(00/11/0) Wel REF: CCY 111 220	10354/Rpa3 861K
V10.	GNMEN'I
From : Date:  Estimated Cost:  OD / TR (WS / TR RES / OD RES / EVA / INV / NV	Veh No: SM29495E Yr Regn: 2021 / MAY  Typer M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR ADDRESS OF THE CONTRA
To In spect Vehicle No: SMZ 9498 E	Make: TOYOTA YAKISCHOLS HYKLD C.C (490  Colour RED A/C: Insured/Std/NI/NA
of 60, JLN cam that thos-21	Sp.Reading 96347 T/Radio: Insured / Std / NI / NA
Insured: \\\\	Eng/No:
PolicyNo.	CNO: JTDKBABXOLOO4328
Claims No.	Gen. Cond: Good / Paly / Poor / Burnt
Sum hsured: Excess:	Steering: Inforder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STD A/Rim or  Tyre Size: F: 205/65R16
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / OUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value: (29k	Front Rear
IDAC Accident Rport Consistent? : Yes or No	R/Bal. R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est Repairs: days Res.: Yes or No	D.O.A. [5/6/22 D.O.I. 19/0/22
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time Action/Instruction  REPAIR LIMIT- 8/K	
Date/Time, File Pass to? Prell. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	
Add Fee	e: : Site Insp (\$ ) Photos
Report Format:	
Lump Sum / L.B.I: (\$	: Weekend (\$)
	TOTAL

## MY CAR CONSULTANT PTE LTD **60 JALAN LAM HUAT, CARROS CENTRE** #05-68 (737869)

TO

: 111

DATE : 19-Oct-22

ATTENTION

: MOTOR CLAIMS DEPT

JOB TYPE : T/P CLAIM

**VEHICLE DETAILS** 

:

VEHICLE NO : SMZ9495E

:

MODEL : TOYOTA YARIS

THIRD PARTY REQUESTOR / CONTACT : DAUD/93911482

#### **QUOTATION SUMMARY**

**CLAIM DETAIL: PARTS** 

S/N	DESCRIPTION		UNIT LIST PRICE		TOTAL LIST PRICE	
1	FRONT BUMPER &	1	\$	1,325.00	\$	1,325.00
2	FRONT BUMPER LOWER 64	1	\$	698.00	\$	698.00
3	FRONT BUMPER FOG LAMP RH	1	\$	320.00	\$	320.00
4	FRONT BUMPER SIDE RETAINER RH	1	\$	70.00	\$	70.00
5	FRONT BUMPER UNDERCOVER X	1	\$	312.00	\$	312.00
6	FRONT BUMPER CENTRE LOWER GRILLE X	1	\$	258.00	\$	258.00
7	HEADLAMP RH CA	1	\$	1,985.00	\$	1,985.00
8	FRONT SUPPORT PANEL X	1	\$	910.00	\$	910.00
9	FRONT FENDER RH 64-	1	\$	712.00	\$	712.00
10	FRONT FENDER COWLING RH &-	1	\$	198.00	\$	198.00
11	FRONT WHEEL ARCH RH	1	\$	512.00	\$	512.00
12	FRONT LOWER ARM RH	1	\$	298.00	\$	298.00
13	FRONT KNUCKLE ARM RH	1	\$	669.00	\$	669.00
14	FRONT KNUCKLE BEARING RH	1	\$	212.00	\$	212.00

TOTAL PRICE

\$8,479.00

**LESS 25%** 

2,119.75

SUB TOTAL PRICE

\$6,359.25

S/N	DESCRIPTION	QTY	UN	IIT S/NETT	TOT	AL S/NETT
1	FRONT BUMPER CLIPS W/	10	\$	6.50	\$	65.00
2	FRONT BUMPER LOWER GARNISH CLIP M	8	\$	6.50	\$	52.00
3	FRONT SPORTS RIM RH	1	\$	1,000.00	\$	1,000.00

4 FRONT TYRE RH	\$ cud/ 70%	1	\$ 250.00	\$ 250.00
5 FRONT FENDER CO	WLING CLIPS /	18	\$ 6.50	\$ 117.00
6 FRONT FENDER WH	EEL ARCH CLIPS ~/	1	\$ 80.00	\$ 89.00

TOTAL

\$1.564.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	\$600.00	1905 UV	
2	TO SPRAY PAINT AFFECTED AREA	\$600.00	400	
3	WIRING AND BULB CHECK	\$80.00	<b>%</b> ⊀	
4	REFOCUS HEADLAMP BEAM	\$80.00	30	
ŧ	REMOVE AND REFIX FRONT UNDERCARRIAGE	\$300.00	*	
	REMOVE AND REFIX WHEEL 8 ALIGNMENT	\$120.00	X	

TOTAL

\$1,780.00

#### **ESTIMATE REPORT**

TOTAL PARTS COST

\$7,923.25

TOTAL LABOUR COST :

\$1,780.00

TOTAL REPAIR COST :

\$9,703.25

Date:

Signature:

#### **Ycknowledged by Repairer**

- is subject to final approval from Insurance Company . Supplementary item(s) must be resurveyed and
  - No illegal modification(s) is allowed
- . Third party survey is on a "Without Prejudice" basis
  - · Parts prices are subject to confirmation

  - · To display damaged part(s) during resurvey
  - To resurvey before/after spray painting the Repairer of the following: LKK Auto Consultants hence notify

Rame
Hy Governo 68

4 days

4/8

12/10/22 @ 1510

Ray after reprint

## 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:

I / JP Knights Pte Ltd & TIME: 15/10/2022 12:26 (SGT) SUBMITIED BY: Siti VERSION: 1 (15/10/2022 12:26 (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

2. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by **Date of Accident** Exact Location of Accident Additional Location Information Country/State of Loss

15/10/2022 12:26 (SGT) Driver 15/10/2022 10:00 (SGT) Hamilton Rd, Singapore

Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMZ9495E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No.

Alternative Phone No

Yes

**LUMENS AUTO PTE LTD** 

2XXXXX961K

kokhow.tay@lumens.sg (Phone) +65-90077274 (Office) +65-87781765

**VEHICLE PARTICULARS** 

Manufacturer Model Variant

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 Yaris

CROSS HYBRID ACTIVE (AT) (2WD)

Private hire

No - Claiming third party

Private hire Auto

1490

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd 21-MM000793-R00

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LEE CHIEW KOON SXXXX356C 14/06/1967 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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

PASSENGER 1

Name Gender

UNKNOWN Female

16/06/1995

Female

530024

No

No

Hirer

Clear

Dry

No

No

Yes

2

No

2

27 YEARS AND 4 MONTHS

24 HOUGANG AVENUE 3 #10-420

(Phone) +65-90077274

kokhow.tay@lumens.sg

Collision - Major/Minor Rd

**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 15/10/2022 AT ABOUT 1000HRS, VEHICLE A WAS DRIVING ALONG HAMILTON ROAD WITH 1 FEMALE PASSENGER ONBOARD FROM LAVENDER STREET TOWARDS HORNE ROAD. AS VEHICLE A WAS TRAVELLING STRAIGHT INTENDING TO MAKE A RIGHT TURN TO HORNE ROAD , VEHICLE A NOTICES A VEHICLE PARKING ALONG THE SIDE OF ROAD, VEHICLE A MENUEVER SLOWLY ON THE RIGHT SIDE OF THE PARKED VEHICLE. AFTER PASSING THE VEHICLE, VEHICLE B CAME OUT OF PARKING LOT AND VEHICLE B FRONT LEFT BUMPER COLLIDED ONTO VEHICLE A RIGHT FRONT BUMPER AND RIGHT FENDER. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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

SLX2456L
Audi
Private car
LIM CHUN HAO
SXXXX250D
(Phone) +65-97497999
13 FARRER ROAD #14-25
210013
-

#### 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 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 The report will be forw aided 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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 yers/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,
- (ii) carrying out and/or dealing w ith 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 yers/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 Insurer Landfor GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Gingabore, for one or more of the above Purposes.



Policyholder's Signature / Date &

Time

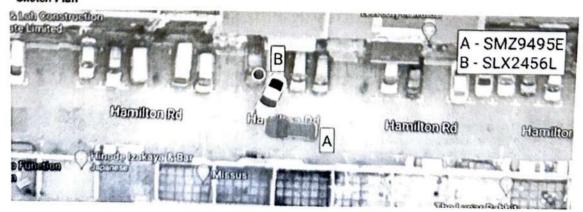
Driver's Signature (If driver is not the policyholder) / Date & Time 14/10/2022 1055hrs

REPORTING OFFICER

FRO LATIFF

Witnessed by Reporting Centre Personnel





Describe Circumstances of the Accident

ON 15/10/2022 AT ABOUT 1000HRS, VEHICLE A WAS DRIVING ALONG HAMILTON ROAD WITH 1 FEMALE PASSENGER ONBOARD FROM LAVENDER STREET TOWARDS HORNE ROAD. AS VEHICLE A WAS TRAVELLING STRAIGHT INTENDING TO MAKE A RIGHT TURN TO HORNE ROAD, VEHICLE A NOTICES A VEHICLE PARKING ALONG THE SIDE OF ROAD, VEHICLE A MENUEVER SLOWLY ON THE RIGHT SIDE OF THE PARKED VEHICLE. AFTER PASSING THE VEHICLE, VEHICLE B CAME OUT OF PARKING LOT AND VEHICLE B FRONT LEFT BUMPER COLLIDED ONTO VEHICLE A RIGHT FRONT BUMPER AND RIGHT FENDER. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

Declaration

ate/Time, File

port Form

np Sum / I

Vive declare the foregoing particulars are true in every respect



Policyholder's Signature / Date &

Crive's Signature (If driver is not the policyholder) Date
5 Time 14/10/2022 1055hrs

J. Fech. Invs (\$

FLASH ACCIDENT

Witnessed by Reporting Centre Personnel

Accident report SJ0G22AF0001

Page 5 of 20

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	961Kii ii
Vehicle No.:	SMZ9495E
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Oct 2022
Vehicle Make:	TOYOTA
Vehicle Model:	YARIS CROSS HYBRID ACTIVE (AT) (2WD)
Primary Colour:	Red
Manufacturing Year:	2021
Engine No.:	M15AY172495
Chassis No.:	JTDKBAB3X0L004328
Maximum Power Output:	82.0 kW (109 bhp)
Open Market Value:	\$24,007.00
Original Registration Date:	27 May 2021
First Registration Date:	27 May 2021
Fransfer Count:	
Actual ARF Paid:	\$10,610.00
ntended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 May 2031
ARF Rebate Amount:	\$7,957.00
ntended COE Rebate Details:	
OE Expiry Date:	26 May 2031
OE Category:	A - Car up to 1600cc & 97kW (130bhp)
OE Period(Years):	10 to the state of
(P Paid:	\$45,600.00
OE Rebate Amount:	\$39,225,00
otal Rebate Amount:	\$47,182.00

The information contained herein is correct as at 19 Oct 2022

# Toyota Yaris Cross Hybrid 1.5A Active

Overview

**Curb Weight** 

1,190 kg

**Financial** 

Accessories

Similar

Research

**Photos** 

82.0 kW (109 bhp)

Мар





A member of the Jardine Cycle & Carriage Group

	<b>\$126,800</b>		
Depreciation (2)	\$14,440 /yr View models with similar depre	Reg Date	19-Mar-2021 (8yrs 4mths 27days COE left)
Mileage	16,163 km (10.2k /yr)	Manufactured (?)	2021
Road Tax	\$680 /yr	Transmission	Auto
Dereg Value	\$44,570 as of today (change)	Fuel Type	Petrol-Electric
COE	\$43,501	OMV ()	\$24,007
Engine.Cap	1,490 cc	ARF	\$10,610

Power