

ASS. REC. BY:

Store

REF:

CS/INC 22 001431/EVf3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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
X	

Bel. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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:

SHD 2568Y

Yr Regn: 1/8/19

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

Truck / Trailer or

Make:

Toyota Camry

c.o 24-87

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

N/A

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

AXVH 701034196

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

215/55R17

R:

11

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

TOYO / YOKO or

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

7/12/12

D.O.I.

15/2/12

Survey held at

Prime

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

MP-124K

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL



# Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M  
6 Benoi Place Singapore 629927  
Tel: 6861 0908 Fax: 6515 2948

W R  
L/S  
M AL  
8 djs

Steve (LKK)  
15/2/22, 12:00p

Date: 11.02.2022

NTUC Income Insurance Co-operative Ltd  
73 Bras Basah Road #05-01  
NTUC Trade Union House  
Singapore 189556

Attn: Motor Claims Dept

RE: ESTIMATE COST TO SHD2568A TOYOTA CAMRY HYBRID 2.5G CVT (2019)

## To Supply

1 ) 1pc	front bumper / BR	\$	972.00
2 ) 1pc	front bumper right side retainer / BR	\$	55.60
3 ) 1pc	front bumper left side retainer / BR	\$	55.60
4 ) 1pc	front bumper reinforcement ?	\$	459.00
6 ) 1pc	front bumper sponge / BR	\$	115.00
7 ) 1pc	front bumper center lower grille sub assy / BR	\$	750.00
8 ) 1pc	front radiator grille assy ?	\$	950.00
10 ) 1pc	right radiator grille side moulding 53123-33050 ?	\$	72.00
11 ) 1pc	engine lower cover 51441-33220 / BR	\$	580.00
12 ) 1pc	right head lamp assy / BR	\$	3,500.00
13 ) 1pc	right head lamp lower bracket ?	\$	122.50
14 ) 1pc	left head lamp / BR	\$	3,500.00
15 ) 1pc	right fog lamp ?	\$	516.00
16 ) 1pc	left fog lamp / BR	\$	516.00
17 ) 1pc	front bumper right ultrasonic sensor / BR	\$	420.00
18 ) 1pc	front bumper left ultrasonic sensor / BR	\$	420.00
19 ) 1pc	front bumper ultrasonic sensor wire ?	\$	355.00
20 ) 1pc	right front fender cowling X	\$	195.00
21 ) 1pc	left front fender cowling / CR4	\$	240.00
22 ) 1pc	left front shock absorber / BT	\$	595.00
23 ) 1pc	left front nuckle arm / BT	\$	586.00
24 ) 1pc	left front driver shaft ?	\$	1,650.00
25 ) 1pc	left front lower arm / BT	\$	459.00
26 ) 1pc	left front lower ball joint / BT	\$	197.00
27 ) 1pc	left rear shock shock absorber ?	\$	227.00



28 ) 1pc	left rear axle carrier sub assy 42305-33050		\$	850.00
29 ) 1pc	left rear suspension arm assy 48710-33160		\$	317.00
30 ) 1pc	left rear trailing arm assy 48780-33090		\$	280.00
31 ) 1pc	rear bumper	X R	\$	980.00
32 ) 1pc	rear bumper lower cover	/ CUT	\$	366.58

Sub total parts	\$	20,301.28
Less: 25% discount	\$	(5,075.32)
Sub total parts	\$	15,225.96

#### To supply S.Nett Parts

1 ) 1pc	left front tyre sport rim	/ CUT	\$	3,140.00
2 ) 1pc	left front tyre	?	\$	280.00
3 ) 1pc	left rear tyre sport rim	X R / CUT	\$	3,140.00
4 ) 1pc	right front sport rim	X R / CUT	\$	3,140.00
5 ) 1set	front bumper clip	/ REC	\$	30.00
6 ) 1set	front grille clip	?	\$	15.00
7 ) 1set	left front fender clip	/ REC	\$	20.00
8 ) 1set	left rear fender clip	X	\$	20.00

Sub total S. Nett parts \$ 9,785.00

#### L/charges

1 ) Towing charges with invoice	\$	80.00	/
2 ) To remove front right, front left & rear left tyres, sport rim. Replace tyre rim, balance left front tyre	\$	180.00	40
3 ) To computerise wheel alignment	\$	80.00	/
4 ) To remove & replace front right & left ultrasonic sensor check wiring	\$	30 100.00	
5 ) To remove left front suspension, undercarriage parts, replace necessary parts	\$	300.00	200
6 ) To remove left rear suspension, undercarriage parts, replace necessary parts	\$	280.00	200
7 ) To knock radiator support panel, right wheel house panel, remove front bumper, front grille, lower grille, reinforcement, sponge, repair front bonnet hinges, bonnet lock hook, replace the above parts. Adjust front bonnet, left & right fender & front bumper	\$	900.00	600
8 ) To putty, respray painting front bumper, right wheel house panel, support	\$	900.00	800

panel, rear bumper

Sub total L/charges	\$	2,820.00
Estimated Grand Total	\$	27,830.96

- 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:

# Require PARF/COE Rebate for Registered Vehicle

## Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	293Z

## Vehicle Details

Vehicle No.:	SHD2568A
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Feb 2022
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.5G HYBRID CVT
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	A25A5050124
Chassis No.:	AXVH701034196
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$37,994.00
Original Registration Date:	01 Aug 2019
First Registration Date:	01 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$30,192.00

## Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Jul 2027
PARF Rebate Amount:	\$22,644.00

## Intended COE Rebate Details

COE Expiry Date:	31 Jul 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,463.00
COE Rebate Amount:	\$16,051.00
Total Rebate Amount:	\$38,695.00

## Message

Please note that the 8-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 10 Feb 2022

OK



## 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	11/02/2022 11:58 (SGT)
Date of Accident	10/02/2022 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE EXITING TO TPE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD2568A

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Company Reg No	1XXXXX293Z
Email Address	aliceleong@primeautoclaims.com
Mobile Phone No	(Phone) +65-98184304
Alternative Phone No	(Office) +65-68610908

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	Taxi
Transmission	Auto
CC	2497

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D20MFL0006372-01
Cover Note Number	-

### DRIVER

Name of Driver	YEO KUANG HUI
NRIC No	SXXXX088F



Date Of Birth ..... 29/12/1972  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 11/07/1996  
 Driving experience ..... 25 YEARS AND 7 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97643399  
 Alt. Phone Number ..... -  
 Email Address ..... aliceleong@primeautoclaims.com  
 Address ..... BLK 300 CANBERRA ROAD #05-13  
 Address complement ..... -  
 Postcode ..... 750300  
 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 - Change/cross lane  
 Weather Conditions ..... DRIZZLING  
 Road Surface ..... Wet

#### 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) ..... 1  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Traffic Police  
 Police Station Phone No ..... (Phone) +65-65470000  
 Alt. Police Station Phone No ..... (Fax) +65-65474900  
 Police Station Address ..... 10 Ubi Avenue 3 Singapore 408865  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

On 10.02.2022 @1245hrs, I was driving taxi SHD2568A with one female passenger on board along SLE exiting to TPE on the extreme left lane. Approaching to the exit all of sudden one car SMA7623Y came from my right lane loss control and collided to my moving taxi right front portion. The great collision impact pushed my car to the left road kerb damaged the left portion of my taxi.

Whereby the SMA7623Y could not stop and drove to the right side collided to the right side road kerb.

My in car camera recorded the occurring of the accident. My passenger claims she had a headache and she may consult doctor. My waist was in pain and I will consult doctor if pain persisted.

Myself & the driver of SMA7623Y exchanged particulars.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Was there any audio recorded? ..... No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA7623Y
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	*
Vehicle Colour	*
Vehicle Category	Private hire
Name of Driver	NEO MENG HENG RAYMOND
NRIC No	SXXXX483C
Contact Number	(Phone) +65-84991108
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	YEO KUANG HUI
Gender	Male
Phone No	(Phone) +65-97643399
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	46
Injuries Sustained	WAIST PAIN
Injured person in which vehicle?	SHD2568A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	PASSENGER IN SHD2568A
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEADACHE
Injured person in which vehicle?	SHD2568A
Were seat belts worn?	-
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 willful 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

① Vehicle B collided to Vehicle A

ROAD

② Due to impact, Vehicle A collided to left road kerb.

See car to the

A SHD 0568A

B SMA 7633Y

On 10.02.2022 @1245hrs, I was driving taxi SHD2568A with one female passenger on board along SLE exiting to TPE on the extreme left lane. Approaching to the exit all of sudden one car SMA7623Y came from my right lane loss control and collided to my moving taxi right front portion. The great collision impact pushed my car to the left road kerb damaged the left portion of my taxi.

Whereby the SMA7623Y could not stop and drove to the right side collided to the right side road kerb.

My in car camera recorded the occurring of the accident. My passenger claims she had a headache and she may consult doctor. My waist was in pain and I will consult doctor if pain persisted.

Myself & the driver of SMA7623Y exchanged particulars.



Describe Circumstances of the Accident

Lined area for describing the circumstances of the accident.

Declaration

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

*Long* 17.40 10/2/2022

*[Signature]*



**SINGAPORE  
POLICE FORCE**



1/20220211/7008

1 of 3

Report No. T/20220211/7008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/02/2022 10:56		Video Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YEO KUANG HUI			Address: 300 CANBERRA ROAD #05-13 SINGAPORE 750300		
ID Type / ID No.: NRIC NO / S7249088F			Contact No.: Home/Office:		Mobile: 97643399
Nationality: SINGAPORE CITIZEN			Email: kuanghui522@gmail.com		
Sex: Male	Age: 49	Date of Birth: 29/12/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2022 12:45	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY EXIT TO TPE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHD2568A	Car	TOYOTA	CAMREY	Black	Seriously Damaged	1
SMA7623Y	Car	TOYOTA	CHR	Grey	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220211/7008

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220211/7008

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	YEO KUANG HUI	ID No.	S7249088F
Related Vehicle	SHD2568A (Car)	Contact No.	97643399
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/02/2022	Date	11/02/2022
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Other Person</b>			
Name	NEO MENG HENG RAYMOND	ID No.	S1757483C
Related Vehicle	SMA7623Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 10/2/2022 at about 1247 Hrs, I was driving my taxi SHD2568A with 1 female Passenger onboard along SLE exit to TPE on the left lane. While traveling, 1 Vehicle SMA7623Y which travelled on my right cut into my lane abruptly and collided onto my moving taxi right front side. The collision impact caused my taxi moved to left and collided with the left road kerb.

After the accident, we alighted from our Vehicle to check on damage and exchange particulars. My in-car camera captured the occurrence of the accident.

After the accident, my Passenger claimed she is injured and my neck and back pain due to the impact of the accident. Today when I wake up the pain is more worse so I consult a doctor and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220211/7008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220211/7008

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
BOON YEN KIAN  
Contact No.: 65476172

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
11/02/2022 10:56

Classification Of Case:

NP168