

(08/11/13) Wef

ASS. REC. BY: Amu

REF:

CS/AIS 22 000862/R1f3

000A

ASSIGNMENT

COE XPIRY: 2022/ANL

From: _____ Date: _____

Estimated Cost: _____

OD / (P) / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SGX 94234at Workshop m/s Mohamed Automobileof 38, unmannd lnd PK B1 #01-16Insured: AlS

Policy No. _____

Claims No. _____

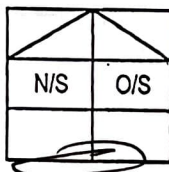
Sum Insured: _____

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 Rpt: _____

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

Date / Time

Action / Instruction

REPAIR LIMIT - SKVeh No: SGX 94234Yr Regn: 2007 / 86PType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA PROS E AUTOc.c. 1497Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 99785

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR0534493050139A9Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / SKIM / STD A/Rim or

Tyre Size: _____

F: 185/60R16R: 17BS / DUN / EXNOVA / GV / 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. 22/01/22D.O.I. 25/01/22

Survey held at

Mohamed AutomobileDes. 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, File Pass to?

☐

: Prel. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐

: Site Insp (\$

); S + RS SI

: Interview (\$

); Photos

: Tech. Invs (\$

); Others

: Weekend (\$

);

Report Format : _____

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



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)

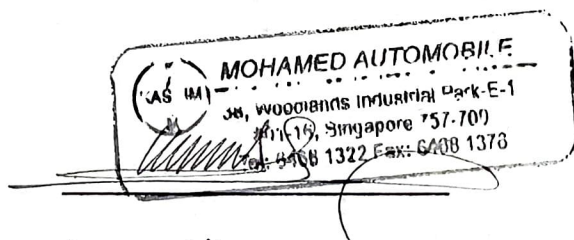
Quotation for the repair of vehicle number SGX-9423-U

No	Description	Price
1	1 Piece Rear Bumper <i>de</i>	\$ 780.00
2	2 Pieces Rear Bumper Side Retainers <i>ne</i>	\$ 78.00
3	2 Pieces Rear Bumper Clips <i>ne</i>	\$ 12.00
4	2 Pieces Rear Bumper Reflectors <i>X</i>	\$ 85.00 <i>X</i>
5	1 Piece Rear Boot <i>bt</i>	\$ 580.00
6	2 Pieces Rear Boot Hinge <i>X</i>	\$ 130.00 <i>X</i>
5	1 Piece Rear Panel Garnish <i>cm</i>	\$ 120.00
6	2 Pieces Rear Panel Clips <i>ne</i>	\$ 15.00
7	2 Pieces Tail Lamp <i>cm</i>	\$ 660.00
8	2 Pieces Clips <i>ne</i>	\$ 15.00
9	1 Piece Rear Boot Rubber <i>ne</i>	\$ 130.00
10	1 Piece Rear Boot Lock <i>cut</i>	\$ 160.00
11	1 Piece Rear Boot Latch <i>bt</i>	\$ 85.00
12	1 Piece Spare Tyre Sponge (RH) <i>cm</i>	\$ 60.00
13	1 Piece Spare Tyre Sponge (LH) <i>X</i>	\$ 60.00 <i>X</i>
14	1 Piece Panel Sealant <i>ne</i>	\$ 100.00 <i>60 s/p</i>
15	2 Pieces Reverse Sensor <i>new</i>	\$ 300.00 <i>2000</i>
Total		\$ 3370.00
Less 25 %		\$ 842.50
Total		\$ 2527.50

1	Labor Charge Rear Panel Beating	\$ 490.00	450
2	Spray Painting	\$ 550.00	500
3	Rust Proofing	\$ 120.00	860
4	Number of repair days (50.00 x 6 days)	\$ 300.00	?
Total		\$ 3987.00	

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

Mohamed Automobile



Ameer Ali

9387-8260

Mohdanto@yahoo.com

Rasul
Hp 90010068

6 days

4/8
25/01/22 @ 1510

Resurvey after repair

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 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	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

14/10/1966
Outdoor
22/10/1997
24 YEARS AND 3 MONTHS
Male
(Phone) +65-87770233
-
mohdelectro@yahoo.com
BLK 777 WOODLANDS CRESCENT
#11-44
730777
No
Hirer
No
-
-
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

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

ER WEE KHENG
SXXXX159F
(Phone) +65-94560761

-
-
-
Allianz Insurance Singapore Pte. Ltd.
-
-
-

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

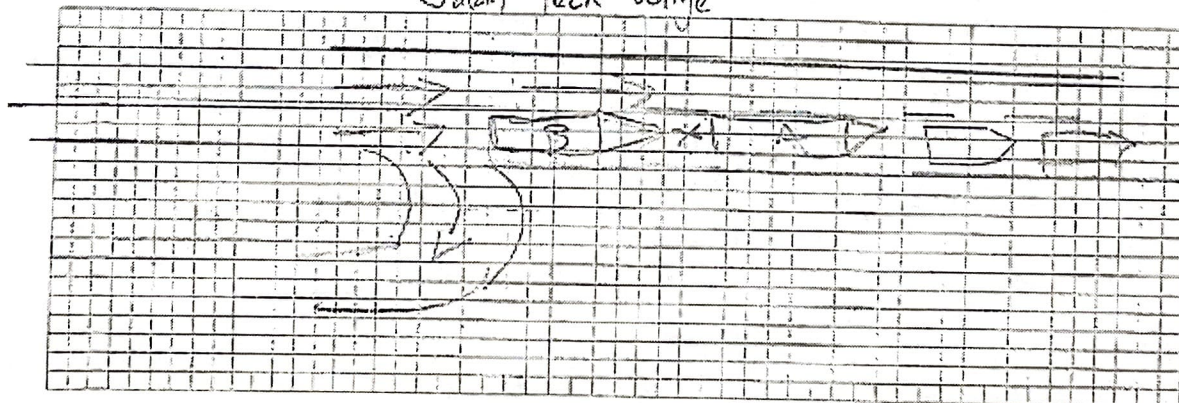
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Jalan Tekong Whye



Describe Circumstances of the Accident

On 22/1/2022 at 1719 I was driving along
Jln Teck Whye towards Bukit Panjang in my hired
vehicle SGX 94234. My car was coming to a stop
at a permissive Traffic Junction when the other vehicle
STH 2595 hit my car from behind. There was no
injury. my hired car was used for private hire
purpose.

☐ 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 :

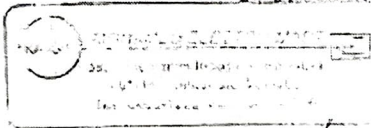
Email address : mhd@techoey.com

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

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



Witnessed by Reporting Centre Personnel

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 17221 00002 Vehicle Registration No: SGX 9423U
Name (as shown in NRIC): R Radha Krishnan NRIC/FIN/Passport No: SXXXX
[*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: 1714H
Place of Accident: 110 Peck Whye towards Bukit Panjang
Insurance Company: NICL

(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:	VIOSE 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		