

REG BY: Thevan

CS/CTI22000853/VVY3

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: EN 3822S

Policy No. DMPCSNW00045792101

Claims No. SNM22D200555/C02/TOHHS

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:

IDAC Accident Report: 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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SMN4728E

Yr Rogn: 13/8/19

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

Truck / Trailer or

Make:

Toyota Sienta Hybrid c.c 1496

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

124045

T/Radio: Insured / Std / NI / NA

Eng/No:

1857

C/No:

NHPI707172760

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: ~~road stone~~ 185/60R15

R: 185/60R15

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

TOYO / YOKO or

road stone

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 21/1/22

D.O.I. 25/1/22 1030

Survey held at

Teamwork

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

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

Date / Time Action / Instruction

MU: 81K

rebate: 35231

NU: 45769

11/2/22 Thevan informed LS \$7050 (Red 8168.90,53%)

Date/Time File Pass to?

☐

: Prelim. Report

ij

☐

: Final Report

Date/Time File Return to?

15/2/22-typist

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : W/stand (\$

Survey Fee:

Transportation:

S + RS. \$

Fines

Others

Total

Report Form: Merimen

LS \$7050

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	722Z
Vehicle Details	
Vehicle No.:	SMN4728E
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Feb 2022
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA HYBRID 1.5X CVT
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	1NZR782981
Chassis No.:	NHP1707172760
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$24,907.00
Original Registration Date:	13 Aug 2019
First Registration Date:	13 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$16,870.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Aug 2029
PARF Rebate Amount:	\$12,652.00
Intended COE Rebate Details	
COE Expiry Date:	12 Aug 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$30,009.00
COE Rebate Amount:	\$22,579.00
<b>Total Rebate Amount:</b>	<b>\$35,231.00</b>

The information contained herein is correct as at 03 Feb 2022

OK

dp: 9500

12

= 792

7 yrs 7/01

792 x 91 = 72072

72072 + 8435

= 80507

= 81k

81k - 35231

= 45769

## Sienta Hybrid 1.5A X Used Vehicle List (2 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availability
<b>Toyota Sienta Hybrid 1.5A X</b> (Petrol-Electric)	<b>\$88,300</b>	\$10,310 /yr	22-Oct-2019	1,496 cc	23,000 km	Advance Auto Trading	<b>Available</b>

1 Owner, Super Fuel Saver MPV, Low Mileage And Well Maintained, Original Paint, Good Condition, Please Call Or WhatsApp Us For Viewing.

Office No. - 67635003

Suzanne Lee - 91009831 | Eugene Phua - 91009836

<b>Toyota Sienta Hybrid 1.5A X</b> (Petrol-Electric)	<b>\$77,888</b>	\$9,730 /yr	15-Apr-2019	1,496 cc	67,000 km	Royale Motoring	<b>Available</b>
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100% Loan Approval Doable. Well Leather Seat. 100% Accident Free. Superb Well Maintained. Car Available. Don't Miss It. Must View! 100% Flexible Loan Available. We Provide Lowest Interest Rate. High T...

Office No. - -

Jay - 88186710 | Ray - 97633028 | Mc - 88554138 | Jason - 96876658

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## 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	22/01/2022 14:25 (SGT)
Date of Accident	21/01/2022 20:51 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG NICOLL HIGHWAY TOWARDS KPE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4728E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	200406722Z
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-87840153
Alternative Phone No	+65-87840153

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENTA HYBRID 1.5X CVT
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5124295679-000076
Cover Note Number	01/11/2021 TO 31/10/2022

#### DRIVER

Name of Driver	HUSIANO BIN HUSSAIN
NRIC No	S7900565G

Date Of Birth .....	05/01/1979
Occupation .....	Outdoor
Date Of Driving Pass .....	28/03/2018
Driving experience .....	3 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88869967
Alt. Phone Number .....	-
Email Address .....	khierthii@rosetlimo.com
Address .....	APT BLK 3 JALAN BUKIT MERAH #05-5076 (S) 150003
Address complement .....	-
Postcode .....	-
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	PASSENGER
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 WITH ATTACHED.

#### 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 .....	EN3822S
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Stream
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	KOH YONG LIANG
NRIC No .....	S7925268I
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	HUSIANO BIN HUSSAIN
Gender .....	Male
Phone No .....	(Phone) +65-88869967
Address .....	APT BLK 3 JALAN BUKIT MERAH #05-5076 (S) 150003
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMN4728E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**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' 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.



*the 22/1/22 0946hrs*



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Nicoll Highway

A: SMN4728E  
B: EN3822S

**Describe Circumstances of the Accident**

I was travelling straight along Nicoll Highway towards KPE. As the vehicle in front of me slowed down and stopped, I followed to stop my vehicle. Out of sudden, I felt an impact from my rear. When I alighted to check, I realised vehicle B had collided onto the rear portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* 22/1/22 0946hrs

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



Witnessed by Reporting Centre Personnel

CHINA TAIPING

Vehicle number	SMN4728E
Make / Model	TOYOTA SIENTA
Chassis number	NHP1707172760
Accident date	21/1/22
Reference	2201-23

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	TAILGATE	1245.09 / DT
2	TAILGATE ABSORBER	533.50 ? X SUC
2	TAILGATE HINGE	212.74 ? X SUC
1	TAILGATE INNER TRIM	251.80 ? X SUC
1	TAILGATE OUTER GARNISH	228.69 / DIS
1	TAILGATE INNER LAMP LH	209.99 ? - CR9
1	TAILGATE INNER LAMP RH	209.99 ? - CR9
1	TAILGATE EMBLEM - LOGO	74.25 / nec
1	TAILGATE EMBLEM - HYBRID TECHNOLOGY	57.20 / nec
1	TAILGATE LOCK	514.36 / jam 387.9
1	TAILGATE STRIKER	28.38 ? Xr
1	TAILGATE WEATHERSTRIP	409.53 ? / Cut 360
1	TAILGATE INNER BOARD HANDLE	35.70 ? X RNM
2	REAR WINDSCREEN MOULDING	99.00 / nec
1	REAR TAILLAMP LH	389.18 ? / CR9
1	REAR TAILLAMP RH	389.18 ? / CR9
2	REAR CORNER BUMPER	615.12 ? X RNM
1	REAR BUMPER	405.60 / DT 385
1	REAR BUMPER TOP GARNISH	209.00 / DT
2	REAR BUMPER RETAINER	155.10 / nec
2	REAR BUMPER REFLECTOR	131.56 ? / CR9
2	REAR BUMPER REFLECTOR GARNISH	284.02 ? / SUC
1	REAR END PANEL OUTER	476.96 ? / DT
1	REAR END PANEL INNER	765.93 ? / DT 695.4
1	REAR END PANEL TOP GARNISH	162.25 ? / Def
1	KEYLESS SENSOR	79.20 ? - CR9
1	ANTENNA (ELECTRICAL SENSOR)	405.57 ? X RNM
1	SPARE TYRE TOP BOARD	307.89 ? X RNM
1	SPARE TYRE INNER BOARD	491.37 ? X RNM
1	FLOOR PANEL	768.57 ? Xr
1	FLOOR PANEL UNDERTRAY	438.46 ? / Cut
1	REAR EXHAUST SILENCER	885.94 ? X SUC
2	REAR EXHAUST MOUNTING	108.02 ? X SUC
2	REAR FENDER INNER TRIM BOARD	1379.40 ? X SUC Cut
		12958.54
	Less 25%	3239.64
		9718.90

<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>			
1 SET	REVERSE SENSOR	250.00 <sup>200</sup>	cut
1 SET	REAR BUMPER CLIP	30.00 <sup>20</sup>	nec
1 SET	FENDER INNER TRIM BOARD CLIP	50.00 <sup>30</sup>	nec
1 SET	END PANEL TOP GARNISH CLIP	50.00 <sup>20</sup>	nec
1 SET	TAILGATE INNER TRIM BOARD CLIP	50.00 <sup>20</sup>	nec
1	REAR NUMBER PLATE	80.00 <sup>40</sup>	nec
1	JOINT SEALANT	120.00 <sup>50</sup>	nec
1	WINDSCREEN SEALANT	120.00 <sup>50</sup>	nec
Subtotal		750.00	
Balance C/F		10468.90	
<u>LABOUR AND MISCELLANEOUS CHARGES</u>			
1	CHECK WIRING AND LIGHTNING SYSTEM	150.00 <sup>30</sup>	
2	RE-PROGRAMMING AFTER REPAIR	200.00 <sup>7, XNN</sup>	
3	REMOVE AND REFIT TRIMS & GARNISHES	150.00 <sup>50</sup>	
4	REMOVE AND REPLACE REVERSE SENSOR	150.00 <sup>30</sup>	
5	REMOVE AND REFIT REAR WINDSCREEN	150.00 <sup>120</sup>	
6	REMOVED AND REFIT REAR SEAT TO FACILITATE REPAIR	300.00 <sup>7, M 70</sup>	
7	REMOVE AND REPLACE HYBRID BATTERY	500.00 <sup>7, XNN</sup>	
8	REMOVE AND REFIT TAILGATE ATTACHMENT	200.00 <sup>40</sup>	
9	PANEL BEATING ON AFFECTED AREAS	1400.00 <sup>600/1000</sup>	
10	SPRAY PAINTING ON AFFECTED AREAS	1400.00 <sup>600/1000</sup>	
11	APPLY ANTI RUST ON AFFECTED AREAS	150.00 <sup>30</sup>	
Subtotal		4750.00	
Grand total		15218.90	

Thevan@lkhauto.com  
 82235769  
 25/11/22 1030  
 LIS 4 days wp  
 6

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: