

(08/11/88) waf
ASS. REC. BY: Rome

REF: CS/SMR 22007203/R y3

B
7414
COE EXPIRY: 2028/NOV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJL 33914

at Workshop m/s SNH AT REC

of 3, PIONEER RD MURTH #01-18

Insured: SMR

Policy No. _____

Claims No. _____

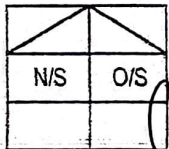
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: 53k

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: SJL 33914 Yr Regn: 2008 / NOV

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

Truck / Trailer or

Make: TOYOTA COROLLA ALTIS 1.6 A.C.C 1598

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO5 3ZCK 106122051

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: 205/60R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 20/07/22

Survey held at

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 28/07/22

Des. of Damages: Fnt / 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 - 34K

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

1) Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____) : S + RS _____ SI

☐ : Interview (\$ _____) : Photos

☐ : Tech. Invs (\$ _____) : Others

☐ : Weekend (\$ _____) : TOTAL

Report Format : _____

Lump Sum / I.B.I. (\$) _____)

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01
CITY HOUSE SINGAPORE 068877

ATTENTION:

CONTACT: . FAX NO: 65073849

EST/QUOTE NO. SQ007506

DATE 27/07/2022
ACCIDENT DATE : 20/07/2022
VEHICLE NO : SJL3391U
CHASSIS/ENG.NO : MR053ZEE106122051
VEHICLE MODEL : TOYOTA ALTIS
CLAIM NO : D22002268MFSH/STRID
POLICY NO :
REMARK 3391 TP FIRST CAP
AGST SHB786K

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
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**** LIST PRICE ****

1	1	PC	REAR BUMPER <i>repair</i>	612.25	25	459.19	459.19
2	1	PC	REAR BUMPER RETAINER RH <i>X</i>	172.10	25	129.07	129.07
3	1	PC	REAR FENDER RH <i>bt</i>	1,082.25	25	811.69	811.69
4	1	PC	REAR DOOR RH <i>repair</i>	971.75	25	728.81	728.81
5	1	PC	RR DOOR OUTER CTR MOULDING RH <i>repair</i>	174.45	25	130.84	130.84

SUB-TOTAL: 2,259.60

**** NETT PRICE ****

1	10	PC	REAR BUMPER CLIPS <i>X</i>	4.00	10	3.60	36.00
SUB-TOTAL							36.00

**** WORK LABOUR ****

TO KNOCK, WELD, REMOVE & REPLACE ABOVE PARTS
TO SPRAY PAINTING ON AFFECTED AREAS
TO CHECK WIRING
TO TRANSFER DOOR GLASS MECHANISM LH

Repair
490010068
5 days
4/5
28/07/22 P/L/S
Resy after repair

800.00	<i>600</i>	800.00
1000.00	<i>600</i>	1,000.00
30.00		X 30.00
60.00		X 60.00
SUB-TOTAL		1,890.00

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

PAGE: 1 of 1

JOYCE

SUB-TOTAL : S\$ 4,185.60
ADD 7% GST. S\$ 292.99
GRAND TOTAL : S\$ 4,478.59

ON BEHALF OF SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

Acknowledged by Repairer
Signature:

E & O.E

Disclaimer clause:

The above estimate/quotation is meant for solely the intended party stated above and in any event, we are not liable to any other parties arising from the circumstances of this or any action taken in reliance on such estimates or quotations.
Quotation is only valid for 14 days.

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	21/07/2022 18:20 (SGT)
Reported by	Driver
Date of Accident	20/07/2022 14:54 (SGT)
Exact Location of Accident	Woodlands Square, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL3391U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHENG HUI
NRIC No	GXXXX741U
Email Address	JASON3212@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81010125
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01067744

DRIVER

Name of Driver	TAN KIAT SENG, JASON
NRIC No	SXXXX472B
Date Of Birth	10/10/1991
Occupation	Indoor

Date Of Driving Pass	04/11/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97346240
Alt. Phone Number	-
Email Address	JASON3212@HOTMAIL.COM
Address	BLK 173 GANGSA RD #20-12
Address complement	-
Postcode	670173
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB786K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	OH BOON SENG
NRIC No	SXXXX386F

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

(Phone) +65-90276626

-
-
-
-
-
-
-

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 to the Police Officer and the Accident Officer.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 Traffic Police Department for investigation.
6. This report will be forwarded to the insurers to the CRS Records Management Centre established by the General Insurance Department of Singapore (GID), for processing and distribution of this report to a to be made possible some application by interested parties.
7. On the completion of this report to the Insurers, you hereby consent to the processing of this report at the insurers and to release of the report being made available to them.
8. Consent under the Personal Data Protection Act (PDPA):
I understand, acknowledge, agree and warrant that:
(a) the Insurers, my insurance and the General Insurance Association of Singapore ("GIA") require permission to collect, use, disclose and/or process my personal information and/or in this Form and any other personal information provided by me or generated by my insurer, including the "Personal Information" and disclosure and transfer such Personal Information to or amongst any law enforcement authorities, members of the public or persons who have insured vehicles involved in this accident and to be lawfully referred to as the "Insurers", the Insurers, insurers/loss firms, the Regulatory Authority of Singapore and any relevant government agencies/entities from to the period, for the purposes 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 obligations or responding to any enquiries to me;
(iv) administering my claims (including the making of assessments, documents, records, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the claims as well as on the external records of self-reported accidents); and
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
Notwithstanding the "Insurers".
(b) all insurance companies/insurers involved in this accident and the Insurers, insurers/loss firms, may have permission to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may be disclosed to any of the Insurers, insurers/loss firms or third-party service providers or agents including their insurers/loss firms, which may be any outside of Singapore, for one or more of the above Purposes.

Insurers/Insurers - Date: 1/1/2020

Directly Reported/Reported to me by the Insurers / Date & Time

Accepted by Reporting Officer/Personal Stamp as a witness (and)

Sketch Plan



Describe Circumstance of the Accident

On 20/07/2022 @ 1454 hrs. I was travelling along Woodlands Square. At that time, traffic light is green. I continue driving straight. Suddenly I feel an impact from my rear right portion. I notice that Vehicle B come from the taxi stop off point & collided onto my vehicle rear right portion causing it damage.

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim QD / TP at other workshop
- ☐ For record purpose

Policy No. MT101067744

Insurer Direct Asia Vehicle SJL33911

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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

SING AN TEE MOTOR & PANEL SVC PTE LTD
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Foreign Identification Number
Owner ID:	741U

Vehicle Details

Vehicle No.:	SJL3391U
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Beige
Manufacturing Year:	2008
Engine No.:	3ZZ4806258
Chassis No.:	MR053ZEE106122051
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$16,084.00
Original Registration Date:	24 Nov 2008
First Registration Date:	24 Nov 2008
Transfer Count:	3
Actual ARF Paid:	\$16,084.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	23 Nov 2028
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$29,670.00
COE Rebate Amount:	\$18,403.00
Total Rebate Amount:	\$18,403.00

The information contained herein is correct as at 26 Jul 2022

OK

Toyota Corolla Altis 1.6A (COE till 09/2028)

Overview

Financial

Accessories

Similar

Research

Photos

Map



GV CARS FINANCING

Price **\$51,800**

Depreciation ⓘ \$8,420 /yr

Reg Date 23-Sep-2008
(6yrs 1mth 22days COE left)

Mileage N.A.

Manufactured ⓘ 2008

Road Tax ⓘ \$1,039 /yr

Transmission Auto

Dereg Value ⓘ \$19,891 as of today (change)

OMV ⓘ \$16,084

COE ⓘ \$32,339

ARF ⓘ \$16,084

Engine Cap 1,598 cc

Power 80.0 kW (107 bhp)

Curb Weight ⓘ 1,195 kg

No. of Owners ⓘ 3