ASSIGNMENT From: Date:
Estimated Cost: OD/TP/WS/TP RES/OD RES/EVA/INV/MV To Inspect Vehicle No: SHC 4470R at Workshop m/s STR106S of Lowestramy Level (RC Colour Marrow AC: Insured / Std / NI / NA Colour Marrow AC: Insured / Std / NI / NA Colour Marrow AC: Insured / Std / NI / NA Sp. Reading 447 237 T/Radio: Insured / Std / NI / NA Englino: Colour Marrow AC: Insured / Std / NI / NA Englino: Transition (NI / SRIP) / STD A/RIM / STD A/RIM / STD A/RIM / STD A/RIM / NI / NA Englino: Read: NI / SRIP / STD A/RIM / STD A/RIM / STD A/RIM / NI / NA Englino: Read: NI / SRIP / STD A/RIM / STD A/RIM / NI / NA Englino: Read: NI / SRIP / STD A/RIM / NI / NA Englino: Read: NI / SRIP / STD A/RIM / NI / NA Englino: Read: NI / SRIP / STD A/RIM / NI / NA Englino: Read: NI / SRIP / STD A/RIM / NI / NI / NI / NI / NI /
Truck / Trailer or Truck / Trailer or Make: To you provide No: Sitc 44708 at Workshop m/s STRIOKS of Low Low Marcon
To Inspect Vehicle No: SHC 4410P at Workshop m/s STRIONS of Lowestans Will DK E4 Insured: INC Colour Makrow A/C: Insured / Std / NI / NA Sp.Reading 441237 T/Radio: Insured / Std / NI / Na Sp.Reading 441237 T/Radio: Insured / Std / NI / Na Sp.Reading 441237 T/Radio: Insured / Std / NI / Na Sp.Reading 441237 T/Radio: Insured / Std / NI / Na Sp.Reading 441237 T/Radio: Insured / Std / NI / Na Sp.Reading 441237 T/Radio: Insured / Std / NI / Na Sp.Reading 441237 T/Radio: Insured / Std / NI / NI Sp.Reading 441237 T/Radio: Insur
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Insured: INC 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: IDAC Accident Rport: Consistent?: Yes or No Est. Repairs: days Res.: 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: Eng/No: C/No: \(\) \(
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: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Consistent Rocas: Vehicle: IN / OUT Consistent Rocas: Vehicle: IN / OUT Consistent Rocas: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to college of the contacted college of the college of the contacted college of the colle
Claims No. Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or Steering: Inorder / Jammed / Leaked / Burnt or Modi: Nil / (Rim) / STD A/Rim or Tyre Size: F: IST 65 RLS Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Texture Steering: Inorder / Jammed / Leaked / Burnt or Steering: Inorder / Jammed / Leaked / Burnt or Steering: Inorder / Jammed / Leaked / Burnt or Modi: Nil / (Rim) / STD A/Rim or Tyre Size: F: IST 65 RLS R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN Rear R/Bal.
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: IDAC Accident Rport: 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: Steering: Inorder / Jammed / Leaked / Burnt or Modi: Nil / Rim / STD A/Rim or Tyre Size: F: 195 65R15 R: TOYO / YOKO or FALUEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Rear Rear R/Bal.
Brake: Modi Jammed / Leaked / Burnt or
Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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: Modi: Nil / Fixin / STD A/Rim or Tyre Size: F: ISS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN R: TOYO / YOKO or FALLEN Rear R/Bal. D.O.A. Polof 21 D.O.A. Polof 21 Des. of Damages: Frt / Rear / O/S / A/B / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to coll
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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: Tyre Size: F: ISX SRLY R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FALLEN BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / BO / DO /
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IDAC Accident Rport: 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: R/Bal. mm L/Bal. mm L/Bal.
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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: Person Contacted: Test of No Consistent / Test of No D.O.A. 16 05 21 D.O.A. 16 05 21 D.O.A. 16 05 21 Des. of Damages : Frt / Rear / O/S / NO The U/C / Chassis frame / Body Structure affected due to coll
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Date: Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to coll
Date / Time Action / Instruction
Date/Time, File Pass to? Days Of Repair:
- Trail Report
1) : Final Report Resurvey No. of Trip: Survey Fee:
Taisponaum.
2) Add Fee: : Site Insp (\$)_s+Rs_si
Reput Forms: : Tech love (\$) Photos
Lump Sum / LE J: (7:

Case Details

Case Reference Number: TAX/09/22/2041

Type of Repair : Accident Repair

Vehicle Registration Number: SHC4470P

Company Type: Strides Taxi Pte Ltd Estimation ID: EST-19404-ID

Assigned By: Taxi Claims Manager Team

Insurance Company Name : income insurance limited Accident Date and Time : 20/09/2022 09:44 AM

Vehicle Age(In Months): -

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

				SMRT Reco	mmen	dation						Surve	eyor Approval	
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			COVER, FR BUMPER	1	560.30	560.30	25.00	420.22	Replace	1	420.22	Replace 🗸	der
One Time Key In	Main			SUPPORT, FR BUMPER LH	1	86.20	86.20	25.00	64.65	Replace	0	0	Check ✓	j
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.80	48.00	25.00	36.00	Replace	10	36.00	Replace ~	Ne/
One Fime Key In	Main			LAMP ASSY, FOG, LH	1	1,029.90	1,029.90	10.00	926.91	Replace	0	0	Not Giv€ ∨	KAT
One lime Key In	Main			UNIT, HEADLAMP, LH	1	2,852.40	2,852.40	10.00	2,567.16	Replace	0	0	Check ~	1,
One Time Key In	Main			COMPUTER SUB-ASSY, HEADLAMP, LH NO.1	1	1,039.90	1,039.90	10.00	935.91	Replace	0	0	Not Giv€ ♥	Xn1
One Fime Key In	Main			FENDER SUB-ASSY, FR , LH	1	1,060.70	1,060.70	25.00	795.53	Replace	1	795.52	Replace >	4-
One Time Key In	Main			EMBLEM, SIDE PANEL (HYBRID)	1	59.10	59.10	25.00	44.33	Replace	1	44.33	Replace ~	No. 1
One Fime Key In	Main			LINER, FR FENDER, LH	1	219.10	219.10	25.00	164.32	Replace	0	0	Not Giv€ ✓	X11
One Time Key In	Main			PAD, FR WHEEL LH	1	65.00	65.00	25.00	48.75	Replace	0	0	Not Giv€ ✓	Knn
One Time Key In	Main			SEAL SUB- ASSY, LH	1	56.20	56.20	25.00	42.15	Replace	0	0	Not Giv∈ ✓	tra
One Time Key In	Main			PROTECTOR, FR FENDER LH	1	101.80	101.80	25.00	76.35	Replace	0	0	Not Giv∈ ✓	Xn-

Total Spare Part Cost 15,312.53

Lump Sum Discount (%) 20.00

Surveyor Total 1,356.08

Lump Sum Dis (%)

20.00

Final Spare Part Cost 12,250.02

Final Sur Total 1,084.86

https://www.uch.com.cg/Entimation.com

https://vacsweb.sime.com/s

Surveyor Approval

вом Туре	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			WHEEL, DISC FRONT	1	2,036.30	2,036.30	25.00	1,527.22	Replace	1	0	Repair 🗸	R
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Giv€ ♥	XAN
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	1	722.10	722.10	25.00	541.58	Replace	0	0	Not Give ~	Xnn
One Time Key In	Main			MIRROR ASSY, OUTER REAR VIEW, LH	1	1,454.40	1,454.40	10.00	1,308.96	Replace	0	0	Not Giv€ ✓	Xar
One Time Key In	Main			COVER, OUTER MIRROR, LH	1	117.80	117.80	25.00	88.35	Replace	1	0	Repair 🗸	R
One Time Key In	Main			PANEL SUB- ASSY, FRONT DOOR LH	1	1,407.80	1,407.80	25.00	1,055.85	Replace	1	0	Repair ~	R
One Time Key In	Main			STICKER STRIDES TAXI (DOOR)	1	60.00	60.00	0.00	60.00	Replace	1	60.00	Replace V	*some
One Time Key In	Main			PANEL SUB- ASSY, REAR DOOR , LH	1	1,401.70	1,401.70	25.00	1,051.28	Replace	0	0	Check 🕶	7,
One Time Key In	Main			PANEL SUB- ASSY, FENDER REAR LH	1	943.10	943.10	25.00	707.33	Replace	0	0	Not Giv∈ ✓	X11
One Time Key In	Main			DOOR OUTER HANDLE FRONT, LH	1	423.20	423.20	25.00	317.40	Replace	1	0	Repair 🕶	R
One Time Key In	Main			DOOR OUTER HANDLE REAR, LH	1	105.50	105.50	25.00	79.13	Replace	0	0	Not Giv€ ✓	×11
One Time Key In	Main			LID ASSY, FUEL FILLER OPENING	1	164.10	164.10	25.00	123.07	Replace	0	0	Not Giv€ ✓	*vv
One Time Key In	Main			WHEEL, DISC	1	2,036.30	2,036.30	25.00	1,527.22	Replace	0	0	Not Giv€ ✓	X11
One Time Key In	Main			HUB & BEARING ASSY, RH & LH	1	722.10	722.10	25.00	541.58	Replace	0	0	Not Give 🗸	KM
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Giv€ ✓	tun
Standard	Main			STICKER PETROL ONLY	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Giv∉ ✓	Kur

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20.00

Final Spare Part Cost 12,250.02

Final Sur Total 1,084.86

1.66	4:31 PM r's Cost Detail		nups;//vacsw	eb.smr.com.s	g/Estimation.aspx	
1	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks	
1	Main	TO REPAIR FRONT LH PORTION	1,014.00	500.00		

500.00

1,014.00

Spray Cost Detail

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT BUMPER	378.00	200.00	
2	Main	TO RESPRAY FRONT FENDER LH	378.00	200.00	
3	Main	TO RESPRAY FRONT DOOR LH	378.00	200.00	
4	Main	TO RESPRAY VIEW MIRROR	180.00	70.00	
5	Main	TO RESRAY REAR DOOR LH	378.00	o x47	
6	Main	TO RESPRAY REAR FENDER LH	378.00	o X11	
7	Main	TO RESPRAY RIM	378.00	50.00	
8	Main	TO RESPRAY FUEL LID COVER	180.00	o XAN	
9	Main	TO RESPRAY DOOR HANDLE	378.00	30.00	
otal:			3,006.00	750.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO WASH AND VACUUM	60.00	· ×11	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	120.00	· Xvr	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	40.00	
4	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	60.00	
5	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	593.76	593.76	
6	Main	TO REPLACE SUNDRY PARTS	100.00	· Xn	
Total:			1,093.76	693.76	

Summa	ary
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Jannay	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	12,250.02	1,084.86
Total Labour Cost	1,014.00	500.00
Total Spray Painting	3,006.00	750.00
Other	1,093.76	693.76
Overall Total	17,363.78	3,028.62
Lump Sum Repair Option	5	
Lump Sum Total	17,350.00	3,050.00
Surveyor Approved Amount		3,050.00
No of Repair Days*	8	5
Remarks		Lumpsum repair / After repair photo FOR CHECK ITEM and REPLACE ITEM PLEASE CALL SURVEYOR RASUL / HP
Surveyor Name		Rasul
Signature	-	Rasul

Save

Clear

Survey Date

21/09/2022

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:

029L0001 / Strides Automotive Services Pte Ltd (757705) 0229LWW 17 Strides Administre Services F RY DATE & TIME: 21/09/2022 12:58 (SGT) MITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) RSION: 1 (21/09/2022 12:58 (SGT))



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 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

Country/State of Loss

21/09/2022 12:58 (SGT)

Driver

20/09/2022 17:44 (SGT)

Serangoon Rd, Singapore

SERANGOON ROAD TOWARDS ST GEORGE ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC4470P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Strides Taxi Pte Ltd

1XXXXX369K

AUTO-SVCS-TARC@SMRT.COM.SG

(Phone) +65-68662671

VEHICLE PARTICULARS

Manufacturer

Model

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota

Prius

No - Claiming third party

Taxi

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MS First Capital Insurance Ltd

D-22099115MFSH

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

ONG ENG JOO SXXXX119I 31/12/1966

Outdoor

Dage 1 of 10

Date Of Driving Pass 02/05/1991 Driving experience 31 YEARS AND 4 MONTHS Male Gender (Phone) +65-68662672 Mobile Number Alt. Phone Number Email Address AUTO-SVCS-TARC@SMRT.COM.SG Address 11 Address complement Postcode 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 2 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 Male 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

I WAS TRAVELLING ALONG SERANGOON ROAD TOWARDS ST GEORGE ROAD WITH ONE PASSENGER (MALE MALAY) ON BOARD. SUDDENLY A VEHICLE SLR5106J CUT TOWARDS MY LANE ABRUPTLY AND COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI, AFTER WHICH THIRD PARTY ALSO HIT ONTO A LORRY GBC1708X.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

, _{icle} Manufacturer	
Model	
hicle Variant	
vehicle Colour	_
Wehicle Category	Private car
Name of Driver Contact Number	NANTHASIRI SAE - LIM
Address	
Address complement	.
Postcode	-
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC1708X
Vehicle Manufacturer	
Vehicle Model	1.
Vehicle Variant	0 -
Vehicle Colour	E ₩
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	u.
Address	₹.
Address complement	75
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	·

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SKETCH PLAN

- 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 Oriver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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

IMPORTANT NOTICE

- (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 daims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the accident and/or my claims;

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- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by mo;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invotve 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

(5())		lu 21-9- 2022.
Palicynoider's Signature (Date & Time	Driver's Signature (didriver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIGAS card)

Sketch Plan

> Back to OneMotoring

inquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHC4470P
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No:	2ZRS098763
Chassis No.:	JTDKB3FU603573062
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Oct 2017
First Registration Date:	12 Oct 2017
Transfer Count:	
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2025
PARF Rebate Amount:	\$3,750.00
E.	
COE Explry Date	11 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$12,989.00
Total Rebate Amount:	\$16,739.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 22 Sep 2022