

ASS. REC. BY: SteveREF: CS/INC 2200143/E+P3

## 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 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: SLV48522 Yr Regn: 29/12/17Type: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Harrier c.c. 1986Colour: Black A/C: Insured / Std / NI / NASp. Reading: 116204 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 254600199390Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 235/60R18R: 11

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

TOYO / YOKO or

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 6/2/22 Prime

Survey held at

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

MR-105K

lump sum \$1750, 4days

red: 2882;62%

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: 4

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

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

Survey Fee:

Transportation:

\$ + 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

Date: 08.02.2022

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

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

W R  
L5  
M ALy  
4 dy

Attn: Motor Claims Dept

**RE: ESTIMATED COST OF REPAIR TO VEHICLE SLV4852Z TOYOTA HARRIER 2.0**  
**(REGISTRATION DATE: 29.12.2017)**

## To supply

1 ) 1pc	Right rear door	✓ DO	\$	1,319.00
2 ) 1pc	Right rear fender	X R	\$	1,211.00
3 ) 1pc	Right rear fender cowling	X	\$	185.00
4 ) 1pc	Rear bumper	X R	\$	1,381.00

Sub total Parts	\$	4,096.00
Less:25% discount	\$	(1,024.00)
	\$	3,072.00

## To supply S.Nett Parts

1 ) 1set	Rear bumper clips	✓ MC	\$	30.00 ✓
2 ) 1set	Right rear fender cowling clips	X	\$	20.00
			\$	50.00

## L/charges

1 )	To tuff kote affected portion.	\$ 30	50.00
2 )	To transfer rightr rear door trim board, handle, mechanism parts & etc.	\$ 850	60.00
3 )	To cut / welding right rear fender. Remove rear bumper & right rear door. Replace the above necessary parts. Align & adjust right rear door.	\$ 500	700.00
4 )	To putty, respray painting rear bumper, right rear fender & right rear	\$ 600	700.00

door's inlet & outer. To polish.

Sub total L/charges	\$	1,510.00
Estimated Grand Total	\$	4,632.00

Prepared by: Chrissy

LKK Auto Consultants hereby notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during survey
- 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: 128Z

## Vehicle Details

Vehicle No.: SLV4852Z  
Vehicle to be Exported: No  
Intended Deregistration Date: 14 Feb 2022  
Vehicle Make: TOYOTA  
Vehicle Model: HARRIER PREMIUM 2.0 CVT  
Primary Colour: Black  
Manufacturing Year: 2017  
Engine No.: 3ZRC105012  
Chassis No.: ZSU600122390  
Maximum Power Output: 111.0 kW (148 bhp)  
Open Market Value: \$33,966.00  
Original Registration Date: 29 Dec 2017  
First Registration Date: 29 Dec 2017  
Transfer Count: 0  
Actual ARF Paid: \$39,553.00

## Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 28 Dec 2027  
PARF Rebate Amount: \$29,664.00

## Intended COE Rebate Details

COE Expiry Date: 28 Dec 2027  
COE Category: E - Open - all except motorcycle  
COE Period(Years): 10  
QP Paid: \$48,011.00  
COE Rebate Amount: \$27,594.00  
Total Rebate Amount: \$57,258.00

The information contained herein is correct as at 14 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 ..... 07/02/2022 12:26 (SGT)  
Date of Accident ..... 06/02/2022 15:42 (SGT)  
Exact Location of Accident ..... Tamarind Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV4852Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SECTION CREDIT & MOTOR LEASING PTE LTD  
Company Reg No ..... 1XXXXX128Z  
Email Address ..... chrissy@primeautoclaims.com  
Mobile Phone No ..... (Phone) +65-67770666  
Alternative Phone No ..... (Office) +65-68610908

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1986

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5119549017-01-000148  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... YONG SIEW HIANG  
NRIC No ..... SXXXX943I



Date of Birth ..... 12/02/1974  
 Location ..... Outdoor  
 Date Of Driving Pass ..... 10/09/1998  
 Driving experience ..... 23 YEARS AND 5 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90623036  
 Alt. Phone Number ..... -  
 Email Address ..... chrissy@primeautoclaims.com  
 Address ..... BLK 157B TAMARIND ROAD #04-01 SINGAPORE  
 Address complement ..... -  
 Postcode ..... 806106  
 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 - Major/Minor Rd  
 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? ..... No  
 Was any injured conveyed to hospital by ambulance? ..... -  
 Was any other vehicle or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 5  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... PASSENGER A  
 Gender ..... Male

#### PASSENGER 2

Name ..... PASSENGER B  
 Gender ..... Female

#### PASSENGER 3

Name ..... PASSENGER C  
 Gender ..... Female

#### PASSENGER 4

Name ..... PASSENGER D  
 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 TO ATTACHED STATEMENT

ATTACHMENT(S)

Were any photos available for attachment? ..... Yes  
Were any video captured by Car Camera? ..... No  
Were any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GV6131S  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... MR. CHEE  
Contact Number ..... (Phone) +65-90604754  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
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 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.

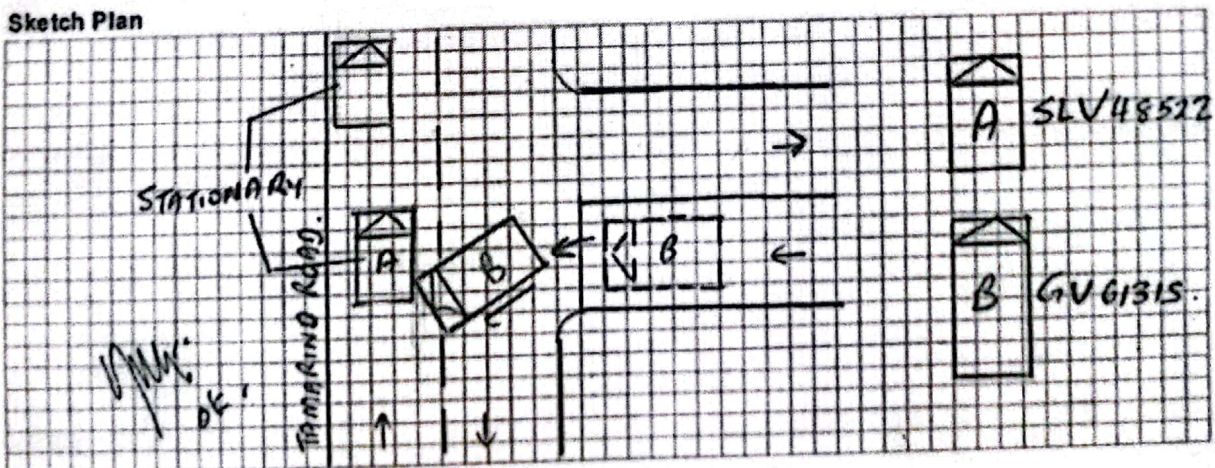


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

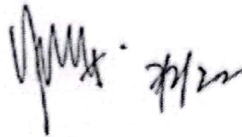




## Describe Circumstances of the Accident

On 06.02.2022 @ 1542 hrs, I was driving my car SLV4852Z with one male and three female passengers on board along Tamarind Road. Approaching to a T-junction, I noticed one van GV6131S travelled along a minor road on my right, attempted to turn left thus I stopped my car to give way to GV6131S. When GV6131S was turning, GV6131S's right front collided onto my stationary car's right rear side.

After the accident, we alighted from our vehicles to check on damages and exchanged particulars. Driver of GV6131S, Mr. Chee advised me to lodge an accident report. At the material of time, no one was injured in this accident as well as my passengers.



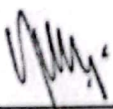
Note: Please note that your insurer may have 14 days' time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

## Declaration


I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 7/2/22 10.10am

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

  
Witnessed by Reporting Centre Personnel