

(08/11/13) wef

ASS. REC. BY: ARCREF: CS/AIS22006019/R1/3

Rny3

8040

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMP 9373Bat Workshop m/s ARCof 38, MODULARS AND PK 61 \$405-18

Insured:

ALLIANZ

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:

145K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

12

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:

SMP 9373B

Yr Regn:

2021 / APRType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA CAMRY 1400 ASCENT SP2-5 2487

Colour:

BLACK

A/C: Insured / Std / NI / NA

Sp. Reading:

20204

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTNBA3HK801664905

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/55R17

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.

21/06/22

D.O.I.

24/06/22

Survey held at

ARCDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

REPAIR LIMIT - 78K

We will be advising our principal a cost of repair

P/P \$15,138.69 /- with 12 days of repair, subject to their approval.

(red, 19004.91, 56%)

Date/Time, File Pass to?



Prel. Report

1) 27/09/22



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

12

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) 15,138.69

48 Toh Guan Road East (Enterprise Hub)
#02-146, Singapore 608586
Tel: 64688834 Fax: 64622278
E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST2206-335
DATE : 23-Jun-2022
POLICY NO. : BD P10552283R01
VEHICLE REG. NO. : SMP9373B
VEHICLE MAKE : TOYOTA CAMRY HYBRID ASCENT SPORT

TO Allianz Insurance Singapore Pte Ltd
79 Robinson Road
#09-01
Singapore 068897

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
	SPARE PARTS			
1	Front Bumper <i>cm</i>	1	\$ 685.10	\$ 685.10
2	Bumper Clips <i>nc</i>	10	\$ 5.50	\$ 55.00
3	Front Bumper Retainer RH <i>X</i>	1	\$ 91.60	\$ 91.60
4	Front Bumper Retainer LH <i>X</i>	1	\$ 91.60	\$ 91.60
5	Front Bumper Pad RH - 5242233020 <i>?</i>	1	\$ 68.10	\$ 68.10
6	Front Bumper Pad LH - 5242333020 <i>X</i>	1	\$ 38.10	\$ 38.10
7	Front Bumper Side Moulding RH - 5271233030 <i>sm</i>	1	\$ 102.30	\$ 102.30
8	Front Bumper Top Rubber Seal - 5339533040 <i>nc</i>	1	\$ 70.30	\$ 70.30
9	Front Reinforcement - 5213133180 <i>?</i>	1	\$ 480.70	\$ 480.70
10	Front Sponge - 5261133300 <i>?</i>	1	\$ 127.80	\$ 127.80
11	Front Grille Assy - 5310133570 <i>cm</i>	1	\$ 691.90	\$ 691.90
12	Front Bumper Lower Grille - 5310233190 <i>?</i>	1	\$ 411.80	\$ 411.80
13	Front Grille Clips <i>nc</i>	10	\$ 7.50	\$ 75.00
14	Front Emblem - 5314133140 <i>1 & nc</i>	1	\$ 1,091.40	\$ 1,091.40
15	Head Lamp RH <i>cm</i>	1	\$ 2,855.70	\$ 2,855.70
16	Radiator Upper Air Guide - 1659425010 <i>?</i>	1	\$ 212.00	\$ 212.00
17	Radiator Air Guide RH - 1659325051 <i>?</i>	1	\$ 104.60	\$ 104.60
18	Air Filter Hose <i>X</i>	1	\$ 186.90	\$ 186.90
19	Air Intake Duct Assy <i>?</i>	1	\$ 222.80	\$ 222.80
20	Support Panel Assy <i>st</i>	1	\$ 1,124.60	\$ 1,124.60
21	A/C Condenser <i>?</i>	1	\$ 2,125.00	\$ 2,125.00
22	A/C Pipe Discharge Hose <i>?</i>	1	\$ 696.50	\$ 696.50
23	A/C Outlet Pipe <i>?</i>	1	\$ 756.10	\$ 756.10
24	A/C Compressor Suction Hose <i>?</i>	1	\$ 791.60	\$ 791.60
25	Radiator <i>?</i>	1	\$ 2,423.20	\$ 2,423.20
26	Radiator Fan Assy <i>?</i>	1	\$ 4,382.00	\$ 4,382.00
27	Radiator Upper Hose <i>X</i>	1	\$ 64.40	\$ 64.40
28	Radiator Lower Hose <i>X</i>	1	\$ 58.30	\$ 58.30
29	Bonnet <i>huc</i>	1	\$ 3,139.10	\$ 3,139.10
30	Bonnet Hinge RH <i>?</i>	1	\$ 62.30	\$ 62.30
31	Bonnet Hinge LH <i>?</i>	1	\$ 62.30	\$ 62.30
32	Bonnet Lock <i>st</i>	1	\$ 178.60	\$ 178.60

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33	Bonnet Rubber Seal Assy - 5338133110 <i>u /</i>	1	\$ 70.30	\$ 70.30
34	Insulator <i>de /</i>	1	\$ 633.30	\$ 633.30
35	Insulator Clips <i>u /</i>	10	\$ 9.00	\$ 90.00
36	Rear Bumper - 5215933961 <i>de /</i>	1	\$ 695.80	\$ 695.80
37	Rear Bumper Upper Retainer RH - 5257533130 ?	1	\$ 117.90	\$ 117.90
38	Rear Bumper Upper Retainer LH - 5257633130 X	1	\$ 117.90	\$ 117.90
39	Rear Bumper Lower Retainer RH - 5259133040 ?	1	\$ 46.00	\$ 46.00
40	Rear Bumper Lower Retainer LH - 5259233040 X	1	\$ 46.00	\$ 46.00
41	Rear Bumper Reflector RH ?	1	\$ 63.40	\$ 63.40
42	Rear Bumper Reflector LH X	1	\$ 63.40	\$ 63.40
43	Rear Bumper Lower Moulding RH - 5272333010 ?	1	\$ 102.30	\$ 102.30
44	Rear Bumper Lower Moulding LH - 5272433010 X	1	\$ 102.30	\$ 102.30
45	Rear Bumper Side Garnish RH - 5216533010 ?	1	\$ 60.10	\$ 60.10
46	Rear Bumper Side Garnish LH - 5216633010 X	1	\$ 60.10	\$ 60.10
47	Rear CAMRY Emblem - 7544233450 <i>u X</i>	1	\$ 72.30	\$ 72.30
48	Rear HYBRID Emblem - 7544133190 <i>u -</i>	1	\$ 69.70	\$ 69.70
49	Bootlid <i>bf /</i>	1	\$ 1,213.00	\$ 1,213.00
50	Bootlid Hinge RH X	1	\$ 190.00	\$ 190.00
51	Bootlid Hinge LH X	1	\$ 190.00	\$ 190.00
52	Bootlid Hinge Cover RH X	1	\$ 95.60	\$ 95.60
53	Bootlid Hinge Cover LH X	1	\$ 95.60	\$ 95.60
54	Bootlid Lock X	1	\$ 528.90	\$ 528.90
55	Bootlid Striker X	1	\$ 35.60	\$ 35.60
56	End Panel Top Garnish ?	1	\$ 314.20	\$ 314.20
57	End Panel Assy <i>bf / plus ?</i>	1	\$ 689.70	\$ 689.70
58	Rear Antenna X	1	\$ 76.30	\$ 76.30
Total Spare Parts				\$ 29,366.40
SPECIAL NETT				
59	Front Parking Sensor <i>4 X</i>	1	\$ 300.00	\$ 300.00 <i>200</i>
60	Rear Parking Sensor ?	1	\$ 300.00	\$ 300.00 <i>200</i>
61	Sealant (Bonnet, Bootlid & End Panel) <i>u /</i>	1	\$ 120.00	\$ 120.00 <i>60</i>
62	Coolant Fluid 4 Litres <i>u /</i>	1	\$ 40.00	\$ 40.00
63	Front License Plate Casing X	1	\$ 20.00	\$ 20.00 X

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Singapore 068897

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
Total Special Nett				\$ 780.00
	LABOUR			
64	Spray Paint (Front Bumper, Bonnet, Rear Bumper, Bootlid & Inner Panels)	1	\$ 1,250.00	\$ 1,250.00 1200
65	Remove, Replace and Repair Accident Affected Area	1	\$ 1,200.00	\$ 1,200.00
66	Repair, Panel Beating & Re-Aligning (Spare Tyre Sink)	1	\$ 350.00	\$ 350.00 X
67	Remove, Refit A/C, Radiator & Refill A/C Gas to Facilitate Repair	1	\$ 100.00	\$ 100.00 80
68	Transfer Bootlid Fitting & Mechanism to Bootlid	1	\$ 80.00	\$ 80.00 60
69	Check, Diagnose, Rectify Fault Codes & Sensor Calibration	1	\$ 150.00	\$ 150.00 100
70	Check and Rectify Electrical Wiring	1	\$ 50.00	\$ 50.00 30

Estimate prepared by: Ken Ho

The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed. Quotation on parts and labour are current and subject to change.

Total Labour	\$ 3,180.00
Amount Before Excess	\$ 33,326.40
Add GST @ 7%	2,332.85
Total Amount Payable	\$ 35,659.25

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:

Rene
Hp 90010068
12 days
P/P
24/06/22 @ 1630
Ready before paint

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	22/06/2022 16:01 (SGT)
Date of Accident	21/06/2022 17:25 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	CLEMENTI FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP9373B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAZLAN BIN SLAMAT
NRIC No	SXXXX804D
Email Address	hazlan.slamat@yahoo.com.sg
Mobile Phone No	(Phone) +65-97471601
Alternative Phone No	(Home) +65-97471601

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	2.5A HYBIRD
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	2500

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10552283R01
Cover Note Number	-

DRIVER

Name of Driver	UMI SALNI BINTE NANI
NRIC No	SXXXX857H

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

13/11/1974
Indoor
07/07/1997
24 YEARS AND 11 MONTHS
Female
(Phone) +65-96745513
-
hazlan.slamat@yahoo.com.sg
BLK 587 WOODLANDS DRIVE 16 #11-54
-
730587
No
Spouse
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Chain Collision
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
3
Yes
Yes
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Woodlands East Neighbourhood Police Centre
(Phone) +65-18007679999
3 Woodlands Drive 63 Singapore 737890
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

SMM7588C
-
-
-
-
Private car
-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP7000Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UMI SALNI BINTE NANI
Gender	Female
Phone No	(Phone) +65-96745513
Address	BLK 587 WOODLANDS DRIVE 16 #11-54
Address Complement	-
Post Code	730587
Approximate Age Years Old	-
Injuries Sustained	NECK INJURY
Injured person in which vehicle?	SMP9373B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.
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 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	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	HZ	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	IZ	JA	JB	JC	JD	JE	JF	JG	JH	JI	JJ	JK	JL	JM	JN	JO	JP	JQ	JR	JS	JT	JU	JV	JW	JX	JY	JZ	KA	KB	KC	KD	KE	KF	KG	KH	KI	KJ	KK	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LL	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QQ	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	TV	TW	TX	TY	TZ	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	UZ	VA	VB	VC	VD	VE	VF	VG	VH	VI	VJ	VK	VL	VM	VN	VO	VP	VQ	VR	VS	VT	VU	VV	VW	VX	VY	VZ	WA	WB	WC	WD	WE	WF	WG	WH	WI	WJ	WK	WL	WM	WN	WO	WP	WQ	WR	WS	WT	WU	WV	WW	WX	WY	WZ	XA	XB	XC	XD	XE	XF	XG	XH	XI	XJ	XK	XL	XM	XN	XO	XP	XQ	XR	XS	XT	XU	XV	XW	XX	XY	XZ	YA	YB	YC	YD	YE	YF	YG	YH	YI	YJ	YK	YL	YM	YN	YO	YP	YQ	YR	YS	YT	YU	YV	YW	YX	YY	YZ	ZA	ZB	ZC	ZD	ZE	ZF	ZG	ZH	ZI	ZJ	ZK	ZL	ZM	ZN	ZO	ZP	ZQ	ZR	ZS	ZT	ZU	ZV	ZW	ZX	ZY	ZZ
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Describe Circumstances of the Accident

Refer to police report.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

plu

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

[Signature]

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220622/2063

1 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel.No.: 1800-7679999

Report No. T/20220622/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2022 15:01	Vide Report No.: D/20220621/0076	Station Diary No.: 79
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Informant's Particulars

Name of Informant: UMI SALNI BINTE NANI	Address: APT BLK 587 WOODLANDS DRIVE 16 #11-54 SINGAPORE 730587
ID Type / ID No.: NRIC NO / S7435857H	Contact No.: Home/Office: Mobile: 96745513
Nationality: SINGAPORE CITIZEN	Email:
Sex: Female Age: 47 Date of Birth: 13/11/1974	Type of Informant: Driver
Race: Boyanese	Language: Institution / School Name:
Occupation: Account executive	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2022 17:25	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
SMM7588C	Car				Slightly Damaged	0
SMP9373B	Car				Seriously Damaged	0
YP7000Z	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220622/2063

2 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20220622/2063

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Teo Sze Kiat	ID No.	S8123078A
Related Vehicle	SMM7588C (Car)	Contact No.	97207588
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	UMI SALNI BINTE NANI	ID No.	S7435857H
Related Vehicle	SMP9373B (Car)	Contact No.	96745513
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/06/2022	Date Discharge	22/06/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Nor Isam Bin Abdullah	ID No.	G2188146K
Related Vehicle	YP7000Z (Lorry)	Contact No.	82600841
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

Brief Details.

On the above mentioned time date and location, I was driving my vehicle (SMP9373B) on the expressway left lane to Clementi Ave 6. When a vehicle (SMM7588C) rear ended me and my vehicle moved forward and hit a lorry (YP7000Z) on his rear. My vehicle suffered damages on its rear and front. I suffered neck pain and I was conveyed to National University hospital. Traffic police came to my incident and I was informed to lodge a report regarding this matter.



**SINGAPORE
POLICE FORCE**



7 20220622 2063

Police Station Of Origin

Woodlands East N.P.C.

Report No. 720220622 2063

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE



T/20220622/2063

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

4 of 4

Report No. T/20220622/2063

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:

L /

SC2 SHAHID ISHMAEL ISHAK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

STAFF SGT MOHAMED SUFIAN BIN

MOHAMED JUNID

Contact No.: 65476247

Signature Of Informant:

Date/Time:

22/06/2022 15:01

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	804D
Vehicle No.:	SMP9373B
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jun 2022
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY HYBRID ASCENT SPORT 2.5 CVT
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	A25A5433142
Chassis No.:	JTNBA3HK801064905
Maximum Power Output:	160.0kW (214 bhp)
Open Market Value:	\$35,534.00
Original Registration Date:	23 Apr 2021
First Registration Date:	23 Apr 2021
Transfer Count: -	0
Actual ARF Paid:	\$26,748.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Apr 2031
PARF Rebate Amount:	\$20,061.00
COE Expiry Date:	22 Apr 2031
COE Category:	B - Car above 1600cc or 97kW(130bhp)
COE Period(Years):	10
QP Paid:	\$52,309.00
COE Rebate Amount:	\$46,174.00
Total Rebate Amount:	\$66,235.00

The information contained herein is correct as at 25 Jun 2022

OK

Toyota Camry Hybrid 2.5A Ascent Sport

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

AUTOMOBILE
CARTIMES



An Award-Winning Premier Automotive House



Journey Together

Price **\$145,800**

Depreciation ⓘ \$15,160 /yr
[View models with similar depre](#)

Reg Date 08-Apr-2021
(8yrs 9mths 13days COE left)

Mileage 19,000 km (15.7k /yr)

Manufactured ⓘ 2020

Road Tax ⓘ \$1,784 /yr

Transmission Auto

Dereg Value ⓘ \$60,071 as of today ([change](#))

Fuel Type Petrol-Electric

COE \$47,806

OMV ⓘ \$34,348

Engine Cap 2,487 cc

ARF ⓘ \$25,088

Curb Weight ⓘ 1,605 kg

Power 160.0 kW (214 bhp)