

Steve

CS/SMR22003805/Ety3

## 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
XX	

Bal. or Market Value: \_\_\_\_\_

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: SJL 5414A Yr Regn: 1/12/08Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Wish c.c. 1794Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 180494 T/Radio: Insured / Std / NI / NA

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

C/No: JTDER 12W403001203Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65 R15R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 20/4/22 D.O.I. 25/4/22Survey held at PrimeDes. 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
	<u>MP-14K</u>
	<u>cost of repair of \$2300 (L/S before GST) - with 4 days</u>
	<u>red:1768.50;43%</u>

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

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

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: 22.04.2022

MS First Capital Insurance Ltd  
36 Robinson Road #16-01  
City House  
Singapore 068877

Attn: Motor Claim Dept

**RE: ESTIMATE COST OF REPAIR TO SJL5414A TOYOTA WISH 1.8 AUTO**  
**(REGISTRATION DATE: 01.12.2008)**

### To Supply

1 )	1pc	tailgate / <i>DD</i>	\$	1,042.00 ✓
2 )	1pc	tailgate weatherstrip <i>X nn</i>	\$	274.00
3 )	1pc	left rear tail lamp <i>X nn</i>	\$	320.00
4 )	1pc	rear end panel <i>X R</i>	\$	482.00
5 )	1pc	rear end panel top garnish <i>X nn</i>	\$	280.00
6 )	1pc	rear bumper / <i>PR</i>	\$	600.00 <i>570 -</i>
7 )	1pc	rear bumper left retainer / <i>PR</i>	\$	30.00 ✓
8 )	1pc	rear bumper left reflector / <i>PR</i>	\$	40.00 ✓
9 )	1set	rear glass moulding (3pcs) / <i>MC</i>	\$	210.00 <i>170 -</i>

Sub Total Parts	\$	3,278.00	<i>1852</i>
Less: 25% discount	\$	(819.50)	<i>-25%</i>
	\$	2,458.50	<i>1389</i>

### To supply S.Nett parts

1 )	1set	rear bumper clip / <i>MC</i>	\$	25.00 ✓
2 )	1set	end panel top garnish clip <i>X nn</i>	\$	15.00
3 )	1tube	rear glass sealant / <i>MC</i>	\$	40.00 ✓
4 )	1set	reverse sensor / <i>shld</i>	\$	200.00 ✓

Sub total S.Nett Parts	\$	280.00	<i>265</i>
------------------------	----	--------	------------

L/charges

- |   |        |          |
|---|--------|----------|
| 1 ) To tuff kote  | \$ 30  | 50.00    |
| 2 ) To transfer tailgate trim board, lock, handle & mechanism parts   | \$ 30  | 60.00    |
| 3 ) To refit tailgate glass   | \$     | 120.00 ✓ |
| 4 ) To repair rear end panel, remove tail gate, rear bumper , replace necessary parts. Adjust & align tail gate & rear bumper | \$ 450 | 500.00   |
| 5 ) To putty, respray painting end panel, rear bumper & tailgate. To polish   | \$     | 600.00 ✓ |

Sub total L/charges	\$	1,330.00	1230
Estimated Grand Total	\$	4,068.50	

= 2884

Steve (LKK)  
25/3/22, 2:17p

WM PL L/S-2307.10  
L/S  
= 2300  
My AL 5  
4 dgs

**LKK Auto Consultants hence notify the Repairer of the following:**

- To resurvey before/after spray painting
- 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:



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

293Z

### Vehicle Details

Vehicle No.:

SJI 5414A

Vehicle to be Exported:

No

Intended Deregistration Date:

22 Apr 2022

Vehicle Make:

TOYOTA

Vehicle Model:

WISH 1.8 AUTO

Primary Colour:

Silver

Manufacturing Year:

2008

Engine No.:

1Z73182889

Chassis No.:

JTDER12W403001203

Maximum Power Output:

97.0 kW (130 bhp)

Open Market Value:

\$18,803.00

Original Registration Date:

01 Dec 2008

First Registration Date:

01 Dec 2008

Transfer Count:

1

Actual ARF Paid:

\$18,803.00

### Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

30 Nov 2023

COE Category:

E - Open Category

COE Period(Years):

5

PQP Paid:

\$16,061.00

COE Rebate Amount:

\$5,157.00

**Total Rebate Amount:**

**\$5,157.00**

### Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 22 Apr 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	22/04/2022 12:54 (SGT)
Date of Accident	20/04/2022 09:00 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	SLIP ROAD FROM JALAN BOON LAY TO AYE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL5414A

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Company Reg No	1XXXXX293Z
Email Address	aliceleong@primeautoclaims.com
Mobile Phone No	(Phone) +65-67770666
Alternative Phone No	(Office) +65-68610908

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5119566581-01-000060
Cover Note Number	-

#### DRIVER

Name of Driver	NATASHA CARMEN DAVENPORT
Passport No/FIN	PXXXX7887

Date Of Birth	11/09/1977
Occupation	Indoor
Date Of Driving Pass	09/02/2010
Driving experience	12 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93585284
Alt. Phone Number	-
Email Address	tashpace@hotmail.com
Address	5 WEST COAST VIEW
Address complement	-
Postcode	127193
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 - Head to Rear
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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	SHD6223T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GOH HIAP HOCK
NRIC No	SXXX236E
Contact Number	(Phone) +65-81882381
Address	-

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

-  
-  
MS First Capital Insurance Ltd  
-  
-  
-

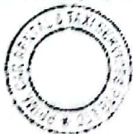


## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form may be completed by the Policyholder and/or the Authorized 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 lodging 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (c) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

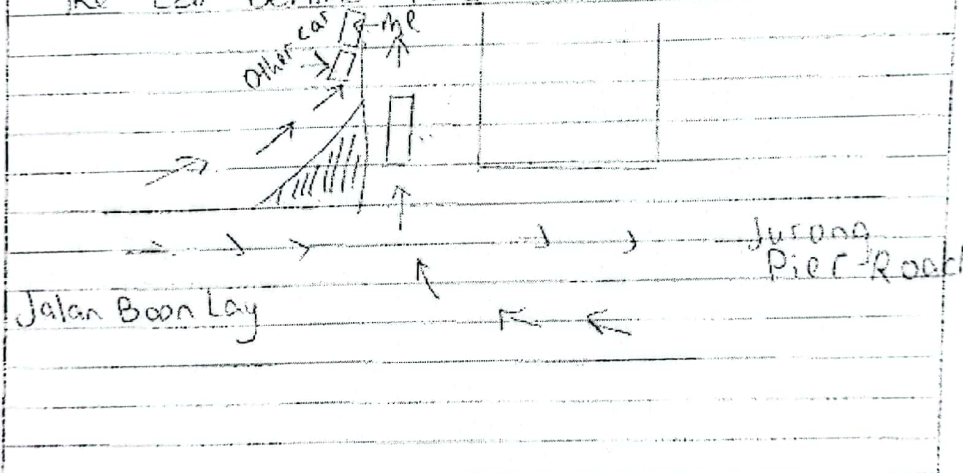
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/04/22  
9pm

Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:



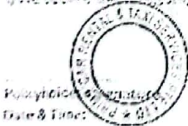
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had turned left from Jalan Boon Lay on to Jalan Ahmed Ibrahim, I drove at about 10km and then stopped at the line to ~~wait~~ to wait for an on coming truck, that had turned right from Jurong Pier Road/Jalan Boon Lay (I am unsure ~~if~~ <sup>what</sup> this street is called), to pass so that I could safely merge on to the ~~Jalan~~ <sup>of</sup> Jalan Ahmed Ibrahim. This is when the car behind re-ended me.



DECLARATION

I declare the foregoing particulars are true in every respect.



*Nalada Jawmat*

Driver's signature  
(If driver is not the policyholder)  
Date & Time: 20/4/22

9pm

Reporting Centre Personnel's signature  
Name:  
N/A