(08/11/13) wef

ASS. REC. BY:

REF: CS/AIS22000862/Rtf3

DOD A

COE EXPIRY: 2022/AUG

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SGX94234

at Workshop m/s MOHAMED AUTOMOBILE

of 38, MUSEUM RD PK EST #01-16

Insured: AIS

Policy No.

Claims No.

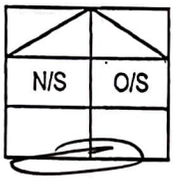
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**



Bal. or Market Value: 8K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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: SGX94234 Yr Regn: 2007 / SEP

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

Make: TOYOTA VIOS E AUTO c.c 1497

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

Sp.Reading 99785 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR0534493050139A9

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	22/01/22	D.O.I.	25/01/22

Survey held at MOHAMED AUTOMOBILE

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

REPAIR LIMIT - 5K

advising our Principal a cost of repair of L/S $2,600.00 /- with 6 days of repair

red: 1387;34%

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format :

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

KASSIM ESTD.1969

MOHAMED AUTOMOBILE

38, Woodlands Industrial Park E-1, #01-16, Singapore 757700
Tel : 6468 1322 Fax : 6468 1376
Email : mohdauto@yahoo.com
Reg No. : 53326419 K

To: ALLIANZ Insurance

24th January 2022

Attn : Motor Property Claims

Dear Sir,

Accident Involving SGX-9423-U & SJH-2555-S (23rd Jan 2022)

Quotation for the repair of vehicle number SGX-9423-U

No	Description	Price
1	1 Piece Rear Bumper	$ 780.00
2	2 Pieces Rear Bumper Side Retainers	$ 78.00
3	2 Pieces Rear Bumper Clips	$ 12.00
4	2 Pieces Rear Bumper Reflectors	$ 85.00
5	1 Piece Rear Boot	$ 580.00
6	2 Pieces Rear Boot Hinge	$ 130.00
5	1 Piece Rear Panel Garnish	$ 120.00
6	2 Pieces Rear Panel Clips	$ 15.00
7	2 Pieces Tail Lamp	$ 660.00
8	2 Pieces Clips	$ 15.00
9	1 Piece Rear Boot Rubber	$ 130.00
10	1 Piece Rear Boot Lock	$ 160.00
11	1 Piece Rear Boot Latch	$ 85.00
12	1 Piece Spare Tyre Sponge (RH)	$ 60.00
13	1 Piece Spare Tyre Sponge (LH)	$ 60.00
14	1 Piece Panel Sealant	~~$ 100.00~~ 60 s/l
15	2 Pieces Reverse Sensor	~~$ 300.00~~ 200 -
	Total	$ 3370.00
	Less 25 %	$ 842.50
	Total	$ 2527.50

1	Labor Charge Rear Panel Beating	$ 490.00
2	Spray Painting	$ 550.00
3	Rust Proofing	$ 120.00
4	Number of repair days (50.00 x 6 days)	$ 300.00
	Total	$ 3987.00

450 500 ?

In Singapore Dollars: THREE THOUSAND, NINE HUNDRED AND EIGHTY SEVEN DOLLARS ONLY

Rasul
Hp 90010068
6 days
4/5
25/01/22 @ 1510
Rosy after repair

Mohamed Automobile

MOHAMED AUTOMOBILE
38, Woodlands Industrial Park E-1
#01-15, Singapore 757701
Tel: 6468 1322 Fax: 6468 1373

Ameer Ali
9387-8260

Mohdamto@Yahoo-com

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:

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	24/01/2022 14:57 (SGT)
Date of Accident	22/01/2022 17:14 (SGT)
Exact Location of Accident	Jln Teck Whye, Singapore
Additional Location Information	TOWARDS BUKIT PANJANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX9423U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MOHAMED ELECTRO-MART
Company Reg No	4XXXX000A
Email Address	mohdelectro@yahoo.com
Mobile Phone No	(Phone) +65-93838260
Alternative Phone No	+65-93838260

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5093615176-04
Cover Note Number	-

DRIVER

Name of Driver	R RADHA KRISHNAN
NRIC No	SXXXX447C

Date Of Birth	14/10/1966
Occupation	Outdoor
Date Of Driving Pass	22/10/1997
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87770233
Alt. Phone Number	-
Email Address	mohdelectro@yahoo.com
Address	BLK 777 WOODLANDS CRESCENT
Address complement	#11-44
Postcode	730777
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	N.A
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

PLEASE SEE ATTACHED SKETCH PLANS

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	SJH2555S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

e of Driver	ER WEE KHENG
IC No	SXXXX159F
ntact Number	(Phone) +65-94560761
dress	-
ddress complement	-
Postcode	-
Insurance Company Name	Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 w illful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho 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), w hich 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

On 22/1/2022 at 7.19 I was driving along JLn Teck Whye towards Bukit Panjang in my hired Vechile SGX9423H. My car was made to a Stop a approaching Traffic Junction when the other Vechile SSH2515S hit my car from behind. They was no injury. my hired car was used for private hire purposes.

☐ Claim OD ☑ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address : muhdelechu@yahoo.com

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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

Witnessed by Reporting Centre Personnel

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax: (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S68SS0026G / GST Reg. No.: M40001735K

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS 17221O0002 Vehicle Registration No: SGX9423U

Name(as shown in NRIC) : R Radha Krishnan NRIC/FIN/Passport No : Sxxxx

I'm Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 8777 0233

Email Address : _____

Date of Accident : 22-1-2022 Time of Accident : 1714 hrs

Place of Accident : Blk Peck Whye towards Bukit Panjang

Insurance Company : NIL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I want to amend the correct driver name and phone number.

Policyholder / Driver's Signature
Date:

24/1/22
Reporting Centre Personnel's Signature
Name:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	000A
Vehicle No.:	SGX9423U
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	1NZX583521
Chassis No.:	MR053HY9305013999
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	$12,607.00
Original Registration Date:	12 Sep 2007
First Registration Date:	12 Sep 2007
Transfer Count:	2
Actual ARF Paid:	$13,868.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
COE Expiry Date:	31 Aug 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	$22,700.00
COE Rebate Amount:	$2,721.00
Total Rebate Amount:	$2,721.00

Please note that the 5-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 25 Jan 2022

OK

Toyota Vios 1.5A E (COE till 09/2022)

Overview | Financial | Accessories | Similar | Research | Photos | Map

Price	**$8,500**		
Depreciation	$13,610 /yr	**Reg Date**	11-Sep-2007 (7mths 16days COE left)
Mileage	N.A.	**Manufactured**	2007
Road Tax	$1,026 /yr	**Transmission**	Auto
Dereg Value	$2,754 as of today (change)	**OMV**	$12,607
COE	$22,041	**ARF**	$13,868
Engine Cap	1,497 cc	**Power**	80.0 kW (107 bhp)
Curb Weight	1,095 kg	**No. of Owners**	2
Type of Vehicle	Mid-Sized Sedan		