

Date: 17/11/2022

Vehicle No: SNG873U

Model: TOYOTA COROLLA ALTIS 4DR SEDAN

Chassis: MR2BZ3BE900009717

Reg.Year: 2022

Third Party Insurer: MS FIRST CAPITAL

Third Party Veh No: SHF206Y

Date of Accident: 14/11/2022

Estimator: NASHIK

Surveyor:

81171.03

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER <i>542</i>	1		<i>Bu 1M</i> \$683.80 ✓
2	REAR BUMPER TOWING COVER	1		<i>sm</i> \$40.00 X
3	REAR BUMPER REFLECTOR RH	1		<i>sm</i> \$42.70 X
4	REAR BUMPER SIDE RETAINER RH	1		<i>sm</i> \$106.10 X
5	REAR BUMPER REINFORCEMENT <i>332-70</i>	1		<i>Bz</i> \$563.10 ✓
6	REAR END PANEL	1		REPAIR

Finalise:

Parts: \$935.17

Nett: \$50

Labour: \$465

P/P: \$1450.17

SUB TOTAL	\$1,435.70	\$1246.9
LESS 25%	-\$358.93	\$31172
PARTS TOTAL	\$1,076.78	\$93517

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>Net</i> \$50.00 —
2	REAR BUMPER REVERSE SENSOR	1		<i>sm</i> \$300.00 X
			S/N TOTAL	\$350.00 \$50

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST REAR ACCIDENT AREAS

\$500.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREAS

\$600.00

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC

\$100.00

TO TUFF KOTE & UNDERSEAL MATERIALS

\$100.00 X

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$100.00

LABOUR TOTAL \$1,400.00 \$465

NASHIK

TOTAL

\$2,826.78

Head office

6 Rung Chong Road Singapore 159142

Tel: (+65) 6472 1010 | Fax: (+65) 6472 1012

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:



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Model: TOYOTA COROLLA ALTIS 4DR SEDAN
Chassis: MR2BZ3BE900009717
Reg.Year: 2022

Not returned
Returning B4 pain
2 days

Third Party Insurer: MS FIRST CAPITAL
Third Party Veh No: SHF206Y
Date of Accident: 14/11/2022
Estimator: NASHIK
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1		<i>Buc 1A</i> \$683.80 ✓
2	REAR BUMPER TOWING COVER	1		<i>Sm</i> \$40.00 X
3	REAR BUMPER REFLECTOR RH	1		\$42.70 7
4	REAR BUMPER SIDE RETAINER RH	1		<i>Sm</i> \$106.10 X
5	REAR BUMPER REINFORCEMENT	1		\$563.10 7
6	REAR END PANEL	1		REPAIR
SUB TOTAL				\$1,435.70
LESS 25%				-\$358.93
PARTS TOTAL				\$1,076.78

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>her</i> \$50.00 —
2	REAR BUMPER REVERSE SENSOR	1		<i>Sm</i> \$300.00 X
S/N TOTAL				\$350.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST REAR ACCIDENT AREAS 200/ \$500.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREAS 200/ \$600.00

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC 50/ \$100.00

TO TUFF KOTE & UNDERSEAL MATERIALS *nn* \$100.00 X

TO CHECK WIRING & ELECTRICAL SYSTEM. 15/ \$100.00

	LABOUR TOTAL	\$1,400.00
NASHIK	TOTAL	\$2,826.78

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Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9019 | Fax: (+65) 6481 1093

Acknowledged by Repairer

Signature: _____
Date: _____

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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	15/11/2022 16:46 (SGT)
Reported by	Driver
Date of Accident	14/11/2022 23:15 (SGT)
Exact Location of Accident	Arab St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG873U
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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) +65-97482688
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1598

INSURANCE COMPANY

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

DRIVER

Name of Driver	YEO YU YUAN KEITH
NRIC No	SXXXX920F
Date Of Birth	06/09/1988
Occupation	Outdoor



Date Of Driving Pass	10/07/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97482688
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	18 HOUGANG AVENUE 3 #04-159
Address complement	-
Postcode	530018
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	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?	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	Female

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 14/11/22 AT ABOUT 2315HRS I WAS DRIVING VEHICLE A SNG873U ALONG ARAB STREET WITH ONE FEMALE PASSENGER.I WAS AT LEFT LANE AND AT STATIONARY POSITION DUE TO THE TRAFFIC.SUDDENLY VEHICLE B SHF206Y REAR ENDED MY VEHICLE.UNABLE TO EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF206Y
Vehicle Manufacturer	Toyota

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	1

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' 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.



Policyholder's Signature / Date & Time

Sketch Plan

A. SNG873U
B. SHF206Y

ARAB STREET

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

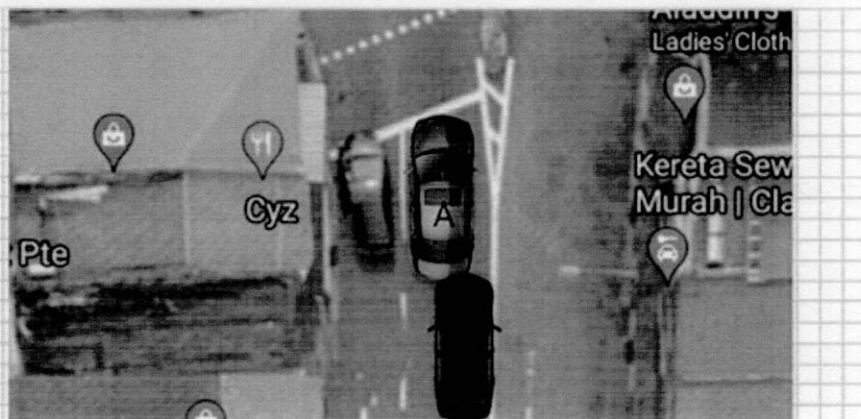
0010hrs 15/11/22

**FLASH ACCIDENT
REPORTING OFFICER**

FRO BALAJI



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 14/11/22 AT ABOUT 2315HRS I WAS DRIVING VEHICLE A SNG873U ALONG ARAB STREET WITH ONE FEMALE PASSENGER. I WAS AT LEFT LANE AND AT STATIONARY POSITION DUE TO THE TRAFFIC. SUDDENLY VEHICLE B SHF206Y REAR ENDED MY VEHICLE. UNABLE TO EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

Declaration

I/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

FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Witnessed by Reporting Centre
Personnel

0010hrs 15/11/22

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	961K
Vehicle Details	
Vehicle No.:	SNG873U
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Nov 2022
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 4DR SEDAN (AT)(2WD) HYBRID
Primary Colour:	Brown
Manufacturing Year:	2022
Engine No.:	2ZRY849654
Chassis No.:	MR2BZ3BE900009717
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$24,985.00
Original Registration Date:	08 Jul 2022
First Registration Date:	08 Jul 2022
Transfer Count:	0
Actual ARF Paid:	\$11,979.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Jul 2032
PARF Rebate Amount:	\$8,984.00
Intended COE Rebate Details	
COE Expiry Date:	07 Jul 2032
COE Category:	B - Car-Details at OneMotoring
COE Period(Years):	10
QP Paid:	\$95,889.00
COE Rebate Amount:	\$92,446.00
Total Rebate Amount:	\$101,430.00

The information contained herein is correct as at 16 Nov 2022

OK