

(08/11/13) wef

ASS. REC. BY: PM

REF:

CS/CTI 22003960/Ry3

S
0830**ASSIGNMENT**

From:

Date:

Estimated Cost:

Veh No:

SLZ 5811P

Yr Regn:

2018 1M44

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

Truck / Trailer or

Make:

TOYOTA HARRIER G GRABE S/C.C 1998

Colour

BLACK

A/C:

Insured / Std / NI / NA

Sp. Reading

63871

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTEK B34 H80100 1807

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / 9/Rim / STD A/Rim or

Tyre Size:

F:

235/55R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

12/04/22

D.O.I.

13/05/22

Survey held at

ETHOZ

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

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

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

To Inspect Vehicle No:

SLZ 5811P

at Workshop m/s

ETHOZ

of

30, BUKIT BATOK CRESCENT

Insured: SJS 6199C CTI

Policy No. DMPCSNW00084012100

Claims No. SNM22D202860/C02/CSC

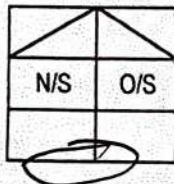
Sum Insured:

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:

118k

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:

Date / Time

Action / Instruction

REPAIR LIMIT - 66K

19/9/22

Submit preli report-revised fig \$860 check items \$1143

Note: The vehicle has not send in for repair

Date/Time, File Pass to?



: Preli. Report



: Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

) S + RS, SI

) Photos

) Others

Report Format :

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

ETHOZ

Friday 0930 - 1030

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Salamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 26/04/2022

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ONG YEN LENG
: AXA INSURANCE PTE LTD

Certificate No : GA540644

Accident Date : 12/04/2022

Vehicle No : SLZ-5811-P

Make & Model : TOYOTA HARRIER G GRADE 1998

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
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List Item

1	REAR BUMPER <i>Repair</i>	904.00
1	REAR BUMPER SPONGE <i>X</i> nn	160.00
10	REAR BUMPER CLIPS <i>X</i> nn	50.00
1	REAR BUMPER LOWER <i>scr /</i>	480.00
1	END PANEL <i>X</i> nn	RESTORE
4	REVERSE SENSOR <i>2?</i>	

Sub Total

3118.00

Discount 25% On Parts

(779.50)

Labour & Misc

LABOUR TO FACILITATE REPAIR

~~500.00~~ 250

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Certificate No : GA540644

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Vehicle No : SLZ-5811-P

Make & Model : TOYOTA HARRIER G GRADE 1998

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

TO RESPRAY AFFECTED AREAS

~~500.00~~

250

TO CHECK AND RECONNECT ALL NECESSARY WIRINGS

30.00

X

Sub Total

1030.00

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:

3,368.50

Remarks:

3 days - P/P Resy before repv

SUB TOTAL

GST 7.0 %

235.79

TOTAL

3,604.30

Surveyor's name:

Rasm - Hp 9001068

Principal's name:

ONG YEN LENG

Survey Date & Time:

13/05/22 @ 1010

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 13/04/2022 15:20 (SGT)
Date of Accident 12/04/2022 14:08 (SGT)
Exact Location of Accident Near 553 Serangoon North Ave 3, Block 553, Singapore 550553
Additional Location Information Ang Mo Kio Ave 3 > Serangoon North Ave 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ5811P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ong Yen Leng
NRIC No SXXXX083D
Email Address ong_pearlyn@yahoo.com.sg
Mobile Phone No (Phone) +65-98344711
Alternative Phone No +65-98344711

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
Variant HARRIER G GRADE
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 car
Transmission Auto
CC 1980

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number GA540644
Cover Note Number 10/05/2021-09/05/2022

DRIVER

Name of Driver Ong Yen Leng
NRIC No SXXXX083D

Date of Birth 17/03/1970
 Occupation Indoor
 Date of Driving Pass 17/02/2009
 Driving experience 13 YEARS AND 2 MONTHS
 Gender Female
 Mobile Number (Phone) +65-98344711
 Alt. Phone Number +65-98344711
 Email Address ong_pearlyn@yahoo.com.sg
 Address Blk 974 Hougang St 91 #15-224
 Address complement
 Postcode 530974
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name Amanda Phua
 Gender Female

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

Kindly refer to the sketch plan

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS6199C
 Vehicle Manufacturer Toyota
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Private car

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

Rajesh
(Phone) +65-83212575

-
-
-
-
-
-
-

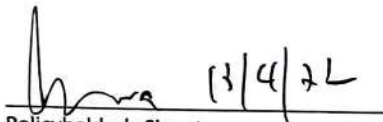
SKETCH PLAN

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 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.**
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7. By the lodgment 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:

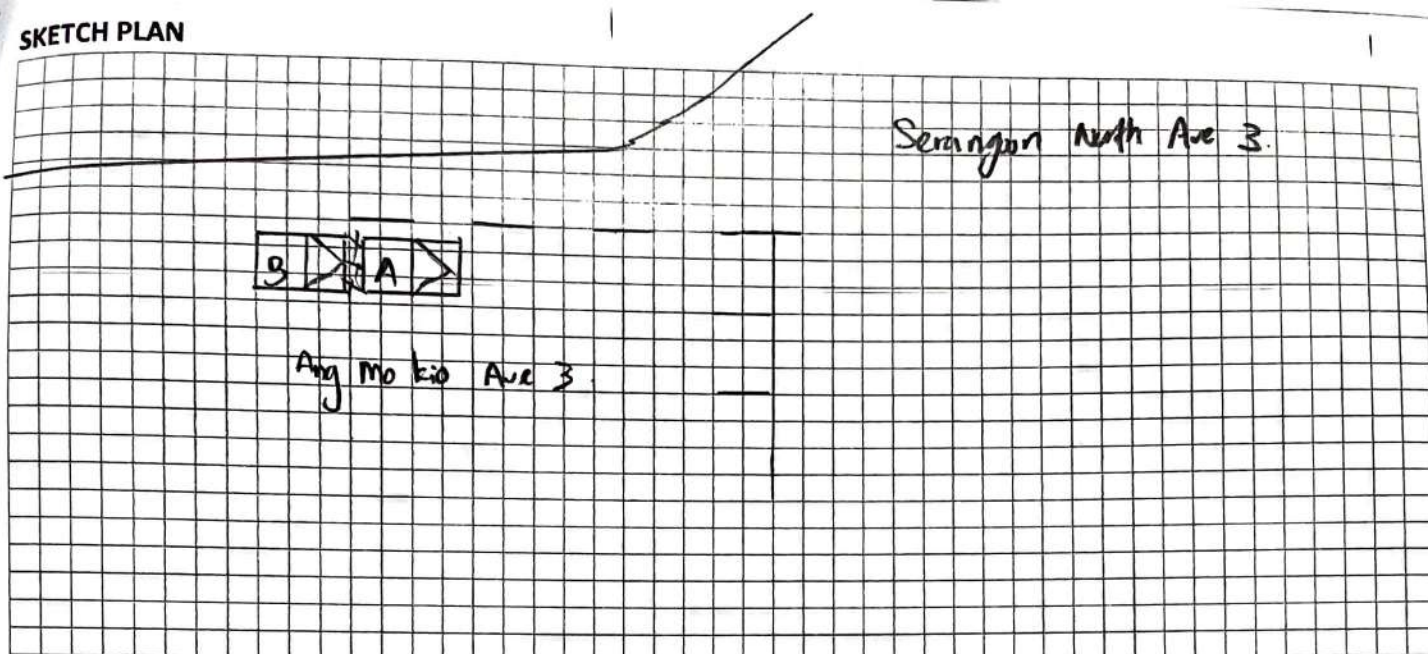
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (d) 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: 13/4/22

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


Reporting Centre Personnel's Signature
Name: Rakeshwar - Anil
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my car was stopped at the traffic light junction of Ang Mo Kio Ave 3 and Serangoon North Ave 3. traffic The car behind me SPS 6199 C kept inching forward and ~~finally~~ made contact with ~~my~~ the rear of my car, causing ~~dent~~ and damage to my car.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only

Claim OD

☒ Claim TP

Claim OD / TP at other workshop

DECLARATION

I/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:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	083D
Vehicle No.:	SLZ5811P
Vehicle to be Exported:	No
Intended Deregistration Date:	16 May 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER G GRADE
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	8ARZ116307
Chassis No.:	JTEKB3GH80J001807
Maximum Power Output:	170.0 kW (227 bhp)
Open Market Value:	\$33,308.00
Original Registration Date:	10 May 2018
First Registration Date:	10 May 2018
Transfer Count:	0
Actual ARF Paid:	\$38,632.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 May 2028
PARF Rebate Amount:	\$28,974.00

Intended COE Rebate Details

COE Expiry Date:	09 May 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period (Years):	10
QP Paid:	\$37,330.00
COE Rebate Amount:	\$22,322.00
Total Rebate Amount:	\$51,296.00

The information contained herein is correct as at 16 May 2022

OK

Toyota Harrier Turbo 2.0A G

Overview

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

Price **\$116,800**

Depreciation **\$16,360 /yr**
[View models with similar depreciation](#)

Reg Date **30-Apr-2018**
(5yrs 11mths 13days COE left)

Mileage **36,000 km (8.9k /yr)**

Manufactured **2018**

Road Tax **\$1,210 /yr**

Transmission **Auto**

Dereg Value **\$51,219 as of today ([change](#))**

OMV **\$33,308**

COE **\$37,330**

ARF **\$38,632**

Engine Cap **1,998 cc**

Power **170.0 kW (227 bhp)**

Curb Weight **1,695 kg**

No. of Owners **1**

Type of Vehicle **SUV**