

ASS REC. BY: T Gum

REF:

CS3/11121012361/Bqf3

Shirley Chan

## ASSIGNMENT

From: \_\_\_\_\_ Date: 13/12/2021

Estimated Cost: \_\_\_\_\_

OD / ☒ WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SL2 46663

at Workshop m/s Hiap Lek Auto

of 160 Sin Ming Dr # 05-17

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.

Bal. or Market Value: 77,000/-

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

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

Veh No: SL2 46663 Yr Regn: 4/5/2018

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

Truck / Trailer or

Make: Toyota Prius C.C. 1797

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 111853 T/Radio: Insured / Std / NI / NA

Eng/No: 2ZR8374254

C/No: 3VW50617985

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ STD / R/Rim or

Tyre Size: F: 195/55/15

R: 195/55/15

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

TOYO / ☒ or

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 27/11/2021

D.O.I. 13/12/2021

Survey held at Hiap Lek Auto

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

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

Date / Time	Action / Instruction
	Range 5,000/- - 6,000/-
12/01/22	Submit PRS.
	Survey photos taken on Mon 13/12/2021 @ 12:24:22 PM
	Resurvey photos taken on Wed 15/12/2021 @ 12:24:50 PM
	After paint photos taken on Tues 21/12/2021 @ 11:53:08 AM
	MV 77,000/-
	PV 38,266/-
	NV 38,734/-
	T Gum Lim
	12/1/2022

Date/Time, File Pass to?

☐ : Prelim. Report

1) 12/01 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: MER-PRS

Lump Sum / I.E.I. /

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ 1)☐ : Interview (\$ )☐ : Tech. Invs (\$ )☐ : Weekend (\$ )

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	493E
Vehicle Details	
Vehicle No.:	SLZ4666Z
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8S CVT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	2ZR8374254
Chassis No.:	ZVW506117985
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,067.00
Original Registration Date:	04 May 2018
First Registration Date:	04 May 2018
Transfer Count:	1
Actual ARF Paid:	\$19,894.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 May 2028
PARF Rebate Amount:	\$14,920.00
Intended COE Rebate Details	
COE Expiry Date:	03 May 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$38,000.00
COE Rebate Amount:	\$23,346.00
<b>Total Rebate Amount:</b>	<b>\$38,266.00</b>

The information contained herein is correct as at 12 Jan 2022

OK

MV 77,000/2  
 PV 38,266/2  
 NV 38,734

Truinhui  
 12/1/2022





## 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	30/11/2021 14:34 (SGT)
Date of Accident	27/11/2021 22:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG LINK TURNING TO WOODLANDS ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4666Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TCLIMO PRIVATE LIMITED
Company Reg No	202031493E
Email Address	towchong.lim@gmail.com
Mobile Phone No	(Phone) +65-93850897
Alternative Phone No	+65-93850897

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 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	5119465954-01
Cover Note Number	drivo CLASSIC

### DRIVER

Name of Driver	HENG SWEE HENG
NRIC No	S1331437C



Date Of Birth	06/04/1958
Occupation	Outdoor
Date Of Driving Pass	02/11/1977
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-90077077
Alt. Phone Number	-
Email Address	stevengheng7826@yahoo.com.sg
Address	BLK 29 GHIM MOH LINK #33-318
Address complement	-
Postcode	270029
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASSENGER
Gender	Male

#### PASSENGER 2

Name	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Alexandra Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004739999
Alt. Police Station Phone No	(Fax) +65-64713569
Police Station Address	Blk 46-2 Commonwealth Drive #01-382A Singapore 140462
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN / POLICE REPORT

#### 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	SMR5917Z
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	ANG TUANG LEONG
NRIC No	S7209306B
Contact Number	(Phone) +65-88285821
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	HENG SWEE HENG
Gender	Male
Phone No	(Phone) +65-90077077
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ4666Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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 the 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.

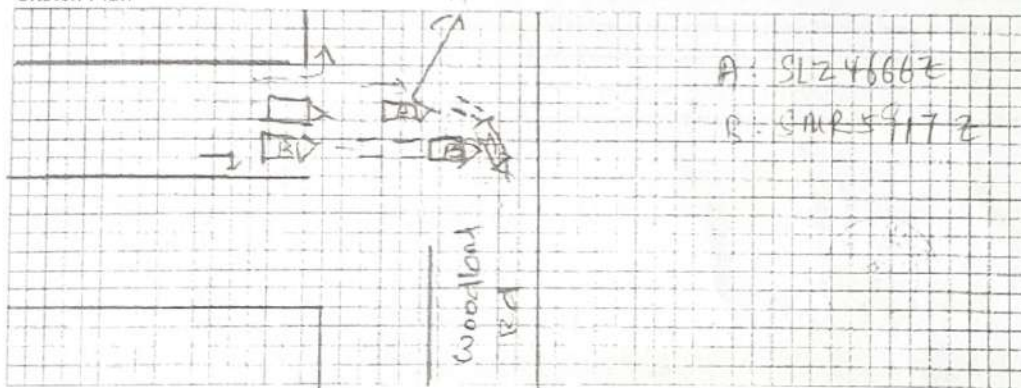


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





Describe Circumstances of the Accident

Refer to Police report No: 9/20211129/2052

Declaration

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





**SINGAPORE  
POLICE FORCE**



T/20211129/2052

1 of 3

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20211129/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/11/2021 13:39	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: HENG SWEE HENG		Address: APT BLK 29 GHIM MOH LINK #33-318 SINGAPORE 270029	
ID Type / ID No.: NRIC NO / S1331437C		Contact No.: Home/Office: Mobile: 90077077	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 06/04/1958	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2021 22:15	Type of Location: Bend
Location:  CHOA CHU KANG LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ4666Z	Car				Seriously Damaged	2
SMR5917Z	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20211129/2052

2 of 3

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20211129/2052

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	HENG SWEE HENG	ID No.	S1331437C
Related Vehicle	SLZ4666Z (Car)	Contact No.	90077077
Hospital/Clinic	FONG CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Ang Tuang Leong	ID No.	S7209306B
Related Vehicle	SMR5917Z (Car)	Contact No.	88285821
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/11/2021 at about 2215hrs, I was driving along a bend of Chua Chu Kang Link going towards Woodlands road(CITY). I was on the 2nd lane and while turning right, suddenly vehicle SMR5917Z collided onto the right side of my vehicle. I alighted and made a check on my vehicle and discovered huge dent on the right side of my vehicle. Me and the driver of SMR5917Z exchanged particulars and went on our ways. I felt unwell the next day and decided to visit the doctor on Monday.





**SINGAPORE  
POLICE FORCE**



T/20211129/2052

3 of 3

Report No. T/20211129/2052

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
D /  
Sgt 2 KELVIN LAUW JIA MING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/11/2021 13:39

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZLI BIN ABDULLAH  
SINGAPORE  
Contact No.: 654762

Classification Of Case:

SN 47

Authentication Stamp  
NP168



SIGNATURE

R017746  
13.12.21 11:36  
SLZ4666Z  
160-0517



Factory Japan 2019.0.2 : Toyota : Prius : W50 Series : ZVW50  
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-0°14'	-0°55'	-0°55' 0°35'
6°56'	6°56'	6°25' 7°55'
0°00'	-0°11'	-0°03' 0°08'
13°10'	13°51'	
12°56'	12°56'	
36psi	30psi	

Camber  
Caster  
Toe  
SAI  
Included Angle  
Turning Angle Diff.  
Tire Pressure

Front : Right

Actual	Before	Specified Range
-0°35'	-0°36'	-0°55' 0°35'
5°39'	5°39'	6°25' 7°55'
0°01'	0°09'	-0°03' 0°08'
13°31'	13°32'	
12°55'	12°55'	
36psi	30psi	

Front

Cross Camber  
Cross Caster  
Cross SAI  
Total Toe  
Cross Turn Diff.

Actual	Before	Specified Range
0°21'	-0°18'	-0°45' 0°45'
1°17'	1°17'	-0°45' 0°45'
-0°20'	0°19'	
0°00'	-0°02'	-0°05' 0°16'

Rear : Left

Actual	Before	Specified Range
-1°46'	-1°50'	-2°00' -0°30'
0°07'	0°03'	0°00' 0°11'
36psi	31psi	

Camber  
Toe  
Tire Pressure

Rear : Right

Actual	Before	Specified Range
-1°52'	-1°48'	-2°00' -0°30'
0°05'	0°07'	0°00' 0°11'
36psi	30psi	

Rear

Cross Camber  
Total Toe  
Thrust Angle  
Axle Offset

Actual	Before	Specified Range
0°06'	-0°03'	-0°45' 0°45'
0°12'	0°09'	0°00' 0°22'
0°01'	-0°02'	
0mm	0mm	