

(08/11/13) wef  
ASS. REC. BY: *James*

REF:

CS8/CT122005139/Rgy3

8851

### ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: *SLQ1046E*

at Workshop m/s *Kuo Li Auto*

of *5035, Amk Ind PK 2 #01-363*

Insured:

*CTI*

Policy No.

Claims No. *SNM22D203760/C02*

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:

*77K*

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:

*SLQ1046E*

Yr Regn: *2017 / Jun*

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

Truck / Trailer or

Make:

*TOYOTA MISH 1.8 CVT*

c.c *1798*

Colour

*Brown*

A/C: Insured / Std / NI / NA

Sp. Reading

*88308*

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

*JTDG620W203007164*

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: ☒ order / Jammed / Leaked / Burnt or

Brake: ☒ order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ S/Bim / STD A/Rim or

Tyre Size:

F:

R:

*195/65R15*

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

TOYO / YOKO or

*FALKEN*

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

*28/05/22*

D.O.I.

*31/05/22*

Survey held at

*Kuo Li*

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

*o/s REAR*

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

Date / Time

Action / Instruction

*REPAIR LIMIT - 36K*

01/06/22 Submit PRS.

*ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (5K - 6K) / 7 days*

Date/Time, File Pass to?

☐

: Prell. Report

1) 01/06 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: *7*

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) *\_\_\_* S + RS, *\_\_\_* SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

Report Format :

MER-PRS

# 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	30/05/2022 10:57 (SGT)
Date of Accident	28/05/2022 05:45 (SGT)
Exact Location of Accident	Near 12 Kranji Rd, Singapore
Additional Location Information	MCE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1046E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HENG SWEE LIN
NRIC No	S12838851
Email Address	FANG.SUMMER@GMAIL.COM
Mobile Phone No	(Phone) +65-98247147
Alternative Phone No	+65-98247147

## 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	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00635079/02
Cover Note Number	

## DRIVER

Name of Driver	HENG SWEE LIN
NRIC No	S12838851



Date of Birth	13/04/1958
Occupation	Indoor
Date Of Driving Pass	12/05/1976
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-98247147
Alt. Phone Number	+65-98247147
Email Address	FANG.SUMMER@GMAIL.COM
Address	47 EASTWOOD GREEN
Address complement	-
Postcode	-
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	TAN CHENG CHEW
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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2273P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

## SKETCH PLAN

VEHICLE NO  
DATE OF ACCIDENT:

SLQ 1046 E  
28/1/2022

## 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.
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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 the 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 an 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/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' 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

A	SLQ 1046 E
B	SLQ 1046 E
A	SLQ 1046 E
B	SLQ 1046 E




Describe Circumstances of the Accident VEHICLE NO: SL8 1046E DATE OF ACCIDENT 28/01/22


I am driving on the A101 highway, first on 2nd lane when the car got into  
 lane ahead.


REPORTING ONLY ( ) OWN DAMAGE ( ) THIRD PARTY ( ) OWN WORKSHOP ( )

**Declaration NOTE:** DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

(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



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: \_\_\_\_\_ Vehicle Registration No: SL270467  
 Name (as shown in report): Yang Sumei Lin NRIC/FIN/Passport No: S12838391  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 41 Greenfield Green Singapore (011420)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 98247144  
 Email Address: Yang.Sumei@yma.com  
 Date of Accident: 28.05.2022 Time of Accident: 3.45pm  
 Place of Accident: MCB Expressway  
 Insurance Company: Direct Asia

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Driver should read  
28/5/2022

Policyholder / Driver's Signature  
 Date:

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



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Singapore NRIC

Owner ID: 8851

Vehicle No.: SLQ1046E

Vehicle to be Exported: No

Intended Deregistration Date: 01 Jun 2022

Vehicle Make: TOYOTA

Vehicle Model: WISH 1.8 CVT

Primary Colour: Grey

Manufacturing Year: 2017

Engine No.: 2ZR1964387

Chassis No.: JTDGG20W20J007164

Maximum Power Output: 105.0 kW (140 bhp)

Open Market Value: \$19,955.00

Original Registration Date: 28 Jun 2017

First Registration Date: 28 Jun 2017

Transfer Count: 0

Actual ARF Paid: \$19,955.00

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 27 Jun 2027

PARF Rebate Amount: \$14,966.00

COE Expiry Date: 27 Jun 2027

COE Category: E - Open - all except motorcycle

COE Period(Years): 10

QP Paid: \$50,524.00

COE Rebate Amount: \$25,416.00

Total Rebate Amount: \$40,382.00

The information contained herein is correct as at 01 Jun 2022

OK



# Toyota Wish 1.8A

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

HORIZON  
MOTORING

Member of:



Accredited by:



Price **\$78,800**

Depreciation ⓘ \$13,420 /yr  
[View models with similar depre](#)

Reg Date 18-Jul-2017  
(5yrs 1mth 16days COE left)

Mileage 85,838 km (17.6k /yr)

Manufactured ⓘ 2017

Road Tax ⓘ \$976 /yr

Transmission Auto

Dereg Value ⓘ \$40,509 as of today ([change](#))

OMV ⓘ \$19,955

COE ⓘ \$49,802

ARF ⓘ \$19,955

Engine Cap 1,798 cc

Power 105.0 kW (140 bhp)

Curb Weight 1,355 kg

No. of Owners ⓘ 2