REPAIR LIMIT - 45K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (4k 5K) / 5 days

09/03/22 Submit PRS.

Date/Time, File Pass to?

☐ : Prell. Report

1) 09/03 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Report Format : PRS

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) S + RS SI

) Photos

) Others

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	01/12/2021 13:04 (SGT)
Date of Accident	30/11/2021 17:00 (SGT)
Exact Location of Accident	Near 9JM3+F9 Nusajaya, Johor, Malaysia
Additional Location Information	FORD CANNING LINK TOWARDS STAMFORD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6643S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM CHUN KIAT (LIN JUNJIE)
NRIC No	S8014580B
Email Address	LIMKKLIMKK@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81886643
Alternative Phone No	+65-81886643

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124011744
Cover Note Number	-

DRIVER

Name of Driver	LIM CHUN KIAT (LIN JUNJIE)
NRIC No	S8014580B

Date Of Birth	19/05/1980
Occupation	Outdoor
Date Of Driving Pass	11/03/2011
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81886643
Alt. Phone Number	+65-81886643
Email Address	LIMKKLIMKK@HOTMAIL.COM
Address	BLK122 GEYLANG EAST CENTRAL #06-82
Address complement	-
Postcode	380122
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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

REFER TO SKETCH PLAN 2.

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	SG5833T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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) -

Estimate of

Estimated Cost:

Describe Circumstances of the Accident

[A] SMP6643S, I was turning toward Stamford road at extreme right lane, [B] SG5833T was also turning toward to Stamford road and it was at the second lane while turning at the traffic light, I immediately stop my vehicle as it was too late due to the bus encroached into my lane and hit my vehicle.

Declaration

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



道立威汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East I
#07-13 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2098 (Jines) Fax: 6219 2096

Witnessed by Reporting Centre Personnel

ESTHER Lim

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.
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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

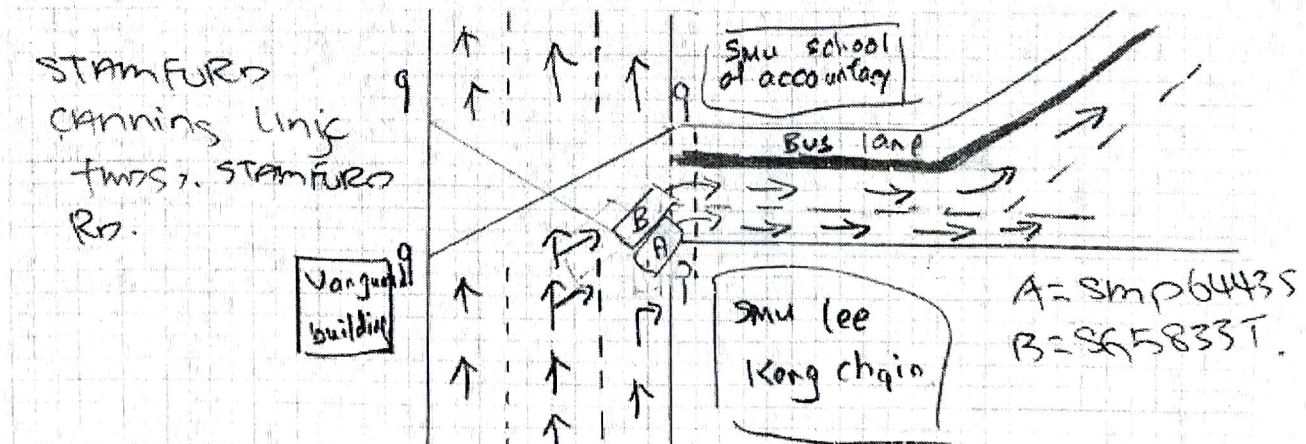
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	580B
Vehicle No.:	SMP66435
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Dec 2021
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	2ZR2C69751
Chassis No.:	ZYX102164212
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$28,490.00
Original Registration Date:	08 Oct 2019
First Registration Date:	08 Oct 2019
Transfer Count:	1
Actual ARF Paid:	\$21,886.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Oct 2029
PARF Rebate Amount:	\$16,414.00
COE Expiry Date:	07 Oct 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$39,889.00
COE Rebate Amount:	\$30,878.00
Total Rebate Amount:	\$47,292.00




The information contained herein is correct as at 06 Dec 2021

OK

Toyota C-HR Hybrid 1.8A S

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

BUY • SELL • LEASE • EXPORT VEHICLES

Price	\$91,200		
Depreciation 	\$10,650 /yr View models with similar depre	Reg Date	03-Jul-2019 (7yrs 6mths 26days COE left)
Mileage	17,363 km (7.1k /yr)	Manufactured	2018
Road Tax 	\$974 /yr	Transmission	Auto
Dereg Value	\$42,994 as of today (change)	Fuel Type	Petrol-Electric
COE 	\$35,906	OMV	\$27,898
Engine Cap	1,797 cc	ARF	\$21,058
Curb Weight	1,440 kg	Power	90.0 kW (120 bhp)