

ASS. REC. BY:

Cmm

REF:

CS/CTI.22009223/Rvy3

4106w

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SM2 3928M

at Workshop m/s TOH AH SWEE

of 60, JALAN LAM HAN #07-33/34

Insured:

CTI

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:

97K

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:

SM2 3928M

Yr Regn:

2021 / APR

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

Truck / Trailer or

Make:

TOYOTA VIOS E 40R SEDAN

C.C. 1496

Colour:

BLACK

A/C: Insured / Std / NI / NA

Sp. Reading

51686

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR2B23F 3201221690

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

185/60R15

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

30/08/22

D.O.I.

20/09/22

Survey held at

TOH AH SWEE

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

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

Date / Time

Action / Instruction

REPAIR LIMIT - 43K

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:

S + RS. \$

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Form:

Lump Sum / L.B. / C.

# 卓亚水喷漆公司

## TOH AH SWEE SPRAY PAINTING CO.

NO 60 JALAN LAM HUAT #07-33/34 CARROS CENTRE SINGAPORE 737869  
 TEL: 63660115 (WORKSHOP), 63660286 (OFFICE) FAX: 63685943  
 EMAIL: claims@tohahswee.com.sg  
 BUSINESS REG. NO: 09935300L  
 GST REG. NO: 09-935300-L

19/9/2022

AXA INSURANCE PTE LTD  
 8 SHENTON WAY  
 #27-01 AXA TOWER  
 SINGAPORE 068811  
 ATTN: MOTOR CLAIMS DEPT.

### ESTIMATE REPAIR BILL

YOUR REF : YP9619B  
 TYPE OF CLAIM : THIRD PARTY CLAIMS  
 CLAIMANT : C L LEASING  
 VEHICLE NO. : SMZ3928M  
 MAKE/ MODEL : TOYOTA VIOS  
 ACCIDENT DATE : 30/8/22

### MATERIAL COST

1PC	BOOTLID <i>buc</i>	\$	912.07
1PC	BOOTLID INNER COVER <i>de</i>	\$	427.51
8 PCS	BOOTLID INNER COVER CLIP <i>re</i>	\$	92.00
1PC	BOOTLID LAMP L <i>ca</i>	\$	427.17
1PC	BOOTLID LAMP R <i>ca</i>	\$	427.17
1PC	BOOTLID OPEN BUTTON <i>?</i>	\$	311.94
1PC	BOOTLID NO. PLATE LAMP L <i>?</i>	\$	139.27
1PC	BOOTLID NO. PLATE LAMP R <i>?</i>	\$	139.27
1PC	BOOTLID CENTRE LOCK <i>jam</i>	\$	427.46
1PC	BOOTLID HINGE L <i>?</i>	\$	209.59
1PC	BOOTLID HINGE R <i>?</i>	\$	209.59
1PC	BOOTLID INNER RUBBER SEAL <i>re</i>	\$	316.50
1PC	BOOTLID INNER SIDE COVER GARISH L <i>?</i>	\$	357.26
1PC	BOOTLID INNER SIDE COVER GARISH R <i>?</i>	\$	357.26
1PC	BOOTLID INNER CENTRE COVER GARISH <i>?</i>	\$	395.04
1PC	NO. PLATE <i>sea</i>	\$	57.50
1PC	TOYOTA EMBLEM <i>re</i>	\$	70.27
1PC	VIOS EMBLEM <i>re</i>	\$	93.61
1PC	E EMBLEM <i>re</i>	\$	58.77
1PC	REAR BUMPER <i>jam</i>	\$	657.63
1PC	REAR BUMPER REFLECTOR L <i>MIS</i>	\$	264.62
1PC	REAR BUMPER REFLECTOR R <i>X</i>	\$	264.62
1PC	REAR BUMPER REVERSE SENSOR <i>re</i> <i>s/n</i>	\$	<del>380.00</del> <i>s/n 200</i>
1PC	REAR BUMPER SIDE RETAINER L <i>ca</i>	\$	196.77
1PC	REAR BUMPER SIDE RETAINER R <i>X</i>	\$	196.77
1PC	REAR TAIL LAMP L <i>ca</i>	\$	426.94
1PC	REAR TAIL LAMP R <i>?</i>	\$	426.94
1PC	REAR FENDER L <i>buc</i>	\$	1,399.67
1PC	REAR RADIO BOARD <i>?</i>	\$	657.51
1PC	REAR RADIO BOARD PANEL <i>?</i>	\$	678.39
1PC	REAR WINDSCREEN <i>bs</i>	\$	1,969.35
1PC	REAR REINFORCEMENT BAR <i>st</i>	\$	427.57
1PC	REAR END PANEL CENTRE <i>st</i>	\$	840.77
1PC	END PANEL TOP GARISH <i>?</i>	\$	427.51
1PC	END PANEL CENTRE LOCK <i>?</i>	\$	427.51
1PC	REAR END PANEL L <i>?</i>	\$	898.27
1PC	REAR END PANEL R <i>?</i>	\$	840.77



1PC	SPARE TIRE TANK <i>repair</i>	\$	1,400.64
1PC	SPARE TIRE TOP BOARD	\$	657.34
1PC	SPARE TIRE TANK TOP FOAM L	\$	341.22
1PC	SPARE TIRE TANK TOP FOAM R	\$	341.22
3 PCS	WINDSCREEN SILICON	\$	115.00
1 PC	EXHAUST PIPE <i>X</i>	\$	1,859.60
1 PC	EXHAUST PIPE MUFFLER <i>X</i>	\$	1,489.66

LESS : DISCOUNT 25%

\$ 5,753.86  
\$ 17,261.59

#### LABOUR CHARGE :

TO SPRAY PAINTING ON AFFECTED PART AND INNER BOOTLID, END PANEL AND INNER END PANEL

\$ 2,000.00 *1200*

TO PANEL BEATING, WEILDING AND REPLACE FENDER, BOOTLID, BUMPER AND END PANEL

\$ 2,800.00 *1300*

TO REMOVE AND REFIX REAR SEAT

\$ 200.00 *80*

TO REPLACE AND REFIX BOOTLID AND BUMPER AND RADIO BOARD MECHANISM

\$ 350.00 *100*

TO CHECK WIRING FOR TAIL LAMP, BOOTLID, SENSOR AND RADIO

\$ 300.00 *60*

TO REMOVE AND REFIX WINDSCREEN

\$ 450.00 *120*

TO WATER PRESSURE TEST AFTER INSTALL WINDSCREEN  
INSTALL WINDSCREEN

\$ 180.00 *X*

TO SPRAY UNDERCOATING AFTER INSTALL END PANEL

\$ 380.00 *80*

TO WHEEL ALIGNMENT FOR 4 WHEELS AFTER INSTALL

\$ 150.00 *X*

TO COMPUTER SETTING FOR WHOLE VEHICLE

\$ 160.00 *80*

\$ 24,231.59

ADD GST: 7% \$ 1,696.21

\$ 25,927.80

TOH AH SWEE SPRAY PAINTING CO.

WEI SI (TEL: 63660286)

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:

*Asur*

*Hp 90010068*

*12 days*

*P/P*

*20/09/22 @ 1610*

*Resur before paint  
8 old & new parts*

# 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 willful 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	30/08/2022 17:21 (SGT)
Reported by	Driver
Date of Accident	30/08/2022 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG BAHRU/KALLANG BAHRU JUNCTION
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ3928M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CL LEASING PTE LTD
Company Reg No	201321410W
Email Address	JIAFENG@CLLEASING.COM.SG
Mobile Phone No	(Phone) +65-87208000
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

## INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5111566598-02

## DRIVER

Name of Driver	LIOW JOEY
NRIC No	S9113591D
Date Of Birth	19/04/1991
Occupation	Indoor

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

20/05/2022  
 3 MONTHS  
 Female  
 (Phone) +65-96911297  
 -  
 JOEYLIOW91@GMAIL.COM  
 BLK 665 HOUGANG AVENUE 4  
 #12-351  
 530665  
 No  
 Hirer  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
 Weather Conditions  
 Road Surface

Collision - Head to Rear  
 Clear  
 Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
 Number of vehicles involved in the accident  
 Was anybody injured in the Accident?  
 Was any injured conveyed to hospital by ambulance?  
 Was any other vehicle or property damaged?  
 Number of Passengers (Including Driver)  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  
 Translator's name  
 Translator's ID  
 Translator's phone number  
 Translator's email  
 Original language used in the statement

No  
 2  
 Yes  
 No  
 Yes  
 1  
 No  
 -  
 -  
 -  
 -  
 -

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
 Was notice of intended Prosecution given?  
 If yes, against whom?

No  
 No  
 -

#### CIRCUMSTANCES OF ACCIDENT

ON THE SAID DATE AND LOCATION I WAS APPROACHING THE JUNCTION. AS THE TRAFFIC LIGHT TURNS TO AMBER I THEN STEP ON MY BRAKE AND MY CAR CAME TO A STOP. FEW SECONDS LATER SUDDENLY I FELT AN IMPACT ON MY REAR AS MY CAR WAS REAR ENDED BY A LORRY BEHIND.

#### ATTACHMENT(S)

Are accident photos available for attachment?  
 Was there any video captured by Car Camera?

Yes  
 No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

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

YP9619B  
 -  
 -  
 -  
 -  
 Commercial vehicle



Name of Driver	AUNG HTET
Passport No/FIN	G3940350T
Contact Number	(Phone) +65-84507929
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LIOW JOEY
Gender	Female
Phone No	(Phone) +65-96911297
Address	BLK 665 HOUGANG AVENUE 4
Address Complement	#12-351
Post Code	530665
Approximate Age Years Old	31
Injuries Sustained	HEADACHE AND LOWER BACK PAIN
Injured person in which vehicle?	SMZ3928M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# IMPORTANT NOTICE

## SKETCH PLAN

1. Fill in report properly, 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 truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repeal their 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 by the insurers to 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 be 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 the 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 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 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 be 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 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.



31/10/2014 PDPA

Policyholder's Signature / Date & Time

*Jeff*

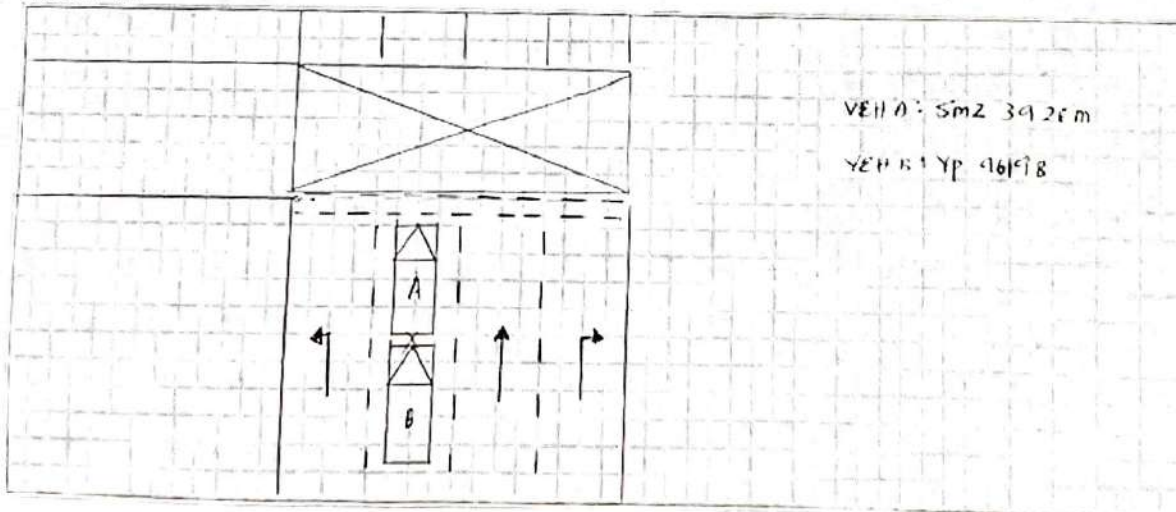
31/10/2014 PDPA

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

*Wong* WONG CHUAN MIEN & WONG

Witnessed by Reporting Centre Personnel (Name in NRIC ID card)

### Sketch Plan





> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	410W
Vehicle No.:	SMZ3928M
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS (E) 4-DOOR SEDAN (AUTO) (2WD)
Primary Colour:	Black
Manufacturing Year:	2021
Engine No.:	2NR5503963
Chassis No.:	MR2B23F3201221690
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,991.00
Original Registration Date:	26 Apr 2021
First Registration Date:	26 Apr 2021
Transfer Count:	0
Actual ARF Paid	\$13,991.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Apr 2031
PARF Rebate Amount:	\$10,493.00
COE Expiry Date:	25 Apr 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,640.00
COE Rebate Amount:	\$42,662.00
Total Rebate Amount:	\$53,155.00

The information contained herein is correct as at 21 Sep 2022

OK



# Toyota Vios 1.5A E

## Overview

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

<b>Price</b>	<b>\$97,800</b>		
<b>Depreciation</b> ?	\$10,560 /yr <a href="#">View models with similar depre</a>	<b>Reg Date</b>	27-Apr-2021 (8yrs 7mths 5days COE left)
<b>Mileage</b>	32,688 km (23.3k /yr)	<b>Manufactured</b> ?	2021
<b>Road Tax</b> ?	\$682 /yr	<b>Transmission</b>	Auto
<b>Dereg Value</b> ?	\$49,709 as of today (change)	<b>OMV</b> ?	\$13,991
<b>COE</b> ?	\$45,600	<b>ARF</b> ?	\$13,991
<b>Engine Cap</b>	1,496 cc	<b>Power</b>	79.0 kW (105 bhp)
<b>Curb Weight</b> ?	1,085 kg	<b>No. of Owners</b> ?	1
<b>Type of Vehicle</b>	Mid-Sized Sedan		

## Features

[View specs of the Toyota Vios \(2017\)](#)