

(08/11/13) wef

REF:

CS3/CT122002945/Rvy3

1063

ASS. REC. BY: Pone

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLL 1798U

at Workshop m/s

Kum Chen

of

160 Sawm m/s DR # 05-08 ANTOCITY

Insured:

CTI

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:

89k

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLL 1798UYr Regn: 2017 / P6BType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA HARRIER 2008

Colour:

BLACK

A/C: Insured / Std / NI / NA

Sp. Reading

124890

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZSU600086503

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/55ZR16

R:

1

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

TOYO / YOKO or

LANFERN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

26/03/22

D.O.I.

30/03/22

Survey held at

Kum Chen

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

O/S Reme

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

Date / Time

Action / Instruction

REPAIR LIMIT - 43KESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 4 days

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

Report Format :

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

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	28/03/2022 17:50 (SGT)
Date of Accident	26/03/2022 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PUNGGOL WAY HEADING TOWARDS WATERWAY POINT SHOPPING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1798U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAU MUN KEONG
NRIC No	S7715106J
Email Address	SSOPHIAONG@GMAIL.COM
Mobile Phone No	(Phone) +65-93887574
Alternative Phone No	+65-93887574

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107075379-03
Cover Note Number	-

DRIVER

Name of Driver	LAU MUN KEONG
----------------	---------------

NRIC No
 Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

S7715106J
 06/06/1977
 Indoor
 17/04/1996
 25 YEARS AND 11 MONTHS
 Male
 (Phone) +65-93887574
 +65-93887574
 SSOPHIAONG@GMAIL.COM
 17, FERNVALE CLOSE #18-30
 -
 797478
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Side Swipe
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 Yes
 No
 Yes
 1
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended Prosecution given?
 If yes, against whom?

Yes
 Thomson Neighbourhood Police Post
 (Phone) +65-18004529999
 (Fax) +65-65535740
 Blk 25 Sin Ming Road #01-180 Singapore 570025
 No
 -

CIRCUMSTANCES OF ACCIDENT

ATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour

SFP1972H
 -
 -
 -
 -

.de Categ
 .me of Driver
 .ontact Number
 Address
 Address compleme
 Insurance Com
 Nature C

Vehicle Category	Private car
Name of Driver	TAN JIAN WEN
Contact Number	(Phone) +65-93207248
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLL1798U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

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.

[Handwritten Signature]

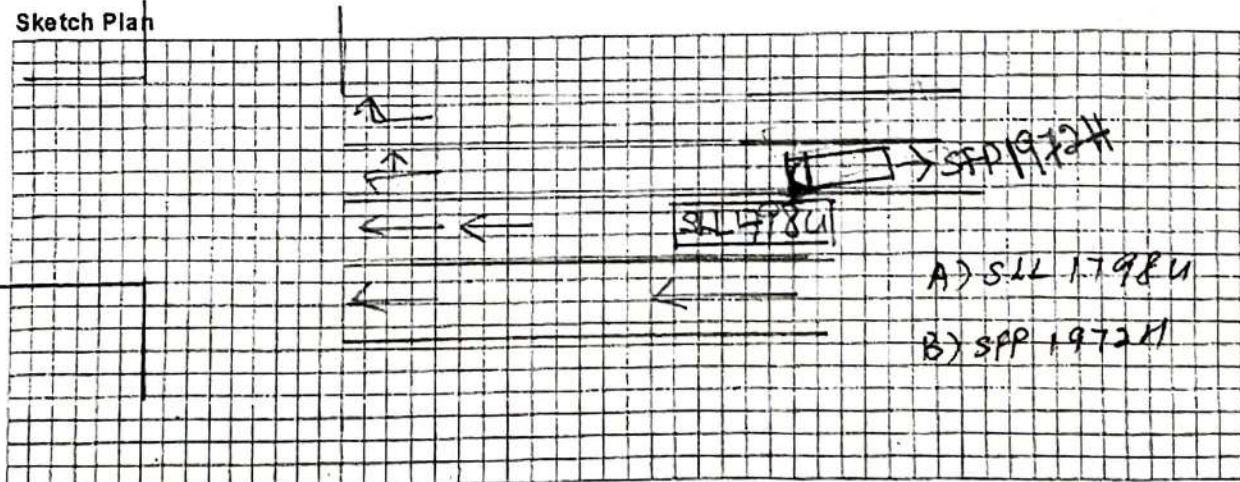
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-59/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Sketch Plan

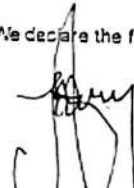


Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20120328/2053

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

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



SINGAPORE POLICE FORCE



T/20220328/2053

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 4

Report No. T/20220328/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2022 14:50	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars			
Name of Informant: LIU DONG HANG		Address: 17 FERNVALE CLOSE #18-30 SINGAPORE 797478	
ID Type / ID No.: NRIC NO / S7715106J		Contact No.: Home/Office: Mobile: 93887574	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 06/06/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Interior designer		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2022 18:20	Type of Location: Straight Road
Location: PUNGGOL WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFP1972H	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	White	Slightly Damaged	1
SLL1798U	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE POLICE FORCE



T/20220328/2053

2 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220328/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1798U	NTUC Income Insurance Co-Operative Limited	5107075379-03	16/02/2022	15/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN JIAN WEN		ID No.	S9127183D
Related Vehicle	SFP1972H (Car)		Contact No.	93207248
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LIU DONG HANG		ID No.	S7715106J
Related Vehicle	SLL1798U (Car)		Contact No.	93887574
Hospital/Clinic	HEALTHWAY HOUGANG CENTRAL CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/03/2022		Date Discharge	27/03/2022
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 26/03/2022 at about 1820hrs, I was driving my own vehicle SLL1798U (V1) along Punggol Way heading towards Waterway Point Shopping Centre. It was heavy traffic at the point of time. It was a 4-lane road and I was travelling on lane 3 from the right. As I was heading straight, Suddenly a vehicle SFP1972H (V2) from lane 2 swerve into my lane. I tried to avoid collision however the said driver of V2 collided onto the rear of my vehicle.

Thus, I came down to make a check and noted that my rear right bumper(damages), rims (damages) and steering wheel went out of alignment. The driver of V2 argued with me saying I did not give him way. After which, I told him we shall proceed with insurance claims. Both of us exchange particulars and left the location.

On 27/03/2022 at about 0800hrs, I felt pain on my neck as such I went to see doctor at Healthway Medical Hougang and was given 5days MC from 27/03/2022 till 31/03/2022. I am lodging this report for insurance claims and traffic police to investigate on this matter. I am willing to provide the footages of the



**SINGAPORE
POLICE FORCE**



T 20220328-2053

Police Station Of Origin

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE
570025

Tel No: 1800-4529999

1 of 4

Report No. T 20220328-2053

CONTINUATION OF REPORT

accident to assist in the investigations.



Toyota : Harrier
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-0°11'	-0°11'	-0°55' 0°35'
5°26'	5°26'	5°10' 6°40'
-0°02'	-0°02'	-0°02' 0°07'
11°56'	11°56'	10°45' 12°15'
11°45'	11°45'	9°50' 12°50'

Front : Right

Actual	Before	Specified Range
-0°09'	-0°10'	-0°55' 0°35'
6°07'	6°07'	5°10' 6°40'
0°20'	0°21'	-0°02' 0°07'
11°33'	11°33'	10°45' 12°15'
11°24'	11°24'	9°50' 12°50'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
-0°02'	-0°02'	-0°45' 0°45'
-0°41'	-0°41'	-0°45' 0°45'
0°23'	0°23'	
0°18'	0°18'	-0°05' 0°14'

Rear : Left

Actual	Before	Specified Range
-1°19'	-1°19'	-2°00' -0°30'
-0°03'	-0°02'	0°00' 0°10'

Rear : Right

Actual	Before	Specified Range
-2°43'	-2°44'	-2°00' -0°30'
-0°40'	-0°41'	0°00' 0°10'

Camber
Toe

Rear

Cross Camber
Total Toe
Thrust Angle
Axle Offset

Actual	Before	Specified Range
1°24'	1°25'	-0°45' 0°45'
-0°43'	-0°43'	0°00' 0°19'
0°19'	0°19'	
0mm	0mm	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	106J
Vehicle No.:	SLL1798U
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER ELEGANCE 2.0A
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	3ZRB856782
Chassis No.:	ZSU600086503
Maximum Power Output:	111.0kW (148 bhp)
Open Market Value:	\$31,249.00
Original Registration Date:	16 Feb 2017
First Registration Date:	16 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$30,749.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Feb 2027
PARF Rebate Amount:	\$21,524.00
Intended COE Rebate Details	
COE Expiry Date:	15 Feb 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,209.00
COE Rebate Amount:	\$23,516.00
Total Rebate Amount:	\$45,040.00

The information contained herein is correct as at 31 Mar 2022

OK

Toyota Harrier 2.0A Elegance

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

CARZWORLD

PTE. LTD.

Price **\$96,988**

Depreciation	\$15,030 /yr View models with similar depre.	Reg Date	21-Aug-2017 (5yrs 4mths 20days COE left)
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Mileage	61,000 km (13.2k /yr)	Manufactured	2016
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Road Tax	\$1,196 /yr	Transmission	Auto
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Dereg Value	\$50,822 as of today (change)	OMV	\$28,476
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COE	\$50,101	ARF	\$31,867
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Engine Cap	1,986 cc	Power	111.0 kW (148 bhp)
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Curb Weight	1,580 kg	No. of Owners	1
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