

ASS. REC. BY: EXMREF: CS3/ASM 22063081/Rqy3

0442

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLG 966Jat Workshop m/s T & S MOTORof 5035 RMK IN PK 2 #01-351Insured: ASM

Policy No. _____

Claims No. S2M03XKZ

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 64K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 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: SLG 966J Yr Regn: 2016 / SEPType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA PRIUS HYBRID 1.8 CVT c.c 1798Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 586418 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU203533402Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 41

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

TOYO / YOKO or MARQUIS

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 02/04/22 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

REPAIR LIMIT - 34K

05/04/22@11.09am revised to Chan Kian Chuan via Smart Claims.

ESTIMATE RANGE OF REPAIR / NO. OF DAYS (4K-5K) / 5 days

05/04/22 Submit PRS.

Date/Time, File Pass to?

☐ : Preli. Report

1) 05/04 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: SMART CLAIMS - PRS

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

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	02/04/2022 11:35 (SGT)
Date of Accident	02/04/2022 00:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS DRIVE 1 TOWARDS LOYANG AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG966J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SPR REALTY PTE. LTD.
Company Reg No	200604044Z
Email Address	SKL1885M@GMAIL.COM
Mobile Phone No	(Phone) +65-98573386
Alternative Phone No	+65-98573386

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	HYBRID
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 hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122478429-01
Cover Note Number	21/03/2022 - 20/03/2023

DRIVER

Date Of Birth 23/04/1980
 Occupation Outdoor
 Date Of Driving Pass 20/03/2001
 Driving experience 21 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-92329620
 Alt. Phone Number -
 Email Address SKL1885M@GMAIL.COM
 Address BLK 404 ANG MO KIO AVE 10 #08-663
 Address complement -
 Postcode 560404
 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? 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 Bishan Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18005529999
 Alt. Police Station Phone No (Fax) +65-65561905
 Police Station Address 20 Bishan Street 23 Singapore 579757
 Is notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident VIDEO GIVEN TO WORKSHOP
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7187G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Category
Name of Driver
ERIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Taxi
LIM THYE CHEW
S0027007E
-
-
-
-
-
-
1

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?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

CHIA CHUN SENG (XIE JUNCHENG)
Male
(Phone) +65-92329620
BLK 404 ANG MO KIO AVE 10 #08-663
-
560404
-
-
SLG966J
Yes
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 based outside of Singapore, for one or more of the above Purposes.

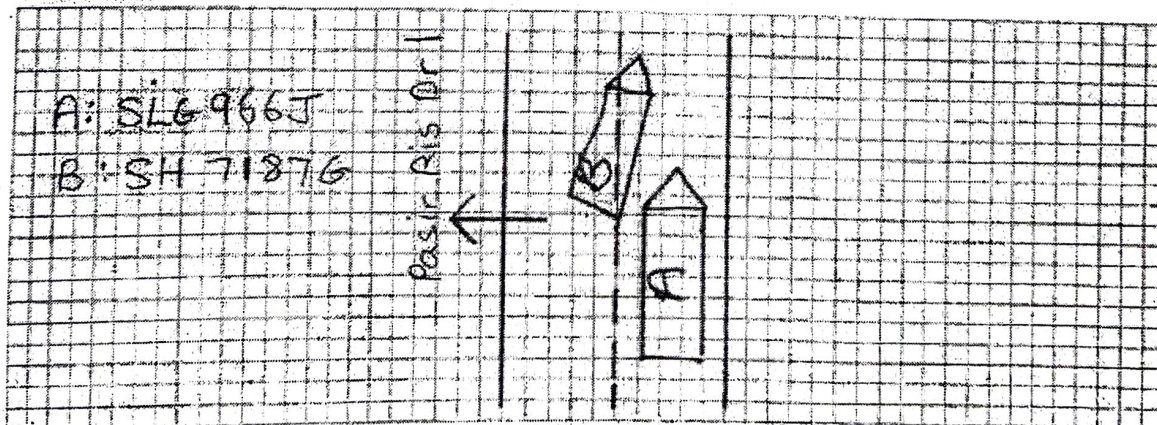


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police report #0: 7/20220402/2017

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

[Signature] 2/4/2022

Witnessed by Reporting Centre Personnel

[Signature]



SINGAPORE POLICE FORCE



T/20220402/2017

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20220402/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2022 05:24		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: CHIA CHUN SENG			Address: APT BLK 404 ANG MO KIO AVENUE 10 #08-663 SINGAPORE 560404		
ID Type / ID No.: NRIC NO / S8012007I			Contact No.: Home/Office: Mobile: 92329620		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 23/04/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2022 00:50	Type of Location:
Location: PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
SH7187G	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0
SLG966J	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20220402/2017

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

2 of 3

Report No. T/20220402/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lim Thye Chew	ID No.	S0027007E
Related Vehicle	SH7187G (Car)	Contact No.	NIL
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	CHIA CHUN SENG	ID No.	S8012007I
Related Vehicle	SLG966J (Car)	Contact No.	92329620
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	02/04/2022	Date Discharge	02/04/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 02/04/2022 at 0048hrs, my vehicle (SLG966J) was travelling along Pasir Ris drive 1 towards Loyang ave, near the junction. The weather was clear and traffic condition was clear. My vehicle was travelling behind a Taxi (SH7187G) on the left lane of a two-lane road. After I had changed lane to the right and my vehicle was travelling straight, the taxi did not signal and started to move into my lane and collided with my vehicle. Both vehicles then stopped by the side of the road. I alighted to make a check and notice my vehicle's front left portion damaged. The taxi damages are the rear right portion. I spoke with the driver and decided on insurance claim. There is an in-car camera installed in my vehicle. Subsequently, both vehicles drove off from the accident location. I went to see the doctor and received 5 days MC. I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20220402/2017

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20220402/2017

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:
E /
SGT 2 CASSIDY TAN GIA LOK

Signature Of Informant:

Signature Of interpreter:
Not applicable

Date/Time:
02/04/2022 05:24

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168

SINGAPORE
POLICE FORCE

SN 061

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	044Z
Vehicle No.:	SLG966J
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	2ZRR940981
Chassis No.:	JTDKB3FU203533402
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$31,008.00
Original Registration Date:	21 Sep 2016
First Registration Date:	21 Sep 2016
Transfer Count:	1
Actual ARF Paid:	\$5,412.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Sep 2026
PARF Rebate Amount:	\$3,788.00
COE Expiry Date:	20 Sep 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,903.00
COE Rebate Amount:	\$25,815.00
Total Rebate Amount:	\$29,603.00

The information contained herein is correct as at 05 Apr 2022

OK

Toyota Prius Hybrid 1.8A

Overview

Financial

Accessories

Similar

Research

Photos

Map



車
之
道

CARWAY

Your Satisfaction Is Our Success



Price

\$64,800

Depreciation ⓘ

\$13,960 /yr

[View models with similar depre](#)

Reg Date

15-Sep-2016

(4yrs 5mths 9days COE left)

Mileage

78,779 km (14.2k /yr)

Manufactured ⓘ

2016

Road Tax ⓘ

\$976 /yr

Transmission

Auto

Dereg Value ⓘ

\$29,513 as of today ([change](#))

Fuel Type

Petrol-Electric

COE ⓘ

\$58,201

OMV ⓘ

\$31,008

Engine Cap

1,798 cc

ARF ⓘ

\$5,412

Curb Weight ⓘ

1,375 kg

Power

90.0 kW (120 bhp)