

(08/11/13) wof

ASS. REC. BY: Ram

REF:

CCY/4422008867/Rea3

261k

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMV 9400Aat Workshop m/s MY CAR CONSULTANT P/Lof 60, JLN LAM HAT HUS-28Insured: ALH

Policy No. _____

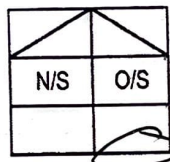
Claims No. _____

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: 131k

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMV 9400A Yr Regn: 2020 / OUTType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS SD4-3A c.c. 1798Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 60497 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKRB3FU703092816Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: NIP / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 02/09/22 D.O.I. 08/09/22Survey held at MY CAR CONSULTANT

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

REAR O/S

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

Date / Time _____ Action / Instruction

REPAIR LIMIT - 91k

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

) S + RS \$ _____

) Photos

) Others

TOTAL

Report Format : _____

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



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737986

HP: 98888885

Estimation

Date: 8/9/2022
Vehicle: SMV9400A
Make / Model: TOYOTA PRIUS
Chassis: AIG

No.	Description	Unit	Unit Price	Amount
1	REAR BUMPER <i>de</i>	1	\$ 658.00	\$ 658.00
2	REAR BUMPER SIDE RETAINER <i>X</i>	1	\$ 112.00	\$ 112.00
3	REAR BUMPER REINFORCEMENT <i>?</i>	1	\$ 350.50	\$ 350.50
4	REAR BUMPER LIP <i>de</i>	1	\$ 728.90	\$ 728.90
5	REAR BUMPER TOWING COVER <i>de</i>	1	\$ 32.00	\$ 32.00
6	REAR BUMPER REFLECTOR RH <i>?</i>	1	\$ 156.00	\$ 156.00
				\$ 2,037.40
			Less 20%	\$ 407.48
			Total	\$ 1,629.92
	S/Nett items:			
1	REAR BUMPER CLIPS <i>re</i>	1	\$ 80.00	\$ 80.00
				\$ 80.00
	Labour to:			
1	TO CHECK REAR ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
2	TO REMOVE AND RENEW REVERSE SENSOR	1	\$ 100.00	\$ 100.00
3	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 80.00	\$ 80.00
4	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 400.00	\$ 400.00
5	PANEL BEATING ON AFFECTED AREAS	1	\$ 400.00	\$ 400.00
				\$ 1,060.00
			Parts Replacement Amount	\$ 1,709.92
			Total Amount for Labour	\$ 1,060.00
			Total Amount	\$ 2,769.92

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:

Para
Hp 90010068
3 days
4/5
08/09/22 @1625
Resy after repair

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	02/09/2022 16:51 (SGT)
Reported by	Driver
Date of Accident	02/09/2022 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EXIT TO SENG KANG WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV9400A
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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	CHUA CHUAN YONG CHARLES
NRIC No	SXXXX317I
Date Of Birth	17/04/1981
Occupation	Outdoor

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

10/08/2012
 10 YEARS AND 1 MONTH
 Male
 (Phone) +65-93389529
 -
 ANDY.QUEK@LUMENS.SG
 482, ADMIRALTY LINK #11-03
 -
 -
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
 Weather Conditions Raining
 Road Surface Wet

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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT4722B
 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) -


Describe Circumstances of the Accident

stop car to wait for road to clear. ~~from~~ Hit by car SLT 47228 from behind.

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

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

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.
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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 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;

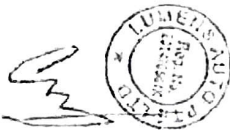
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

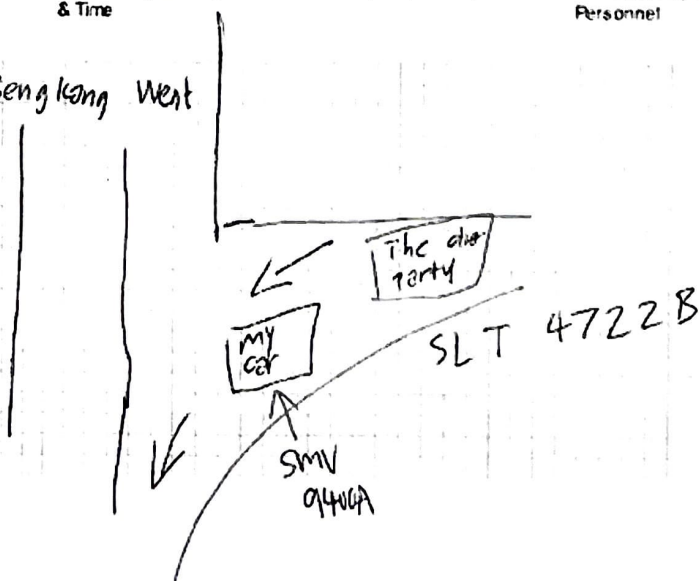
Driver's Signature (If driver is not the policyholder) / Date & Time

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

Sketch Plan

Sengkang West



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	961K
Vehicle No.:	SMV9400A
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS SDR HATCHBACK (AUTO)
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	2ZR2H22792
Chassis No.:	JTDKB3FU703092818
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	28 Oct 2020
First Registration Date:	28 Oct 2020
Transfer Count: -	0
Actual ARF Paid:	\$19,530.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Oct 2030
PARF Rebate Amount:	\$14,647.00
COE Expiry Date:	27 Oct 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$30,890.00
COE Rebate Amount:	\$25,118.00
Total Rebate Amount:	\$39,765.00

The information contained herein is correct as at 09 Sep 2022


OK

Toyota Prius Plus Hybrid 1.8A

Overview

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

Price **\$131,800**

Depreciation  \$14,720 /yr
[View models with similar depre](#)

Reg Date 28-Oct-2020
(8yrs 1mth 18days COE left)

Mileage 34,800 km (18.7k /yr)

Manufactured  2019

Road Tax  \$976 /yr

Transmission Auto

Dereg Value  \$51,361 as of today ([change](#))

Fuel Type Petrol-Electric

COE  \$40,990

OMV  \$30,007

Engine Cap 1,798 cc

ARF  \$24,010

Curb Weight  1,500 kg

Power 100.0 kW (134 bhp)

Type of Vehicle [MPV](#)

No. of Owners  1