

(08/11/13) wef

ASS. REC. BY:

REF:

CC4/AIS22008618/Rea3

96K

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMZ 1363E

at Workshop m/s MY CAR CONSULTANT

of 60, JLN LAMHAT H05-21

Insured: AIS

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: 146K

IDAC Accident Report: 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

Date / Time Action / Instruction

REPAIR LIMIT-96K

Veh No:

SMZ 1363E

Yr Regn: 2021 / APR

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

Truck / Trailer or

Make:

TOYOTA PRIMS SR H-BA

c.c 1798

Colour:

GREY

A/C: Insured / Std / NI / NA

Sp. Reading:

168640

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU363091844

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Order~~ / Jammed / Leaked / Burnt orBrake: ~~Order~~ / Jammed / Leaked / Burnt or

Modi: Nil / Rim / STD A/Rim or

Tyre Size: F:

195/65R15

R:

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

25/09/22

D.O.I.

05/09/22

Survey held at

MY CAR CONSULTANT

Des. 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, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$



Kame  
 4/20/06  
 2 days  
 4/5  
 05/03/22 01420  
 Reg after repv

# 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 Actual 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	25/08/2022 17:07 (SGT)
Reported by	Driver
Date of Accident	25/08/2022 10:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LABAR ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ1363E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS AUTO PTE LTD
Company Reg No	2XXXXX961K
Email Address	KOKHOW.TAY@LUMENS.SG
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
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 hire
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0005826-01

### DRIVER

Name of Driver	WONG WING CHIONG
NRIC No	SXXXX2021
Date Of Birth	07/02/1962
Occupation	Outdoor



Date Of Driving Pass	25/07/1984
Driving experience	38 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-129205
Alt. Phone Number	-
Email Address	ANDY.QUEK@LUMENS.SG
Address	50L, FABER HEIGHTS , #08-83
Address complement	-
Postcode	129205
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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 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	SML1714A
Vehicle Manufacturer	-
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) ..... -



## 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' 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

Sketch Plan

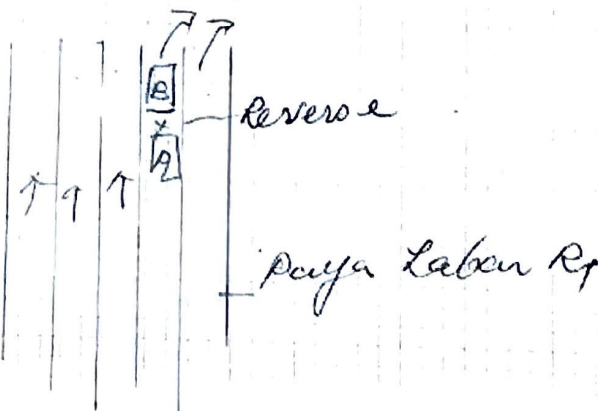
*Insert*

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel

D S m Z 1363 E  
B S m L 1714 A








**Describe Circumstances of the Accident**

I stop at Traffic Junction of Payer  
Laban Rd, vehicle B without suddenly  
Reverse and hit onto my car

**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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)  
Witnessed by Reporting Centre  
Personnel



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	961K
Vehicle No.:	SMZ1363E
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS SDR HATCHBACK (AUTO)
Primary Colour:	Silver
Manufacturing Year:	2020
Engine No.:	2ZR2G89B53
Chassis No.:	JTDKB3FU303091844
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	12 Apr 2021
First Registration Date:	12 Apr 2021
Transfer Count: -	0
Actual ARF Paid:	\$14,530.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Apr 2031
PARF Rebate Amount:	\$10,897.00
COE Expiry Date:	11 Apr 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period (Years):	10
QP Paid:	\$45,001.00
COE Rebate Amount:	\$38,688.00
Total Rebate Amount:	\$49,585.00

The information contained herein is correct as at 06 Sep 2022

OK



# Toyota Prius Plus Hybrid 1.8A

Overview

Financial

Accessories

Similar

Research

Photos

Map



## AL AUTOCAR

PTE LTD

**Price** **\$142,800**

**Depreciation** ⓘ \$16,130 /yr  
[View models with similar depre](#)

**Reg Date** 19-Jan-2021  
(8yrs 4mths 12days COE left)

**Mileage** 52,000 km (31.9k /yr)

**Manufactured** ⓘ 2020

**Road Tax** ⓘ \$976 /yr

**Transmission** Auto

**Dereg Value** ⓘ \$52,659 as of today (change)

**Fuel Type** Petrol-Electric

**COE** ⓘ \$49,001

**OMV** ⓘ \$27,507

**Engine Cap** 1,798 cc

**ARF** ⓘ \$15,510

**Curb Weight** ⓘ 1,500 kg

**Power** 100.0 kW (134 bhp)