

48 Toh Guan Road East (Enterprise Hub)

#02-146, Singapore 608586

Tel: 62504489 Fax: 67228585

E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST2211-635-TG

DATE : 23-Nov-2022

VEHICLE REG. NO. : SMD8056L

VEHICLE MAKE : TOYOTA FORTUNER 2.7 (A)

TO Motor Claim Department

China Taiping Insurance (Singapore) Pte. Ltd

3 Anson Road, #15-00 Springleaf Tower

Singapore 079909

Tel: 6389 6116, Fax: 6222 1033

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	Qty	UNIT COST	TOTAL COST
SPARE PARTS				
1	Rear Bumper <i>de</i>	1	\$ 610.30	\$ 610.30
2	Rear Bumper Lower Garnish <i>cu</i>	1	\$ 256.00	\$ 256.00
Parts Less 20%				\$ (173.26)
Total Spare Parts				\$ 693.04
SPECIAL NETT				
3	Rear Bumper Clips <i>new</i>	10	\$ 5.50	\$ 55.00 <i>30</i>
4	Rear Reverse Sensor <i>?</i>	1	\$ 200.00	\$ 200.00
5	Wrapping of Rear Bumper <i>new</i>	1	\$ 800.00	\$ 800.00 <i>? price</i>
Total Special Nett				\$ 1,055.00
LABOUR				
5	Remove, Replace, Refit Affected Accident Parts	1	\$ 300.00	\$ 300.00 <i>250</i>
6	Spray Paint (Rear Bumper)	1	\$ 300.00	\$ 300.00 <i>250</i>
7	Remove and Refit Reverse Sensor	1	\$ 80.00	\$ 80.00 <i>40</i>
8	Check and Rectify Electrical Wiring	1	\$ 50.00	\$ 50.00 <i>X</i>
Total Labour				\$ 730.00
Amount Before Excess				\$ 2,478.04
Add GST @ 7%				173.46
Total Amount Payable				\$ 2,651.50

Estimate prepared by: JAMES TAN

The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed. Quotation on parts and labour are current and subject to change.

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 90510068
3 days
4/5
28/11/22 @ 1610
Reg 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	14/11/2022 20:58 (SGT)
Reported by	Driver
Date of Accident	13/11/2022 12:22 (SGT)
Exact Location of Accident	Near Airport Police Str, Singapore
Additional Location Information	ALONG AIRPORT BLVD BEFORE T4 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD8056L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEGALOWITCH BORIS
Passport No/FIN	GXXXX161N
Email Address	SEGALOWITCH.BORIS@GMAIL.COM
Mobile Phone No	(Phone) +65-97951472
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Fortuner
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 car
Transmission	Auto
CC	2700

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10784590R00

DRIVER

Name of Driver	SEGALOWITCH ALEXANDRA
Passport No/FIN	GXXXX880W
Date Of Birth	05/10/1975
Occupation	Indoor

Date Of Driving Pass	28/03/2022
Driving experience	8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84848975
Alt. Phone Number	-
Email Address	SEGALOWITCH.ALEXANDRA@gmail.com
Address	33 CACTUS CRESCENT
Address complement	-
Postcode	809735
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8733X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG CHIN YU WILBURD
NRIC No	TXXXX050D
Contact Number	(Phone) +65-97358834
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	SHC2417H	01 15
Vehicle Manufacturer	-	
Vehicle Model	-	
Vehicle Variant	-	
Vehicle Colour	-	
Vehicle Category	Taxi	
Name of Driver	-	
Contact Number	(Phone) +65-92993303	
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	SEGALOWITCH ALEXANDRA	01 15
Gender	Female	
Phone No	(Phone) +65-84848975	
Address	33 CACTUS CRESCENT	
Address Complement	-	
Post Code	809735	
Approximate Age Years Old	-	
Injuries Sustained	-	
Injured person in which vehicle?	SMD8056L	
Were seat belts worn?	Yes	
Was this injured conveyed to hospital by ambulance?	Yes	

INJURED 2

Name of injured person	ONG CHIN YU WILBURD
Gender	Male
Phone No	(Phone) +65-97358834
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8733X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	ONG SENG HOE
Gender	-
Phone No	(Phone) +65-82829590
Address	-

Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

-
-
-
-
GBD8733X
Yes
Yes

INJURED 4

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

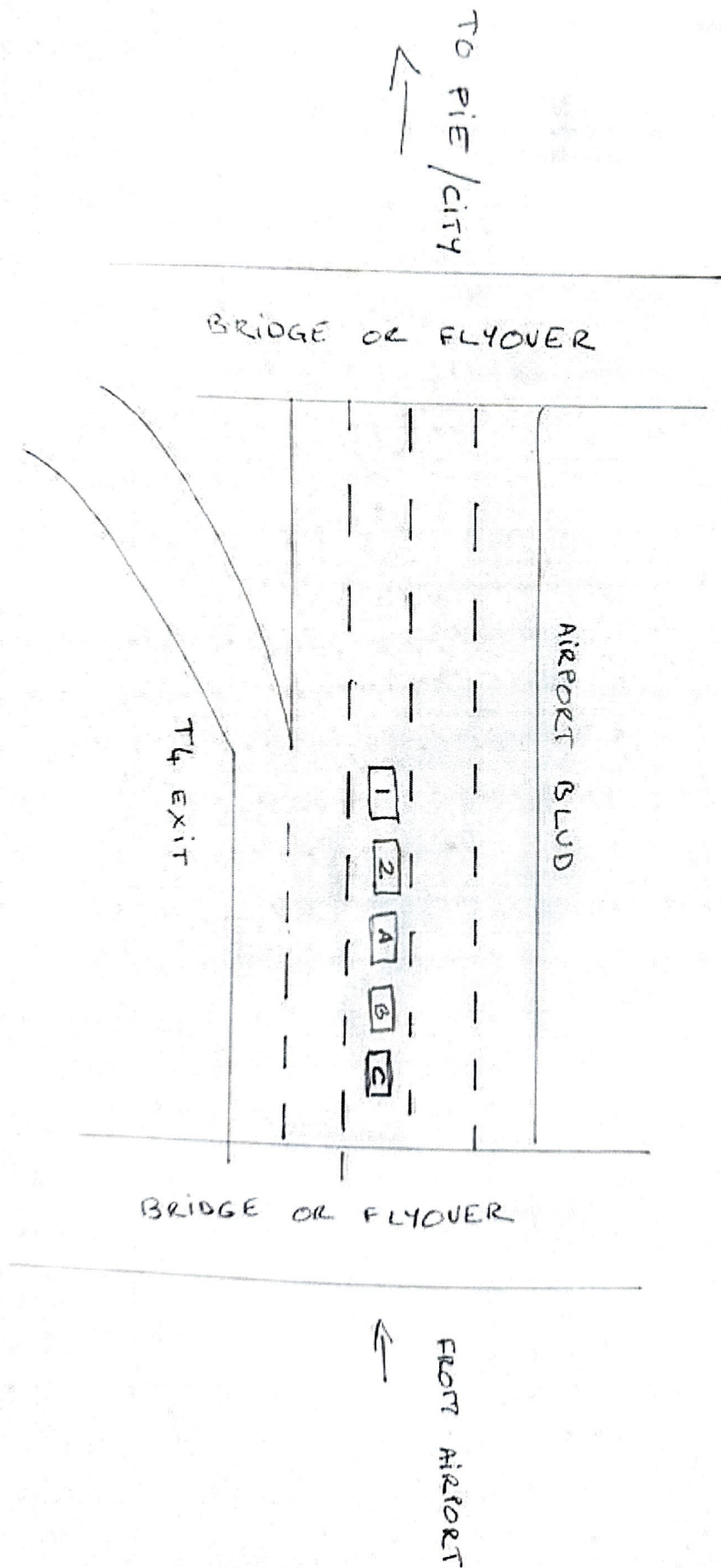
CHIAN KAH SIEW
-
(Phone) +65-90696448
-
-
-
-
GBD8733X
Yes
Yes

INJURED 5

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

-
-
(Phone) +65-92993303
-
-
-
-
-
SHC2417H
Yes
Yes

- 1 Car which stopped
- 2 Car which broke and stopped
- A 17e
- B Commercial Van
- C Taxi



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 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 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

REFER TO DETAILED SKETCH

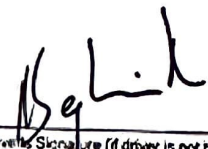
Describe Circumstance of the Accident

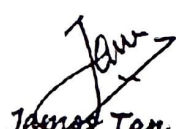
REFER TO POLICE REPORT T/20221114/7067

Declaration

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

Policyholder's Signature / Date & Time


14 nov 2022
Driver's Signature (if driver is not the policyholder) / Date & Time


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



SINGAPORE POLICE FORCE



T/20221114/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20221114/7067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2022 15:58		Vide Report No.: G/20221113/0131		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOREL EP SEGALOWITCH ALEXANDRA LAURENCE PAULE			Address: 33 CACTUS CRESCENT SINGAPORE 809735		
ID Type / ID No.: FIN NO / G5885880W			Contact No.: Home/Office: Mobile: 84848975		
Nationality: FRENCH			Email: SEGALOWITCH.ALEXANDRA@GMAIL.COM		
Sex: Female	Age: 47	Date of Birth: 05/10/1975	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry: 27/03/2027		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2022 12:20	Type of Location: Airport bld going to PIE at Terminal 4 exit
Location: AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD8733X	Car	PEUGEOT	COMMERCIAL VAN	Blue	Seriously Damaged	2
SHC2417H	Car	HYUNDAI	TAXI	Blue	Seriously Damaged	0



SINGAPORE POLICE FORCE



T/20221114/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221114/7067

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SMD8056L	Car	TOYOTA	FORTUNER	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD8056L		P10784590R00	13/09/2022	12/09/2023

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHIN YU WILBURD		ID No. T0105050D
Related Vehicle	GBD8733X (Car)		Contact No. 97358834
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SHC2417H (Car)		Contact No. 92993303
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL



SINGAPORE POLICE FORCE



T/20221114/7067

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20221114/7067

CONTINUATION OF REPORT

Driver			
Name	MOREL EP SEGALOWITCH ALEXANDRA LAURENCE PAULE		ID No. G5885880W
Related Vehicle	SMD8056L (Car)		Contact No. 84848975
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: 27/03/2027
Date	14/11/2022	Date	14/11/2022
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

Sorry for my English because it is not my mother-tongue language.

I, SMD8056L, was driving in the middle of the second lane (third lane if the T4 exit lane counts) and had two cars in front of me, same lane. Everyone was driving straight ahead.

The first car broke and stop on our lane to take the T4 exit just a few meters aside.

The second car, just in front of me, broke too and stop without touching the first car.

I broke and stop without touching the car in front of me.

Then the commercial van behind me, GBD8733X, broke and lightly touched me.

Then the taxi behind the commercial van, SHC2417H, didn't break or really too late and strongly hit the commercial van which had been strongly pushed and hit my car.

Each car has damages.

My car has its rear bumper dented in several places, embedded in the spare wheel under the car and its wrapping is damaged (have plenty of pictures sup2mb of all the cars and detailed pictures of mine).

Van's passengers had been injured.

Taxi driver had been injured.

I had been injured, back pains which started about 15-30mn following the accident and increasing since then, BP 156/103 (took by ambulance), and following SGH A&E visit, I have a 1 week work leave, 1 week physio appointments to show me exercises I'll have to do for 1 month at home and 1 month strong medicines treatment. I also have to do not stay sat for too long and been asked to lay down as much as possible to rest my back (I have all the medical certificate, medication list and referral letter (sup2mb)).



SINGAPORE POLICE FORCE



T/20221114/7067

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

4 of 4

Report No. T/20221114/7067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
14/11/2022 15:58

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Foreign Identification Number
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Owner ID:	161N
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Vehicle No.:	SMD8056L
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Vehicle to be Exported:	No
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Intended Deregistration Date:	29 Nov 2022
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Vehicle Make:	TOYOTA
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Vehicle Model:	FORTUNER 2.7 (A)
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Primary Colour:	White
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Manufacturing Year:	2018
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Engine No.:	2TRA479013
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Chassis No.:	MHFGX3GS800420113
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Maximum Power Output:	122.0 kW (163 bhp)
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Open Market Value:	\$32,040.00
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Original Registration Date:	05 Sep 2018
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First Registration Date:	05 Sep 2018
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Transfer Count:	1
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Actual ARF Paid:	\$36,856.00
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PARF Eligibility:	Yes
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PARF Eligibility Expiry Date:	04 Sep 2028
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PARF Rebate Amount:	\$27,642.00
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COE Expiry Date:	04 Sep 2028
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COE Category:	B - Car above 1600cc or 97kW (130bhp)
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COE Period(Years):	10
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QP Paid:	\$32,429.00
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COE Rebate Amount:	\$18,700.00
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Total Rebate Amount:	\$46,342.00
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The information contained herein is correct as at 29 Nov 2022

OK

Toyota Fortuner 2.7A

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$107,188		
Depreciation ⓘ	\$22,310 /yr View models with similar depre	Reg Date	21-Nov-2016 (3yrs 11mths 22days COE left)
Mileage	77,900 km (12.9k /yr)	Manufactured ⓘ	2016
Road Tax ⓘ	\$2,028 /yr	Transmission	Auto
Dereg Value ⓘ	\$46,383 as of today (change)	OMV ⓘ	\$32,025
COE ⓘ	\$56,410	ARF ⓘ	\$36,835
Engine Cap	2,694 cc	Power	122.0 kW (163 bhp)
Curb Weight ⓘ	1,875 kg	No. of Owners ⓘ	3
Type of Vehicle	SUV		