ASS, REC. BY: LOWIL REF: CSCT1 22009	1170 Ruc : 961K
P.S.S., REC. D1.	GNMENT
Patri	Veh No: SMX 57194 Yr Regn: 2021 Jan
From: Date:	Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SMX S7194	Make: DYGTA NOAH HYBRIOLEY C.C 1757
at Workshop m/s My CAR CONSULTANT PL	TO A LOCKINGING
	John Type of the second of the
of 60, Janan Lam Huar Hus-21	- 133 131
Insured: SLM 5376Y CT(	Eng/No: 2wR800428316 .
Policy No. DMPCSNW00265002100	
Clalms No. SNM22D206455/C02/IRENE	Gen. Cond: Good J. Fall / Poor / Burnt
Sum Insured: Excess:	Steering: Prorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: morder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / STRIM ( STD A/Rim or
	Tyre Size: F: 195 53R15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS I DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of Inspection.	TOYOTYOKO or FIRENZA
Bal. or Market Value: 158-K	Front / Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. C mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 9 9 22 D.O.L. 19 09/22
Lum Sum: % · 3 Val.: Yes or No	Survey held at My Cont Consultant
CA / REV / REP. / 24 HRS	Des. of Damages : Frt   Rear   OIS   N/S   U/C   Rooftop or
Date:Person Contacted: Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
REPARK LIMIT- 97K	
0 0000	7444 40, 05%)
27/1/23 Lump Sum \$3850 confirmed by email (red	7411.49, 65%)
	·
. 3.	<del>`</del>
Dale/Time, File Pass to? : Prell. Report	Days Of Repair: 6
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Tir:e, File Return to?	Transportation:
2) 31/1/23-typist Add F	ee: : Site Insp (\$)s+rssi
20 N	: Interview (\$ ) Photos
Representation : Merimen	: Tech, Invs (\$ ) Office
Lump Stan [1.8.4: 1% \$3850	: Weekend (%
	TOTAL



# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 \$737896

ULTANT HP: 98888885

#### **Estimation**

Date:

15/9/2022

Vehicle:

SMX5719Y

Make / Model:

TOYOTA NOAH

AI	
( haccic	N 0.
Chassis I	VU.

CT

No.	Chassis	NO:			CI		
145.	Description	Unit	ď	nit Price	10	Amount	
1	Parts Replacement:						
1	REAR BUMPER de/	1	\$	798.20	\$	798.20	
2	REAR BUMPER SIDE RETAINER 🗡	2					
3	TAILGATE Lau	1	\$ 2,110.25 \$ 2,110.2			2,110.25	
4	TAILGATE INNER TRIM 🗡	1	1 \$ 589.00 \$ 589.0			589.00	
5	TAILGATE "HYBRID SYNERGY DRIVE LOGO" ALL	1	\$	\$ 141.10 \$ 141.10			
6	TAILGATE WEATHERSTRIPE / /	1	\$ 391.05 \$ 391.05			391.05	
7	TAILGATE LOCK ★	1	\$ 512.00 \$ 512.00			512.00	
8	TAILGATE WINDSCREEN MOULDING (SET)	1	\$	387.00	\$	387.00	
.9	TAILGATE DETECTOR X	1	\$	287.00	\$	287.00	
10	TAILGATE BUZZER 🗡	1	\$	198.00	\$	198.00	
11	REAR END PANEL 4	1	\$	689.20	\$	689.20	
12	REAR END PANEL TOP GARNISH (M./	1	\$	391.45	\$	391.45	
13	REAR FLOOR PANEL   ✓	1	\$ 2,489.00 \$		2,489.00		
14	REAR FLOOR PANEL TOP BOARD SET  ✓	1	\$ 1,241.00 \$ 1,		1,241.00		
	TOTAL PART				\$	10,548.65	
	LIST DOWN	25%			\$	2,637.16	
	AFTER LIST DOWN				\$	7,911.49	
	S/N `						l
1	REAR NUMBER PLATE 💢	1	\$	50.00	\$	50.00	]
2	REAR BUMPER REVERSE SENSOR 🗡	1	\$	220.00	\$	220.00	
3	REAR BUMPER CLIP 🚜	1	\$	50.00	\$	50.00	30
4	TAILAGTE WINDSCREEN SEALANT A	1	\$	80.00	\$	80.00	€2L
5	TAILAGTE WINDSCREEN INNER SEAL A	1	\$	80.00	\$	80.00	<b>%</b> )6
7	TAILGATE INNER TRIM BOARD CLIPS SET	1	\$	50.00	\$	50.00	30
8	REAR END PANEL SEALANT	1	\$	120.00	\$	128.00	40
9	REAR END PANEL TOP GARNISH CLIP	1	\$	30.00	\$	39:00	20
-	TOTAL SPECIAL NETT				\$	680.00	
$\dashv$	Labour to:						
1	REMOVE AND REFIT REAR WINDSCREEN GLASS	1	\$	150.00	\$	150.00	120
2	REMOVE AND REFIT REAR SEAT ,UPHOLTERY	1	\$	300.00	\$	300.00	
3	REMOVE AND REFIT REAR REVERSE SENSOR	1	\$	120.00	\$	120.00	40
4	REMOVE AND REFIT TAILGATE MECHANISM	1	\$	150.00	\$	150.00	
5	TO CHECK ELECTRICAL WIRING	1	\$	200.00	\$	200.00	×
6	TUFF COAT	1	\$	150.00	\$	150.00	40
7	PANEL BEATING ON AFFECTED AREA	1	\$	800.00	\$	800.00	
8	SPRAY ON AFFECTED AREA	1	\$	800.00	\$	800.00	600
_	STRAT ON ATTECTED ANEA	3.50	1		Ť		1 THE
			1		\$	2,670.00	1

Parts Replacement Amount Total Amount for Labour	\$ 8,591.49 2,670.00
Total Amount	\$ 11,261.49

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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Pasul
Hp 90010068
6 \$ days
L/8
19/09/22 P1620
Resury after repair

SJ0G22-A0009-01 / JP Knights Pte Ltd EN RY DATE & TIME: 10/09/2022 13:26 (SGT) SUBMITTED BY: Siti VERSION: 2 (12/09/2022 12:14 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the ancident to speed up the claims process.

1. Please report <u>anticate</u> the details of the encirclent to speed up the claims process.
2. This Form must be <u>completed</u> by the <u>Policyhelder and/or the Actual Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information

10/09/2022 13:26 (SGT) Driver 09/09/2022 14:30 (SGT) Lentor Ave, Singapore

Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMX5719Y

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Yes **LUMENS AUTO PTE LTD** 2XXXXX961K kokhow.tay@lumens.sg

(Phone) +65-92327447 (Office) +65-87781765

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

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?

Vehicle Category Transmission

CC

Toyota Noah

Private hire

No - Claiming third party

Private hire

Auto 1797

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Tokio Marine Insurance Singapore Ltd 21-MM000793-R00

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

YUSOF BIN ABDUL GHANI SXXXX137F 28/11/1965 Outdoor



**Priving Pass** experience ile Number . Phone Number mail 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear Raining Wet

01/02/1994

Male

520220

No

No

Hirer

28 YEARS AND 7 MONTHS

220 TAMPINES STREET 24 #04-114

(Phone) +65-92327447

kokhow.tay@lumens.sg

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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 3 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

PASSENGER 1

Name UNKNOWN Gender Female

PASSENGER 2

Name UNKNOWN Gender Female

**DETAILS OF POLICE ACTION** 

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

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

ON 09/09/2022 AT ABOUT 1430HRS, I WAS DRIVING VEHICLE A ALONG LENTOR AVENUE TOWARDS JUNCTIONS OF YISHUN AVENUE 2. AS VEHICLE A WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION ON THE FOURTH LANE. WHILE VEHICLE A WAS WAITING FOR THE GREEN LIGHT, VEHICLE A FELT A STRONG IMPACT FROM THE REAR AND REALISED VEHICLE B HAD REAR ENDED VEHICLE A. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

ATTACHMENT(S)

dent photos available for attachment? nere any video captured by Car Camera?

Yes Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category 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)

SLM5376Y Volkswagen

Private car ADAM

(Phone) +65-87920213

1

#### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person NUR HANNANI BINTE YUSOF Gender Female Phone No (Phone) +65-92278763 Address Address Complement Post Code

Approximate Age Years Old Injuries Sustained 3DAYS MC Injured person in which vehicle? SMX5719Y Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

#### **INJURED 2**

SAPIAH BTE HAMZAH Name of injured person Gender Female (Phone) +65-92278033 Phone No Address

Address Complement Post Code Approximate Age Years Old

3DAYS MC Injuries Sustained Injured person in which vehicle? SMX5719Y

Were seat belts worn? Was this injured conveyed to hospital by ambulance?

#### 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw aided 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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;
- (i) investigating the accident and/or my claims;
- (ii) 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

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

09/09/2022. /2000hrs

Witnessed by Reporting Centre Personnel

Sketch Plan

**LENTOR AVENUE** 

- SMX5719Y B - SLM5376Y

ON 09/09/2022 AT ABOUT 1430HRS, I WAS DRIVING VEHICLE A ALONG LENTOR AVENUE TOWARDS JUNCTIONS OF YISHUN AVENUE 2. AS VEHICLE A WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION ON THE FOURTH LANE. WHILE VEHICLE A WAS WAITING FOR THE GREEN LIGHT, VEHICLE A FELT A STRONG IMPACT FROM THE REAR AND REALISED VEHICLE B HAD REAR ENDED VEHICLE A. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

#### Declaration

I/We declare the foregoing particulars are true in

Policyholder's Signature / Date &

Driver's Signature (If driver /s & Time 09/09/2022. 2000hrs Personnel

### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	961K
Vehicle No.:	SMX5719Y
Vehicle to be Exported:	No No
Intended Deregistration Date:	20 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 1.8X CVT
Primary Colour:	Purple
Manufacturing Year:	2019
Engine No:	2ZR2G40744
Chassis No.:	ZWR800428316
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$34,781.00
Original Registration Date:	20 Jan 2021
First Registration Date:	20 Jan 2021
Transfer Count:	
Actual ARF Paid:	\$25,694,00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Jan 2031
PARF Rebate Amount:	\$19,270.00
COE Explry Date:	19 Jan 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10 10
QP Paid:	\$49,001.00
COE Rebate Amount:	\$40,820.00
Total Rebate Amount:	\$60,090.00

## Toyota Noah Hybrid 1.8A X

Overview

**Financial** 

Accessories

Similar

Research

**Photos** 

Мар















Price

\$158,800

Depreciation ...

\$17,440 /yr

View models with similar depre

Reg Date .

28-Jan-2021

(8yrs 4mths 7days COE left)

Mileage

65,000 km (39.5k /yr)

Manufactured (\*)

2020

Auto

Road Tax

\$974 /yr

Transmission

Dereg Value (1)

\$61,390 as of today (change)

**Fuel Type** 

Petrol-Electric

COE

\$50,100

OMV 🗇

\$35,011

**Engine Cap** 

1.797 cc

ARF 🕒

\$26,016

**Curb Weight** 1,610 kg

Power

100.0 kW (134 bhp)