

ASS. REC. BY:

REF:

CS/CT122009391/Rny3

764H

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLA 8082Dat Workshop m/s MY CAR CONSULTANTof 60, JLN LAMHAT #05-21Insured: CTI

Policy No. _____

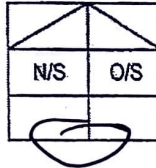
Claims No. _____

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: 136K

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: SLA 8082D Yr Regn: 2019 / JanType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA VOXYH/BRD 1.8V c.c. 1797Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 207032 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR800331317

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 225/45ZR17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIO / 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. 16/09/22 D.O.I. 29/09/22Survey held at MY CAR CONSULTANTDes. 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 - 94K

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.I. () _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 (S737869)

HP: 98888885

Estimation

Date:

26/9/2022

Vehicle:

SLQ8082D

Make / Model:

TOYOTA VOXY

Chassis No:

CHINA TAIPING

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	TAILGATE <i>bt</i>	1	\$ 2,458.00	\$ 2,458.00
2	TAILGATE LOCK <i>x</i>	1	\$ 640.00	\$ 640.00
3	REAR TAILGATE EMBLEM HYBRID <i>ne</i>	1	\$ 80.00	\$ 80.00
4	REAR TAILGATE INNER TRIM BOARD	1	\$ 896.00	\$ 896.00
5	REAR WINDSCREEN GLASS MOULDING <i>ne</i>	1	\$ 98.40	\$ 98.40
6	REAR TAILGATE WEATHER STRIPE <i>cut</i>	1	\$ 212.00	\$ 212.00
7	REAR BUMPER <i>de</i>	1	\$ 720.00	\$ 720.00
8	REAR BUMPER SIDE RETAINER <i>x</i>	2	\$ 159.00	\$ 318.00
9	REAR BUMPER BRACKET <i>bt</i>	2	\$ 160.00	\$ 320.00
10	REAR END PANEL CENTER <i>bt</i>	1	\$ 680.00	\$ 680.00
11	REAR END PANEL TOP GARNISH <i>de</i>	1	\$ 345.00	\$ 345.00
12	REAR SPARE TYRE COMPARTMENT PANEL <i>x</i>	1	\$ 1,156.00	\$ 1,156.00
13	REAR SPARE TYRE COMPARTMENT CARPET <i>cut</i>	1	\$ 432.00	\$ 432.00
14	REAR FLOOR PANEL <i>x</i>	1	\$ 1,598.00	\$ 1,598.00
15	REAR TOOLS BOX <i>x</i>	1	\$ 320.00	\$ 320.00
16	REAR TOOLS BOX TOP COVER <i>x</i>	1	\$ 1,280.00	\$ 1,280.00
17	REAR TOOLS BOX REAR TOP GARNISH <i>x</i>	1	\$ 272.00	\$ 272.00
18	REAR FENDER INNER TRIM BOARD <i>x</i>	2	\$ 698.00	\$ 1,396.00
				\$ 13,221.40
			Less 25%	\$ 3,305.35
			Total	\$ 9,916.05
S/Nett items:				
1	REAR REVERSE SENSOR <i>ne</i>	1 SET	\$ 250.00	\$ 250.00 <i>220</i>
2	REAR TAILGATE INNER TRIM BOARD CLIPS <i>ne</i>	1	\$ 80.00	\$ 80.00 <i>40</i>
3	REAR TAILGATE WINDSCREEN GLASS SEALANT <i>ne</i>	1	\$ 80.00	\$ 80.00 <i>360</i>
4	REAR TAILGATE WINDSCREEN GLASS INNER SEAL <i>ne</i>	1	\$ 80.00	\$ 80.00
5	REAR BUMPER CLIP <i>ne</i>	1 SET	\$ 80.00	\$ 80.00 <i>40</i>
6	REAR END PANEL GARNISH CLIP <i>ne</i>	1 SET	\$ 30.00	\$ 30.00 <i>20</i>
7	FLOOR PANEL SEALANT <i>x</i>	1	\$ 50.00	\$ 50.00 <i>x</i>
8	END PANEL SEALANT <i>ne</i>	1	\$ 50.00	\$ 50.00 <i>30</i>
				\$ 700.00
Labour to: REAR				
1	TO CHECK ELECTRICAL WIRING	1	\$ 100.00	\$ 100.00 <i>60x</i>
2	TO REMOVE AND REFIT REVERSE SENSOR/CAMERA	1	\$ 150.00	\$ 150.00 <i>60</i>
3	REMOVE AND REFIX REAR UPHOLSTERY	1	\$ 300.00	\$ 300.00 <i>x</i>
4	REMOVE AND TRANSFER ALL REAR TAILGATE FITTING	1	\$ 150.00	\$ 150.00 <i>60</i>
5	REMOVE AND REFIX REAR WINDSCREEN GLASS	1	\$ 150.00	\$ 150.00 <i>120</i>
6	CHECK AND RESET FAULT CODE LIGHT ON	1	\$ 300.00	\$ 300.00 <i>100</i>
7	TO RESPRAY UNDERCOATING	1	\$ 150.00	\$ 150.00 <i>60x</i>

8	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 150.00	\$ 150.00	60
9	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 1,200.00	\$ 1,200.00	600
10	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,400.00	\$ 1,400.00	600
				\$ 4,050.00	
		Parts Replacement Amount		\$ 10,616.05	
		Total Amount for Labour		\$ 4,050.00	
		Total Amount		\$ 14,666.05	

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:

Rasul

Hp 90010068

6 days

4/5

26/09/22 @1500

Resurvey 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	19/09/2022 16:08 (SGT)
Reported by	Both
Date of Accident	16/09/2022 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8082D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN ZHAOFENG
NRIC No	SXXXX764H
Email Address	ZHAOFENG84@GMAIL.COM
Mobile Phone No	(Phone) +65-98501400
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VOXY HYBRID 7-SEATER 1.8V CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126907823

DRIVER

Name of Driver	CHAN ZHAOFENG
NRIC No	SXXXX764H
Date Of Birth	29/04/1984
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

17/08/2004
18 YEARS AND 1 MONTH
Male
(Phone) +65-98501400
-
ZHAOFENG84@GMAIL.COM
BLK 18C CIRCUIT ROAD, #09-240
-
S373018
Yes
-
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? 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) 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
Gender

RASHID ALARDHA
Male

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

PLEASE REFER POLICE REPORT : T/20220917/7019

ATTACHMENT(S)

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

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ2722D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR CHOO
Contact Number	(Phone) +65-97631221
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN ZHAOFENG
Gender	Male
Phone No	(Phone) +65-98501400
Address	BLK 18C CIRCUIT ROAD, #09-240
Address Complement	-
Post Code	S373018
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLQ8082D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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 re-evaluate 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/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.

Shakun 17/09/2022 chitay
Policyholder's Signature / Date & Time

chitay 17/09/2022
Driver's Signature (if driver is not the policyholder) / Date & Time

Grace Ng

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

Sketch Plan

A - STOPPED
B - STOPPED

Describe Circumstance of the Accident

On 16 Sept 2022, 1940hrs while sending
passenger to airport on PIE. There were 3 to 4
car brake hard & almost caused chain
accident. I managed to brake hard too
and avoided them.

The mere behind me hit my car
hard & cause serious dent. The front 3 or 4
cars didn't knock one another & left the
scene immediately.

Declaration

I/We declare the foregoing particulars are true in every respect.

zhafey 17/09/2022
Policyholder's Signature / Date & Time

zhafey 17/09/2022
Driver's Signature (if driver is not the policyholder) / Date
& Time

Grace Ng

Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	764H
Vehicle No.:	SLQ8082D
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VOXY HYBRID 7-SEATER 1.8V CVT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	2ZR0B96587
Chassis No.:	ZWR800331317
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,005.00
Original Registration Date:	25 Jan 2019
First Registration Date:	25 Jan 2019
Transfer Count:	1
Actual ARF Paid:	\$28,207.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jan 2029
PARF Rebate Amount:	\$21,155.00
COE Expiry Date:	24 Jan 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,200.00
COE Rebate Amount:	\$20,367.00
Total Rebate Amount:	\$41,522.00

The information contained herein is correct as at 27 Sep 2022

OK

Toyota Voxy Hybrid 1.8A V

Overview

Financial

Accessories

Similar

Research

Photos

Map

Republic Auto



A member of the Jardine Cycle & Carriage Group

Price **\$139,800**

Depreciation ⓘ **\$19,170 /yr**
[View models with similar depre](#)

Reg Date **25-Mar-2019**
(6yrs 5mths 25days COE left)

Mileage **30,388 km (8.7k /yr)**

Manufactured ⓘ **2018**

Road Tax ⓘ **\$974 /yr**

Transmission **Auto**

Dereg Value ⓘ **48,592 as of today (change)**

Fuel Type **Petrol-Electric**

COE ⓘ **\$39,401**

OMV ⓘ **\$34,770**

Engine Cap **1,797 cc**

ARF ⓘ **\$30,678**

Curb Weight ⓘ **1,630 kg**

Power **100.0 kW (134 bhp)**