

(08/11/13)

wef

ASS. REC. BY: Jan

REF:

CC4/ASM 22009959/Rpa3

961K

**ASSIGNMENT**

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SND 2016E

at Workshop m/s

my car consultant

of

607LN LAM HUNG #05-21

Insured:

ASM

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.

N/S	O/S

Bal. or Market Value:

123K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SND 2016E

Yr Regn: 2021 / D6C

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

Truck / Trailer or

Make:

TOYOTA COROLLA ALTIS HYBRID 1798

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

86900

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR2B 23BE 500008662

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:

225/45R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

06/10/22

D.O.I.

10/10/22

Survey held at

my car

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

Rear o/s

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

Date / Time Action / Instruction

REPAIR LIMIT - 60K

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, SI

Photos

Others

Report Format :

Lump Sum / I.B.I.: (\$ )

Add Fee:

☐

: Site Insp (\$ )

☐

: Interview (\$ )

☐

: Tech. Invs (\$ )

☐

: Weekend (\$ )



# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737896  
HP: 98888885

## Estimation

Date: 10/10/2022  
Vehicle: SND2016E  
Make / Model: TOYOTA ALTIS  
Chassis No: AXA

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	BOOTLID <i>repa</i>	1	\$ 1,024.00	\$ 1,024.00
2	BOOTLID EMBLEM 'ALTIS' <i>na</i>	1	\$ 65.00	\$ 65.00
3	BOOTLID SENSOR <i>X</i>	1	\$ 312.00	\$ 312.00
4	BOOTLID EMBLEM 'COROLLA' <i>na</i>	1	\$ 65.00	\$ 65.00
5	REAR BUMPER <i>de</i>	1	\$ 698.00	\$ 698.00
6	REAR BUMPER SIDE RETAINER <i>X</i>	2	\$ 112.00	\$ 224.00
7	REAR BUMPER BRACKET <i>X</i>	2	\$ 168.00	\$ 326.00
8	REAR BUMPER SENSOR <i>?</i>	2	\$ 381.00	\$ 762.00
9	REAR BUMPER REINFORCEMENT <i>?</i>	1	\$ 395.00	\$ 395.00
10	REAR BUMPER REFLECTOR <i>X</i>	2	\$ 112.00	\$ 224.00
				\$ 4,095.00
				Less 25%
				\$ 1,023.75
				<b>Total</b>
				<b>\$ 3,071.25</b>

S/Nett items:				
1	BOOTLID INSULATOR CLIPS <i>X</i>	1	\$ 30.00	\$ 30.00 <i>X</i>
2	REAR BUMPER CLIPS <i>na</i>	1	\$ 40.00	\$ 30 <del>40.00</del>
				\$ 3,060.00
Labour to: Rear				
1	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 500.00	\$ <del>500.00</del> <i>400</i>
2	PANEL BEATING ON AFFECTED AREAS	1	\$ 500.00	\$ <del>500.00</del> <i>300</i>
3	TO CHECK ELECTRICAL WIRING	1	\$ 100.00	\$ <del>100.00</del> <i>40</i>
4	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 50.00	\$ 50.00 <i>X</i>
				\$ 1,150.00
			Parts Replacement Amount	\$ 6,131.25
			Total Amount for Labour	\$ 1,150.00
			<b>Total Amount</b>	<b>\$ 7,281.25</b>

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:

*Rahul*  
*Hp 90010068*  
*3 days*  
*L/S*  
*10/10/22 @1630*  
*Repair 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	06/10/2022 17:20 (SGT)
Reported by	Driver
Date of Accident	06/10/2022 07:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SEMEI
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND2016E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LUMENS AUTO PTE LTD
Company Reg No	2XXXXX961K
Email Address	KOKHOW.TAY@LUMENS.SG
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

## INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22MN000847-R00

## DRIVER

Name of Driver	MOHAMED MUZAFFAR BIN JOHARI
NRIC No	SXXXX812F
Date Of Birth	17/12/1972
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

29/11/2004

17 YEARS AND 11 MONTHS

Male

(Phone) +65-92328666

-

ANDY.QUEK@LUMENS.SG

28, BAYSHORE ROAD, #02-07

-

469973

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?

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

Potong Pasir Neighbourhood Police Post

(Phone) +65-18002829999

(Fax) +65-62815964

Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142

No

-

#### CIRCUMSTANCES OF ACCIDENT

#### ATTACH POLICE REPORT

#### 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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

SHA9181B

-

-

-



Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

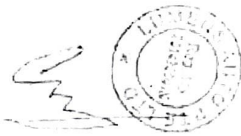
##### INJURED 1

Name of injured person	MOHAMED MUZAFFAR BIN JOHARI
Gender	-
Phone No	(Phone) +65-92328666
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SND2016E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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' law firms/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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



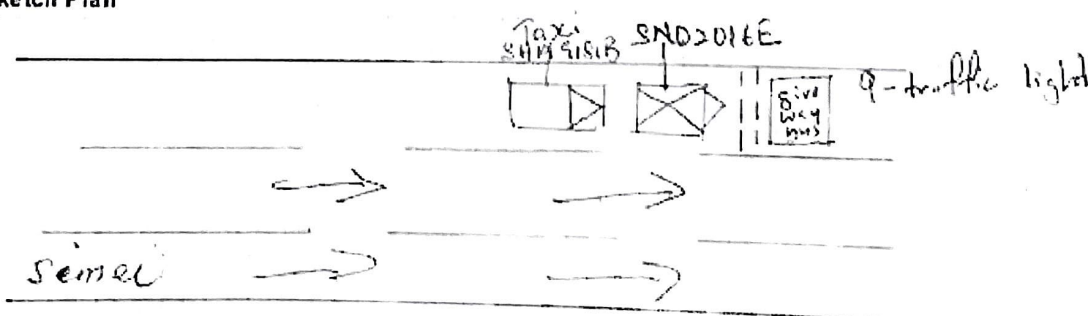
Policyholder's Signature / Date & Time

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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel

### Sketch Plan






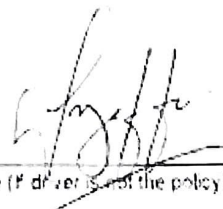
Describe Circumstances of the Accident

Attach Police Report

Declaration

We declare the foregoing particulars are true in every respect

  
Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01 58/60/62 Sin Ming Ind Est  
Singapore 675643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)  
Witnessed by Reporting Centre  
Personnel

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	961K
Vehicle No.:	SND2016E
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Oct 2022
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS HYBRID ELEGANCE(AUTO)(2WD)
Primary Colour:	White
Manufacturing Year:	2021
Engine No.:	2ZRY789668
Chassis No.:	MR2BZ3BE500008662
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,740.00
Original Registration Date:	14 Dec 2021
First Registration Date:	14 Dec 2021
Transfer Count:	0
Actual ARF Paid:	\$14,436.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2031
PARF Rebate Amount:	\$10,827.00
COE Expiry Date:	13 Dec 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,100.00
COE Rebate Amount:	\$51,455.00
Total Rebate Amount:	\$62,282.00

The information contained herein is correct as at 11 Oct 2022

OK



# Toyota Corolla Altis 1.6A Elegance

Overview

Financial

Accessories

Similar

Research

Photos

Map



**APEX TRADING PTE LTD**

Member of:



Price	<b>\$123,800</b>		
Depreciation	\$12,240 /yr <a href="#">View models with similar depre</a>	Reg Date	28-Dec-2021 (9yrs 2mths 16days COE left)
Mileage	25,000 km	Manufactured	2021
Road Tax	\$742 /yr	Transmission	Auto
Dereg Value	\$69,031 as of today ( <a href="#">change</a> )	OMV	\$21,417
COE	\$57,010	ARF	\$21,984
Engine Cap	1,598 cc	Power	96.0 kW (128 bhp)
Curb Weight	1,315 kg	No. of Owners	1