

ASS. NO. BY: _____ REF: CS/CTI 22006117/ACY3

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

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLF 4962 Z Yr Regn: 2016 August
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Harrier c.c. 1986
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 89888 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZSU600084029
 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: 235/55R18
 R: 235/55R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Habibeard
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 28/06/22
 Survey held at 1st Automotive
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Claim</u>
<u>23/3/22</u>	<u>Adrian finalised LS \$3200; 3 days with repairer. (Red. 8260.78, 72%)</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

Days Of Repair: 3

Date/Time, File Return to?
 2)

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
S + RS, ...	
Fuel fee	
Others	

Add Fee: Site Insp (\$)
 Interview (\$)
 ... (\$)

Report Form No: TP
 Amount: \$3200

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	245Z
Vehicle Details	
Vehicle No.:	SLF4962Z
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER 2.0 PREMIUM AT AIRBAG 2WD 5DR
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	3ZR833834
Chassis No.:	ZSU600084029
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$33,257.00
Original Registration Date:	29 Aug 2016
First Registration Date:	29 Aug 2016
Transfer Count:	1
Actual ARF Paid:	\$33,560.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Aug 2026
PARF Rebate Amount:	\$21,814.00
Intended COE Rebate Details	
COE Expiry Date:	28 Aug 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,903.00
COE Rebate Amount:	\$19,892.00
Total Rebate Amount:	\$41,706.00

The information contained herein is correct as at 21 Mar 2023

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	20/06/2022 15:23 (SGT)
Date of Accident	18/06/2022 10:30 (SGT)
Exact Location of Accident	Belilios Ln, Singapore
Additional Location Information	PARKING LOT 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4962Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VIDYAPATHI SENTHIL
NRIC No	S7785245Z
Email Address	vsenthil4@yahoo.com
Mobile Phone No	(Phone) +65-91746699
Alternative Phone No	+65-91746699

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117745244-01
Cover Note Number	-

DRIVER

Name of Driver	VIDYAPATHI SENTHIL
NRIC No	S7785245Z

Date Of Birth	31/07/1977
Occupation	Indoor
Date Of Driving Pass	16/08/2007
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91746699
Alt. Phone Number	+65-91746699
Email Address	vsenthil4@yahoo.com
Address	BLK 458 HOUGANG AVE 10 #05-411
Address complement	-
Postcode	530458
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	Hit and run / Vandalism / Damaged whilst parked
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

I PARKED MY CAR IN LOT 7 OF BELILIOS LANE. AFTER I COME BACK, I SAW SOME DAMAGES ON THE FRONT RIGHT PORTION OF MY VEHICLE A. I THEN CONTACTED VEHICLE B WHO WAS PARKED BESIDE ME AND HE ACKNOWLEDGE THE ACCIDENT.

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	YN6686L
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	VEHICLE B
No. Of Passenger (Including Driver)	1

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.

[Signature]

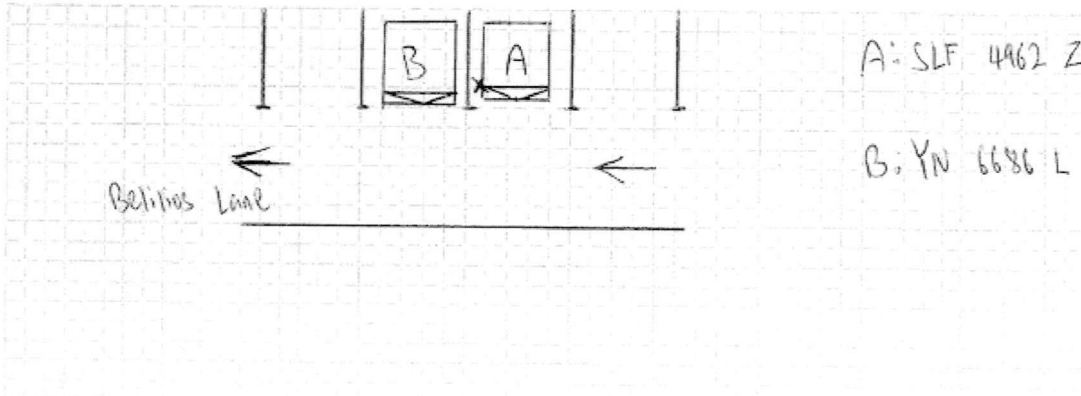
Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I parked my car in lot 7 of behind lane. After I drove back, I saw some damages on the front right portion of my vehicle A. I then contact vehicle (B) who was parked beside me and he acknowledged on the accident.

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

Witnessed by Reporting Centre Personnel

1ST AUTOMOTIVE SERVICES PTE LTD

8 KAKI BUKIT AVENUE 4 PREMIER @ KAKI BUKIT #01-49 & #01-51/52 SINGAPORE 415875

Tel : 8718 6767 / 8614 6767 | Email: christina@1as.com.sg

ESTIMATION QUOTE

CHINA TAIPING INSURANCE (SG) PTE LTD
 3 ANSON ROAD #15-00
 SPRINGLEAF TOWER
 SINGAPORE 79909
 ATTN: MOTOR CLAIMS DEPARTMENT

ZSU 60008 4006

VEHICLE NO : SLF4962Z
 MAKE MODEL : TOYOTA HARRIER
 REFERENCE : 1AS-202206-03
 DOA : 18-Jun-22
 CLAIM TYPE : TP CLAIM

PAGE 1 OF 1

LIST ITEMS	QTY	LIST PRICE (\$)	REMARKS
FRONT BUMPER <i>Keys</i>	1	\$ 911.30	+
FRONT BUMPER SIDE RETAINER RH <i>Ken</i>	1	\$ 125.50	+
HEADLAMP RH <i>cut</i>	1	\$ 7,814.50	3512.
FRONT FENDER RH <i>Deleted</i>	1	\$ 1,556.40	849.
FRONT FENDER INNER PANEL RH <i>Ken</i>	1	\$ 984.00	+
FRONT FENDER INNER SHIELD RH <i>Ken</i>	1	\$ 556.00	+

4361
3220.75

\$ 11,947.70
 LESS 25% \$ 2,986.93
 SUBTOTAL \$ 8,960.78
 BALANCE C/F \$ 8,960.78

SPECIAL NETT ITEMS	QTY	LIST PRICE (\$)	REMARKS
BALANCE B/F \$ 8,960.78			
FRONT BUMPER CLIPS <i>Not in</i>	1	\$ 50.00	+
FRONT FENDER INNER SHIELD CLIPS <i>Ken</i>	1	\$ 50.00	+
FRONT RIMS RH <i>Ken</i>	1	\$ 1,000.00	+

SUBTOTAL \$ 1,100.00
 BALANCE C/F \$ 10,060.78

LABOUR	S/NO	LIST PRICE (\$)	REMARKS
BALANCE B/F \$ 10,060.78			
CHECK WIRING AND LIGHTING SYSTEM	1	\$ 100.00	30
PANEL BEATING ON AFFECTED AREA	2	\$ 600.00	300
SPRAY PAINTING ON AFFECTED AREA	3	\$ 600.00	400
APPLY ANTI RUST ON AFFECTED AREA	4	\$ 100.00	+

SUBTOTAL \$ 1,400.00

GRAND TOTAL \$ 11,460.78

730
 Total: 4000.75
 A/S: 3.2K
 Admin by
 n/s 28/06/22
 032gr

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: