

ASS. REC. BY: PKHREF: CS3/ASM 22003035/ y3961K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLZ 90505at Workshop m/s T & S MOTORof 5035, AMK IND PK 2 #01-357Insured: ASM

Policy No. _____

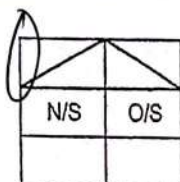
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 67K

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: SLZ 90505 Yr Regn: 2018 / MAY

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

Truck / Trailer or _____

Make: TOYOTA VIOS E Auto c.c 1496Colour GREY A/C: Insured / Std / NI / NASp. Reading 138592 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2B23F3401122918Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modl: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 195/55R15

R: _____

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

TOYO / YOKO or MARQUEL

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 29/03/22 D.O.I. 04/04/22Survey held at T & S MOTOR

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
	<u>REPAIR LIMIT - 33K</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 3 days</u>

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Rep. Format: _____

Lump Sum / L.B.L. (\$) _____

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

Survey Fee: _____

Transportation: _____

\$ + RS. \$I

Photos

Others

TOTAL

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	31/03/2022 12:08 (SGT)
Date of Accident	29/03/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG EAST ST 24 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9050S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WT LIMO PTE LTD
Company Reg No	201632961K
Email Address	WTLIMO888@GMAIL.COM
Mobile Phone No	(Phone) +65-81185292
Alternative Phone No	+65-64845518

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121531043
Cover Note Number	30/03/2021 - 22/05/2022

DRIVER

Name of Driver	MOHAMED ZURI BIN HAMID
NRIC No	S1836847A

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

26/03/1965
Outdoor
31/08/2005
16 YEARS AND 7 MONTHS
Male
(Phone) +65-87846401
-
WTLIMO888@GMAIL.COM
BLK 461 JURONG WEST ST 41 #04-660
-
640461
No
Hirer
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
Jurong West Neighbourhood Police Centre
(Phone) +65-18002689999
(Fax) +65-62672438
700 Corporation Road Singapore 649818
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes
Yes
SD CARD WITH WORKSHOP
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

SHC5172T
Toyota
Prius
-
-

Vehicle Category	Taxi
Name of Driver	GOH YAM LIM
NRIC No	S7322586H
Contact Number	(Phone) +65-93664991
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT LEFT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED ZURI BIN HAMID
Gender	Male
Phone No	(Phone) +65-87846401
Address	BLK 461 JURONG WEST ST 41 #04-660
Address Complement	-
Post Code	640461
Approximate Age Years Old	-
Injuries Sustained	RIBS
Injured person in which vehicle?	SLZ9050S
Were seat belts worn?	Yes
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' law yers/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/postal packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

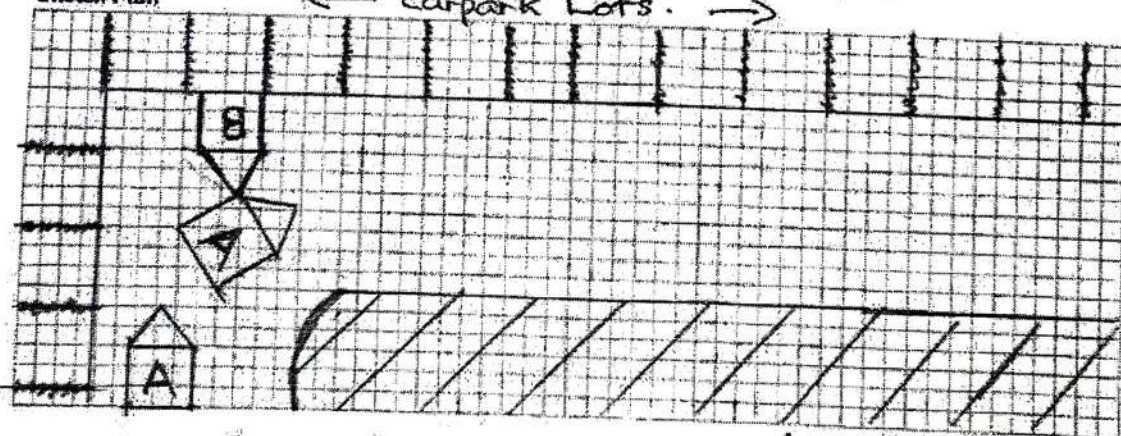


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

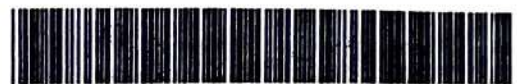


Jurong East St. 24
Carpark.

A = SLJ 9050S
B = SHC 5172T



SINGAPORE POLICE FORCE



T/20220330/2116

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220330/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2022 20:44	Vide Report No.:	Station Diary No.: 206
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Name of Informant: MOHAMED ZURI BIN HAMID			Address: APT BLK 461 JURONG WEST STREET 41 #04-660 SINGAPORE 640461		
ID Type / ID No.: NRIC NO / S1836847A			Contact No.: Home/Office: Mobile: 87846401		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 26/03/1965	Type of Informant: Driver		
Race: Boyanesese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2022 13:30	Type of Location: Car Park
Location: JURONG EAST STREET 24				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

SHC5172T	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Slightly Damaged	1
SLZ9050S	Car	TOYOTA	VIOS E (AUTO)	Grey	Slightly Damaged	0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Describe Circumstances of the Accident

Refer to Police report #10: T/20200230/2116

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



**SINGAPORE
POLICE FORCE**



T/20220330/2116

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20220330/2116

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /

Other ASHRAF BIN ISHAK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Signature Of Informant:

Date/Time:

30/03/2022 20:44

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220330/2116

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220330/2116

CONTINUATION OF REPORT

Name	GOH YAM LIM	ID No.	S7322586H
Related Vehicle	SHC5172T (Car)	Contact No.	93664991
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
Name	MOHAMED ZURI BIN HAMID	ID No.	S1836847A
Related Vehicle	SLZ9050S (Car)	Contact No.	87846401
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/03/2022	Date Discharge	30/03/2022
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On 29/3/2022, I was driving my vehicle (SLZ9050S) and just entered the carpark of B/250 Jurong East Street 24. As I was driving my vehicle around to find for a parking lot and wanted to turn right to find more lots, a taxi (SHC5172T) came fast from the left towards my car. I tried to brake to avoid the taxi, however to no avail. The taxi then hit the front left of my car. After the accident, the driver of the taxi and I stopped nearby to exchange particulars. The front left bumper of my car was damaged and the left headlight was scratched. I am unsure of the cost of damages. Subsequently on the next day, I went to Ng Teng Fong General Hospital to get a check up. I managed to get a 14 days MC for a fractured rib. I am making this report to submit to my company as well. I do have an in-car camera which I have submitted to my company.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	961K
Vehicle No.:	SLZ9050S
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E (AUTO)
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	2NR5220353
Chassis No.:	MR2B23F3401122918
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,456.00
Original Registration Date:	23 May 2018
First Registration Date:	23 May 2018
Transfer Count:	1
Actual ARF Paid:	\$13,456.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 May 2028
PARF Rebate Amount:	\$10,092.00
COE Expiry Date:	22 May 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,941.00
COE Rebate Amount:	\$23,867.00
Total Rebate Amount:	\$33,959.00

The information contained herein is correct as at 05 Apr 2022

OK

Toyota Vios 1.5A E

Overview

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

Price **\$66,800**

Depreciation ⓘ **\$9,890 /yr**
[View models with similar depre](#)

Reg Date **26-Apr-2018**
(6yrs 20days COE left)

Mileage **85,000 km (21.5k /yr)**

Manufactured ⓘ **2018**

Road Tax ⓘ **\$682 /yr**

Transmission **Auto**

Dereg Value ⓘ **\$32,703 as of today (change)**

OMV ⓘ **\$13,707**

COE ⓘ **\$37,000**

ARF ⓘ **\$13,707**

Engine Cap **1,496 cc**

Power **79.0 kW (105 bhp)**

Curb Weight ⓘ **1,085 kg**

No. of Owners **1**

Type of Vehicle **Mid-Sized Sedan**