

ASS. REC. BY:

REF:

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: _____

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.

N/S	O/S

Bal. or Market Value: _____

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

Veh No: SN D2113H Yr Regnt: 2021 / DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Axio C.C. 1496.Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 845. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZE167133790.Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/65R15R: 175/65R15.BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 28/01/22'Survey held at KanyDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFront N/S.

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

Date / Time Action / Instruction

IP OD IIIMV: 100KPV: 56.8KNett: 43.2K.

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Insp (\$ _____)☐ Weekend (\$ _____)

Photos

Others

Report Formist: _____

Lump Sum / LEJ: \$ _____



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	27/01/2022 12:40 (SGT)
Date of Accident	26/01/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT RD TWDS MACPHERSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND2113H
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO DRIVING CENTRE PTE LTD
Company Reg No	1XXXXX882C
Email Address	DARYLTAN@CDC.COM.SG
Mobile Phone No	(Phone) +65-90072819
Alternative Phone No	+65-99072819

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Manual
CC	1500

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000618-02
Cover Note Number	-

DRIVER

Name of Driver	LEE CHUAN LING, MICHELLE
NRIC No	SXXXX415H



Date Of Birth	25/05/1999
Occupation	Indoor
Date Of Driving Pass	26/01/2022
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-81382208
Alt. Phone Number	-
Email Address	DARYLTAN@CDC.COM.SG
Address	BLK 644 BEDOK RESERVOIR RD #07-91
Address complement	-
Postcode	410644
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LEARNER
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 - U-Turn
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	ZULKEPLI
Gender	Male

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

ON 26 JAN 2022, AT ABOUT 220PM, I WAS DRIVING ALONG AIRPORT RD TOWARDS MACHPERSON RD. I WAS MAKING A U TURN WHEN MY VEHICLE (SND2113H) SUDDENLY COLLIDED INTO THE REAR OF A STATIONARY 3RD PARTY VEHICLE (GY4799M).

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	GY4799M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR TAN
Contact Number	(Phone) +65-97843033
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	ZULKEPLI
Phone	-
Email	-

SKETCH PLAN

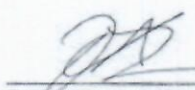
IMPORTANT NOTICE

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 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.

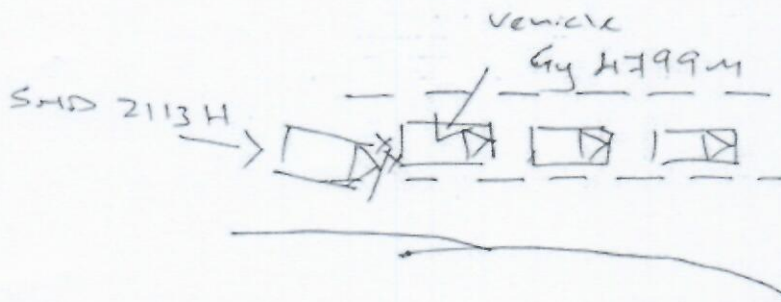

Jason Sng
Field Policy Officer

Policyholder's Signature / Date & Time

Sketch Plan

 26/01/2022
2:50 pm
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

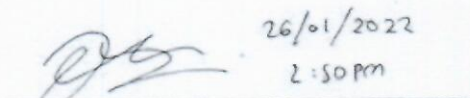
On 26 Jan 2022, at about 2.20 pm, I was driving along Airport Road towards Macpherson Rd. I was making a U turn when my vehicle (SND2113H) suddenly collided into the rear of a stationary 3rd party vehicle (G14799M).

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 26/01/2022
2:50 PM
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Kang Car Repairers Pte Ltd

No 1 Kaki Bukit Ave 6, #02-06 AutoBay@Kaki Bukit

Singapore 417883

Tel: 67477636 Fax: 67485071 Email: kangcar@singnet.com.sg;kangcar176@yahoo.com.sg

INSURER: India International Insurance Pte Ltd (HQ)**PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	KCR0120222113III/OD
Policy No:	D20MFL0000618-02	Date of Loss:	26/01/2022
Vehicle Reg. No.:	SND2113H	Driveable?	
Driver Age/Info:	22 / FEMALE	Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	COMFORTDELGRO DRIVING CENTRE PTE LTD	Contact No:	+6590072819
Driver:	LEE CHUAN LING, MICHELLE		

Make/Model:	TOYOTA COROLLA, 1.5 AXIO (M)	Vehicle Reg. Date:	14/12/2021
Vehicle Colour:	SILVER		
Engine No:	1NZ9331039	Chassis No:	NZE1617133790
Odometer:	845 KM		

Paint Type:	
Total Loss?	NO
Est. Duration of Repair (day)	10

Present Location:	KANG CAR REPAIRERS PTE LTD (HQ)
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COST OF CLAIMS	Amount
Parts	1,762.95
Miscellaneous Items	130.00
Labour	1,550.00
Paintwork Labour	0.00
Towing	0.00

Gross Total (S\$)	3,442.95
+ GST 7.00% (S\$)	241.01
Nett Amount (S\$)	3,683.96

This claim is handled by: YEE MEI CHENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	FRONT BUMPER CLIPS <i>Na</i>	<i>30</i> 60.00
2	1	FRONT FENDER COWLING CLIPS <i>Na</i>	<i>20</i> 40.00
3	1	FRONT FENDER NUMBER 720 STICKER <i>Na</i>	<i>✓</i> 30.00
Sub Total (\$\$)			130.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO CHECK WIRING	New	<i>30</i> 50.00
2	TO SPRAY PAINTING (FRONT)	New	<i>600</i> 800.00
3	TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS AND FOR CUTTING/WELDING WORKS	New	<i>500</i> 700.00
Gross Labour Cost (\$\$)			1,550.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 27 Jan 2022)**Parts:** 143 TOYOTA COROLLA 1.5 AXIO (M) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** (Unsubmitted, no print-code for SND2113H)**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT FENDER LH <i>Dented</i>	0.00	0.00	*250.00 F ✓
2	1		*FRONT FENDER COWLING LH <i>Dented</i>	0.00	0.00	*105.00 F ✓
3	1		*HEAD LAMP LH <i>Cracked</i>	0.00	0.00	*340.00 F ✓
4	1		*FRONT BUMPER <i>Distorted</i>	0.00	0.00	*700.00 F ✓
5	1		*FRONT BUMPER SIDE RETAINER LH <i>Missing</i>	0.00	0.00	*58.00 F ✓
6	1		*FRONT BUMPER FOG LAMP COVER LH <i>None</i>	0.00	0.00	*80.00 F +

Franchise part.

Sub Total (\$\$)	1,533.00
+ Margin on L,N Items 15.00% (\$\$)	229.95
Total Parts (\$\$)	1,762.95

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

- 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:

Adrian Ling.
7/1/28/01/22.
04 Days.
Not Authorised
Exam to be advised.

[> Back to CarMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	882C
Vehicle Details	
Vehicle No.:	SND2113H
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5EX MANUAL
Primary Colour:	Silver
Manufacturing Year:	2021
Engine No.:	1NZ9331039
Chassis No.:	NZE1617133790
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$16,036.00
Original Registration Date:	14 Dec 2021
First Registration Date:	14 Dec 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2031
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	13 Dec 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,709.00
COE Rebate Amount:	\$53,001.00
Total Rebate Amount:	\$56,751.00

The information contained herein is correct as at 31 Jan 2022

OK



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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	axio		Any	Any	2021	Any	Any	Any	Available
	Toyota Corolla Axio 1.5M X		\$109,800	\$10,350 /yr	01-Dec-2021	1,496 cc	88 km	Sedan	Available
The Best Value & Most Reliable Sedan With A Manual Transmission On The Market! Very Affordable & Easy To Maintain. We Can Convert The Car Specifically For Driving Instructors & Schools. Comes With 5 Year Warranty By Cars & Coffee's Specialised Service Centre. Flexibl... Cars & Coffee Singapore Posted: 09-Dec-2021 Tags: 2021 Toyota Corolla, Toyota Corolla, Toyota, Corolla									

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