

ASS. REC. BY:

REF:

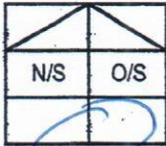
CS/HLA 22009459/Dgy<sup>3</sup>

ASSIGNMENT

COE June 2025

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SH 9126 U Yr Regn: June 2017  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Prius C.C. 1798  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 753735 T/Radio: Insured / Std / NI / NA  
 Eng/No: 2ZR5048302  
 C/No: JTDKB3FU823 503558746  
 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: 195/65 R15  
 R: -11-



(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 65 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Deventi  
 Front 5 mm Rear 5 mm  
 R/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 25/09/2022 D.O.I. 27/09/2022  
 Survey held at 3i West Sun Ming  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>HLA SDF 8896A</u>
<u>14/2/2023</u>	<u>John +/s 65501 - with 6 days of exp (Red #1939743, 7872)</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 Days Of Repair: 6  
 Resurvey No. of Trip: 5/1  
 Add Fee:  : Site Insp (\$ )  
 : Interview (\$ )  
 : Tech. Invs (\$ )  
 : Weekend (\$ )  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS \_\_\_\_\_ \$  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

Report Format: MR TP  
 Lump Sum / I.B. (\$) 6550





> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SH9126U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZRS048302
Chassis No.:	JTDKB3FU503558746
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	15 Jun 2017
First Registration Date:	15 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jun 2025
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jun 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,500.00
COE Rebate Amount:	\$13,696.00
<b>Total Rebate Amount:</b>	<b>\$17,196.00</b>
Message	
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 26 Sep 2022

OK

# 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	26/09/2022 14:21 (SGT)
Reported by	Driver
Date of Accident	25/09/2022 10:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE EUNOS EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SH9126U

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96225343
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Taxi
Transmission	Auto
CC	1798

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419138

### DRIVER

Name of Driver	LIM WAN TIONG
NRIC No	SXXXX601E
Date Of Birth	18/09/1959
Occupation	Outdoor

Date Of Driving Pass	04/12/1979
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96225343
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	58 GEYLANG BHARU #15-3349
Address complement	-
Postcode	330058
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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

ON 25/09/2022 AT ABOUT 10:45HRS, I WAS DRIVING VEHICLE A ( SH9126U) ALONG PIE TOWARDS CHANGI BEFORE EUNOS EXIT. AS I TRAVELLING STRAIGHT ON SECOND LANE, FRONT UNKNOWN VEHICLE APPLY BRAKE SUDDENLY. I APPLY BRAKE AND MANAGE TO STOP IN TIME. AS MY VEHICLE WAS STATIONARY VEHICLE B ( SDF8896A) COLLIDED ONTO VEHICLE A REAR BUMPER. ALIGHTING AND REALISE, VEHICLE C ( SMM2471M) COLLIDED ONTO VEHICLE B REAR BUMPER. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDF8896A
Vehicle Manufacturer	Chevrolet
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90606866
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	SMM2471M
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.

*J. Sub*

FLASH ACCIDENT REPORTING OFFICER  
 FRO KHAMARAJ

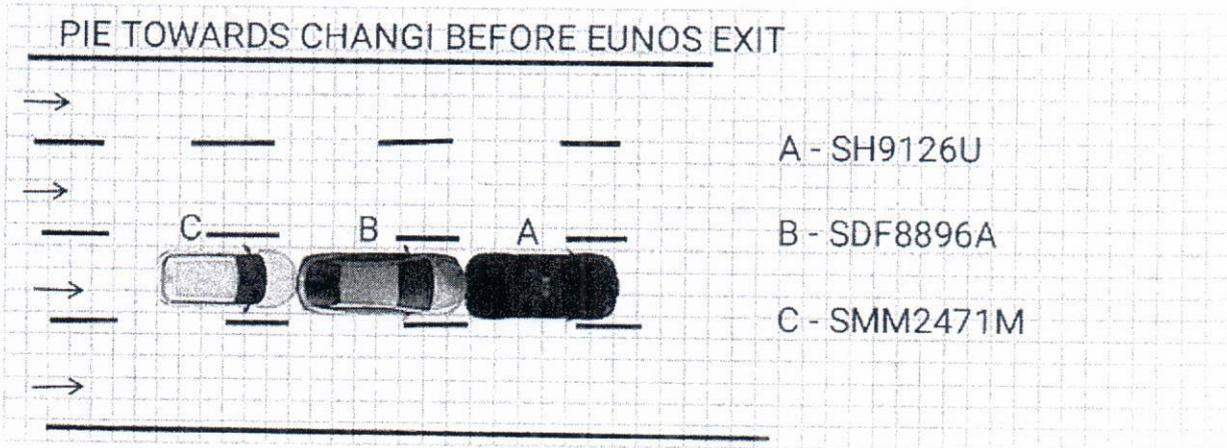


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time  
26/09/2022, 11:15HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

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Declaration

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



FLASH ACCIDENT REPORTING OFFICER  
FRO KHAMARAJ



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 26/09/2022. 11:15HRS

Witnessed by Reporting Centre Personnel