ASS. REC. BY: KMC | REF: CS/INC 22002560/Ruy3 | 961K

- ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMJ 8540Z

at Workshop m/s MY CAR CONSULTANT

of 60, JALAN LAM HUAT CARROS CTR #05-68

Insured: SLE 5590L INC

Policy No. _____

Claims No. MT/1164249-002

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: 120K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMJ 8540Z Yr Regn: 2019 / MAR

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

Make: TOYOTA NOAH HYBRID 7-S 1.8X c.c 1797

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

Sp.Reading 225 770 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR800362975

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: 195/65R15

R: ditto

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	04/03/22	D.O.I.	17/03/22

Survey held at MY CAR CONSULTANT

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S FRONT

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

Date / Time	Action / Instruction
	REPAIR LIMIT - 73K
6/6/22	Rasul informed final fig $4516.71 (Red 6738.54, 59%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 6/6/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: _____ S + RS. _____ SI

Photos

Others

Report Format : TP

Lump Sum / I.B.I: ($ $4516.71)

Rasul
Hp 90010068
4 days
P/P
17/03/22

MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z
Address: 60 JALAN LAM HUAT,CARROS CENTRE #05-68 S737896
HP: 98888885

Estimation

Date: 16/3/2022 @1710
Vehicle: SMJ8540Z
Make / Model: TOYOTA NOAH Resp before paint
INSURANCE NTUC

No.	Description	Unit	Unit Price	Amount	
	Parts Replacement:				
1	FRONT BUMPER scar	1	$ 1,985.00	$ 1,985.00	
2	FRONT BUMPER BRACKET LH X	1	$ 144.00	$ 144.00	
3	FRONT BUMPER SIDE RETAINER LH ?	1	$ 112.00	$ 112.00	
4	FRONT BUMPER SIDE COVER LH X	1	$ 159.00	$ 159.00	
5	FRONT GRILLE X	1	$ 788.00	$ 788.00	
6	HEADLAMP LH X scar	1	$ 3,985.00	$ 3,985.00	
7	HEADLAMP GARNISH LH X	1	$ 112.00	$ 112.00	
8	FRONT HEADLAMP LOWER BRACKET X	1	$ 122.00	$ 122.00	
9	FRONT FENDER LH repair	1	$ 896.00	$ 896.00	
10	FRONT FENDER COWLING LH cut	1	$ 211.00	$ 211.00	
11	FRONT FENDER EMBLEM HYBRID LH new	1	$ 68.00	$ 68.00	
12	FRONT FENDER QUARTER GLASS MOULDING LH X	1	$ 65.00	$ 65.00	
13	SIDE SKIRTING LH repair	1	$ 898.00	$ 898.00	
14	FRONT DOOR LH repair	1	$ 1,598.00	$ 1,598.00	
15	FRONT DOOR HINGES LH X	2	$ 112.00	$ 224.00	
	TOTAL PART			**$ 11,367.00**	
	LIST DOWN	25%		**$ 2,841.75**	
	AFTER LIST DOWN			**$ 8,525.25**	
	S/N				
1	FRONT BUMPER CLIPS new	1	$ 80.00	$ ~~80.00~~	30
2	FRONT FENDER COWLING CLIPS new	1	$ 50.00	$ ~~50.00~~	30
3	SIDE SKIRTING CLIPS SET new	1	$ 50.00	$ ~~50.00~~	30
4	FRONT WHEEL SPORTS RIM LH X	1	$ 800.00	$ 800.00	
	TOTAL SPECIAL NETT			**$ 130.00**	
	Labour to:				
1	RESET TROUBLE CODE X	1	$ 300.00	$ 300.00	X
2	TO CHECK ELECTRICAL WIRING	1	$ 200.00	$ ~~200.00~~	30
3	CONDUCT WHEEL ALIGNMENT	1	$ 120.00	$ 120.00	X
4	REMOVE AND REFIT FRONT UNDERCARRIAGE LH	1	$ 300.00	$ 300.00	X
5	REALAIGN HEADLAMP	1	$ 80.00	$ 80.00	X
6	PANEL BEATING ON AFFECTED AREA	1	$ 800.00	$ ~~800.00~~	400
7	SPRAY ON AFFECTED AREA	1	$ 800.00	$ ~~800.00~~	600
				$ 2,600.00	

LKK Auto ... subject to ... the Repairer ...
- To resurvey before ...
- 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:

Parts Replacement Amount	**$ 8,655.25**
Total Amount for Labour	**$ 2,600.00**
Total Amount	**$ 11,255.25**

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	04/03/2022 17:46 (SGT)
Date of Accident	04/03/2022 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF OPHIR RD & BEACH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8540Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS AUTO PTE LTD
Company Reg No	2XXXXX961K
Email Address	KOKHOW.TAY@LUMENS.SG
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	+65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MFL0005826-01
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD ROSLEE BIN SULAIMAN
NRIC No	SXXXX353C

Date Of Birth	31/03/1982
Occupation	Outdoor
Date Of Driving Pass	26/11/2004
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93202251
Alt. Phone Number	-
Email Address	ANDY.QUEK@LUMENS.SG
Address	93, DAWSON RD, #11-40
Address complement	-
Postcode	142093
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	Side Swipe
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	PASSENGER
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

REFER SKETCH PLAN

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	SLE5590L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

me of Driver	-
ontact Number	-
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.
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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.
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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")

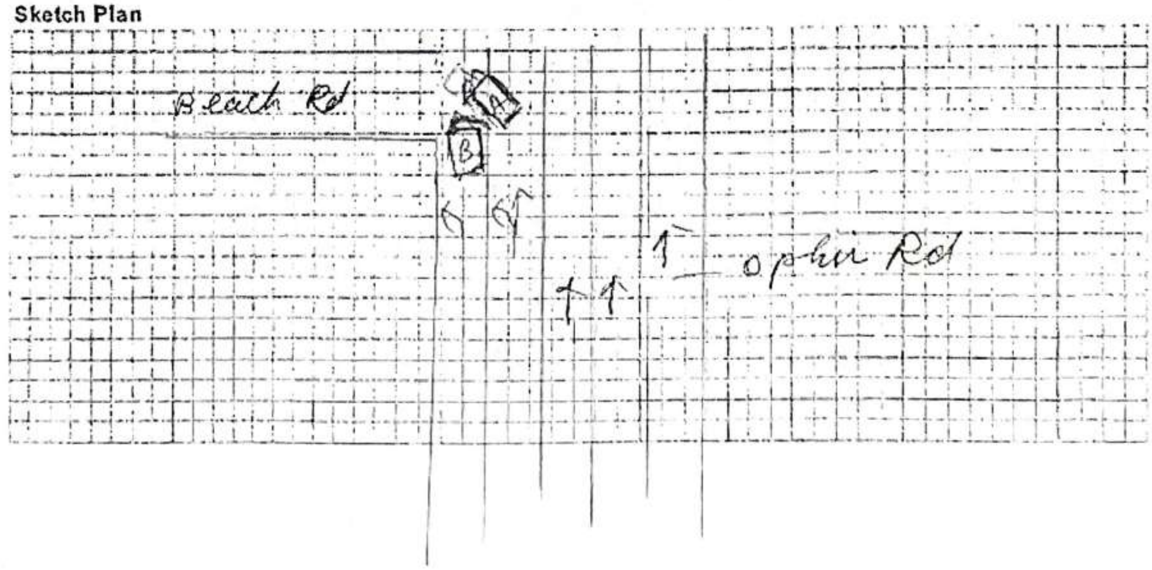
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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

I was driving along OPHIR ROAD at the junction Second lane turning left onto beach road and vehicle B on my left was driving fast and hit onto left side portion of the car.

Declaration

We declare the foregoing particulars are true in every respect.

LUMENS AUTO PTE LTD

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	961K
Vehicle No.:	SMJ8540Z
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 7-SEATER 1.8X CVT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	2ZR0C93063
Chassis No.:	ZWR800362975
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	$32,805.00
Original Registration Date:	22 Mar 2019
First Registration Date:	22 Mar 2019
Transfer Count:	0
Actual ARF Paid:	$27,927.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Mar 2029
PARF Rebate Amount:	$20,945.00
COE Expiry Date:	21 Mar 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$36,961.00
COE Rebate Amount:	$25,902.00
Total Rebate Amount:	$46,847.00

The information contained herein is correct as at 18 Mar 2022

OK

Toyota Noah Hybrid 1.8A X

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

Price	**$120,800**		
Depreciation	$15,230 /yr View models with similar depre	**Reg Date**	28-Mar-2019 (7yrs 9days COE left)
Mileage	N.A.	**Manufactured**	2018
Road Tax	$974 /yr	**Transmission**	Auto
Dereg Value	$48,314 as of today (change)	**Fuel Type**	Petrol-Electric
COE	$39,401	**OMV**	$32,490
Engine Cap	1,797 cc	**ARF**	$27,486
Curb Weight	1,610 kg	**Power**	100.0 kW (134 bhp)
Type of Vehicle	MPV	**No. of Owners**	1