

REF:

### ASSIGNMENT

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: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMQ 8978H Yr Regn: 2019 / Dec.

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

Truck / Trailer or

Make: Toyota Voxy Hybrid c.c 1797

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 218652 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 2WR800359826

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modif: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R16

R: 215/55R16

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 27/12/22

Survey held at MG Solution

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

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

Date / Time	Action / Instruction
	<u>TP AXA.</u>
	<u>MV : 1511K</u>
	<u>PV : 48.9K</u>
	<u>Nett : 102.1K</u>

Date/Time, File Pass to?  : Preli. Report  : Final Report

1) Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ )  : Interview (\$ )  : Tech. Inve (\$ )

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
3 + RS. \$1  
Photos  
Others

Report Format: \_\_\_\_\_

# 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	27/12/2022 12:35 (SGT)
Reported by	Driver
Date of Accident	23/12/2022 03:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLIP ROAD OF UPPER CHANGI ROAD EAST TOWARDS PIE (CHANGI)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8978H
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETND TRANSPORTER
Company Reg No	5XXXX634D
Email Address	etmick74@gmail.com
Mobile Phone No	(Phone) +65-97613380
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
Variant	HYBRID 7-SEATER 1.8V CVT
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	1797

### INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	-

### DRIVER

Name of Driver	LEE YONG WEI
NRIC No	SXXXX377H
Date Of Birth	20/12/1974

Occupation .....	Outdoor
Date Of Driving Pass .....	11/03/2004
Driving experience .....	18 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97613380
Alt. Phone Number .....	-
Email Address .....	etmick74@gmail.com
Address .....	BLK 512 BEDOK NORTH AVE 2 #08-308
Address complement .....	-
Postcode .....	460512
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 .....	Raining
Road Surface .....	Wet

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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	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

ON 23/12/2022 AT ABOUT 0303HRS AT ALONG SLIP ROAD OF UPPER CHANGI ROAD EAST TOWARDS PTE (CHANGI). I WAS TRAVELLING ON THE ABOVE-MENTIONED SLIP ROAD AND I SLOW DOWN FOR CLEARANCE OF MAIN TRAFFIC. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALIZED IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CASUING DAMAGES TO MY VEHICLE. I HAVE 1 MALE PASSENGER. I HAVE 7DAYS MC FOR MY INJURY

VEHICLE INVOICING IN THE SITUATION

(A) SMQ8978H  
 (B) SH8704H

## ATTACHMENT(S)

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

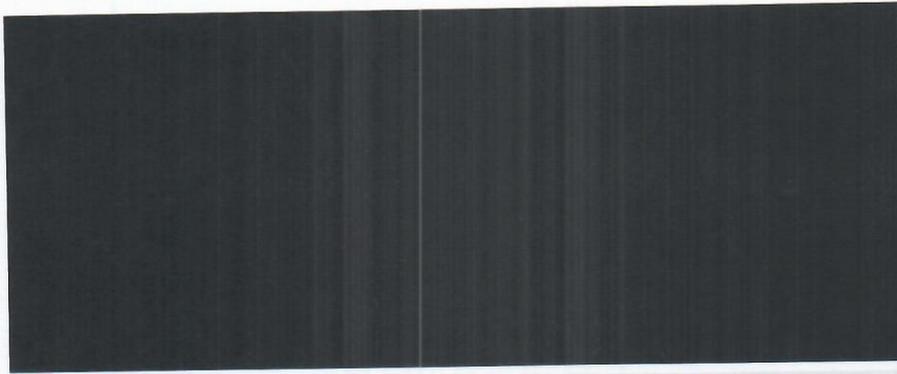
## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SH8704H  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 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) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... LEE YONG WEI  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BACK.NECK SHOULDER PAIN  
 Injured person in which vehicle? ..... SMQ8978H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No



Describe Circumstances of the Accident

attached TP kept  
7/2022 1223/7037

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

I/We declare the foregoing particulars are true to the best of my/our belief.

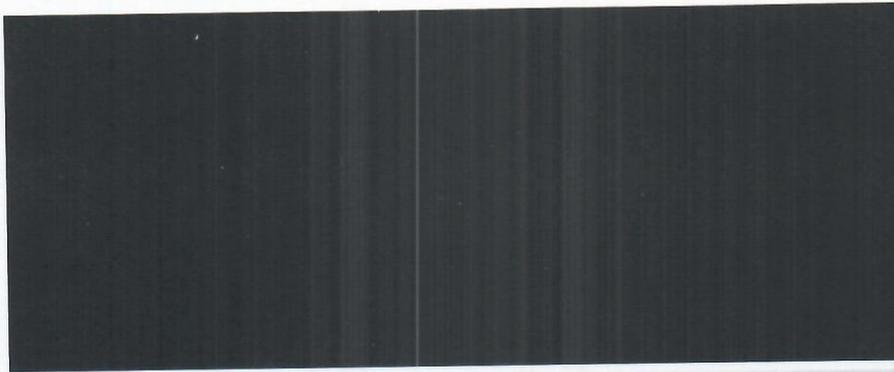


Police Officer's Signature / Date & Time

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

Witnessed by Reporting Constable / Date & Time





SKETCH PLAN

IMPORTANT NOTICE

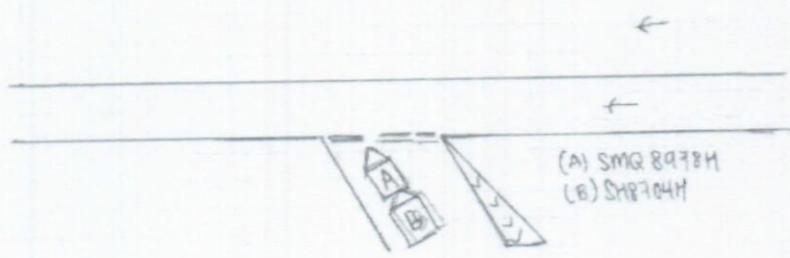
1. Make a report correctly the delay of the accident is speed as the claims process.
  2. The Form must be completed by the Policyholder under the Authorized Driver.
  3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 company.
  5. Any false reporting may be referred to the Police for investigation.
  6. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of this report will for a for no more available upon application by interested parties.
  7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the parties and to copies of the report being made available if desired.
  8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my employer and the General Insurance Association of Singapore ("GIA") require permission 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/or use such Personal Information to all insured (s) who have insured vehicle(s) involved in this accident (if insured) and have insured vehicle(s) involved in this accident and be collectively referred to as the "Insurers", the Insurers may provide from the Ministry 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 claim including the settlement of the claim and any necessary investigation relating to the claim;
    - (ii) investigating the accident involving my claim;
    - (iii) carrying out accident dealing with my insurances or responding to any enquiry by the;
    - (iv) administering my claims (including the filing of correspondence, statements, invoices, receipts or notices in case, which would involve disclosure of certain personal data applicable to filing such) delivery of the same as well as or the external cover of my occupational packages; and/or
    - (v) complying with approaches in administering, processing, handling and/or dealing with my claim.
 (collectively the "Purposes");
  - (b) all insured(s) who have insured vehicle(s) involved in this accident and the insurers' Insurers' Firm, may/are permitted to collect use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) the Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including but not limited to "Firm") who may be based outside of Singapore, for one or more of the above Purposes.



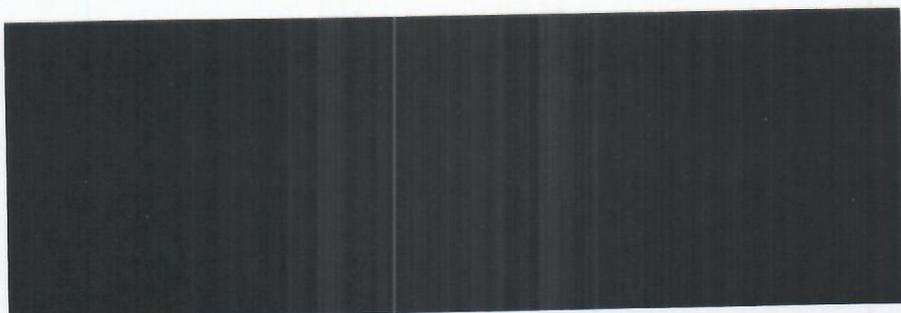
Policyholder's Signature / Date & Time  
 Sketch Plan

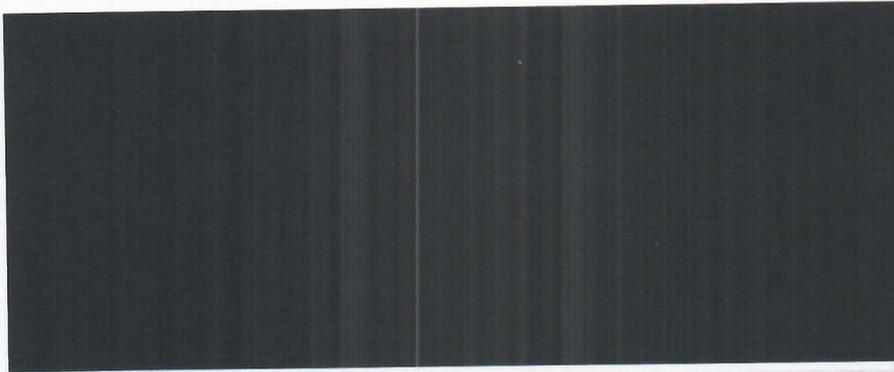
*[Signature]*  
 Driver's Signature (if driver is not the policy holder) / Date & Time  
 SAP Road of Upper Changi

Witnessed by - Reporting Centre Personnel  
 ROAD towards PIE (Changi)



(A) SMR 8978H  
 (B) SMR 704H





SINGAPORE  
POLICE FORCE



T:02212237037

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

3 of 3  
Report No: T:02212237037

CONTINUATION OF REPORT

Sketch Plan  
Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

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

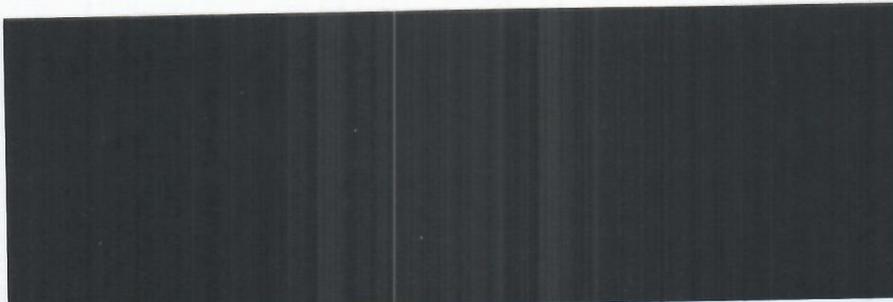
Signature Of Interpreter:  
Not applicable

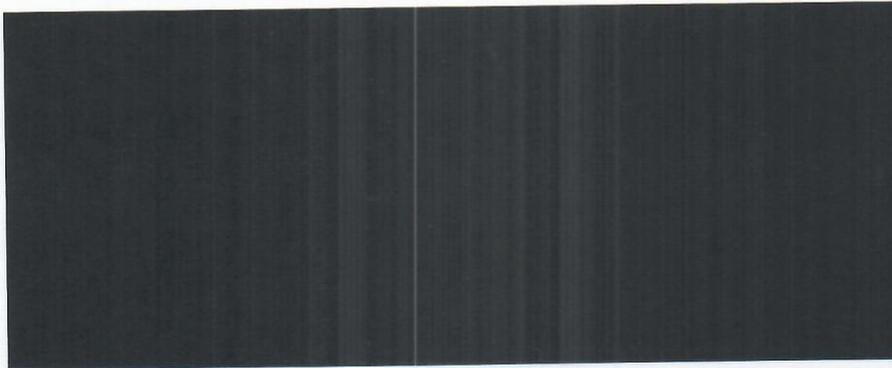
Date/Time:  
23/12/2022 15:17

Officer In Charge Of Case:  
TP / TP1B :  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

HP-6F





**SINGAPORE  
POLICE FORCE**



T20221223/9037

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

2 of 3  
Report No. T20221223/9037

CONTINUATION OF REPORT

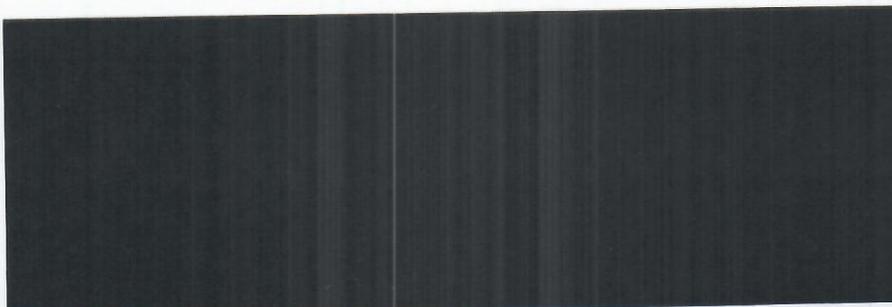
<b>Driver</b>			
Name	LEE YONG WEI	ID No.	S7473377H
Related Vehicle	SMQ8978H (Car)	Contact No.	97613380
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: Nil
Date	23/12/2022	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 23/12/2022 at about 0330 hours at along slip road of Upper Changi Road East towards PIE (Changi). I was travelling on the above mentioned slip road and I slow down for clearance of main traffic. Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my vehicle. I have 1 male passenger. I have 7 days MC for my injury.

Vehicles involving in the situation:

- (A) SMQ8978H
- (B) SH8704H



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

Owner ID Type: Business  
Owner ID: 634D

#### Vehicle Details

Vehicle No.: SMQ8978H  
Vehicle to be Exported: No  
Intended Deregistration Date: 28 Dec 2022  
Vehicle Make: TOYOTA  
Vehicle Model: VOXY HYBRID 7-SEATER 1.8V CVT  
Primary Colour: Silver  
Manufacturing Year: 2018  
Engine No.: 2ZR0C77444  
Chassis No.: ZWR800359826  
Maximum Power Output: 100.0 kW (134 bhp)  
Open Market Value: \$34,333.00  
Original Registration Date: 09 Dec 2019  
First Registration Date: 09 Dec 2019  
Transfer Count: 1  
Actual ARF Paid: \$30,067.00

#### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 08 Dec 2029  
PARF Rebate Amount: \$22,550.00

#### Intended COE Rebate Details

COE Expiry Date: 08 Dec 2029  
COE Category: B - Car above 1600cc or 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$37,900.00  
COE Rebate Amount: \$26,316.00  
**Total Rebate Amount: \$48,866.00**

The information contained herein is correct as at 28 Dec 2022

OK

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voxy hybrid		Any	Any	2019	Any	Any	Any	Available
	<b>Toyota Voxy Hybrid 1.8A V</b>	<b>\$158,800</b>	\$22,720 /yr	26-Apr-2019	1,797 cc	41,000 km	MPV	Available
<b>Fuel Type:</b> Petrol-Electric High spec unit V model with high ARFI We offer high trade in value! Low interest rates! High/flexible loan tailored to suit your needs! STA evaluation welcome! Purchase price with additional free 1 year warranty on engine and gearbox, 100% accident free, high trade in, mus...								
Posted: 18-Nov-2022								
	<b>Toyota Voxy Hybrid 1.8A X</b>	<b>\$149,800</b>	\$19,810 /yr	09-Oct-2019	1,797 cc	63,022 km	MPV	Available
<b>Fuel Type:</b> Petrol-Electric 1 owner! Accident free! Well-preserved original paint-work, immaculate interior! Well maintained with regular servicing and preventive maintenance! Dual power sliding door! Mid row captain seats! Foldable rear seats for bigger boot space! Car in show room condition! Do...								
Posted: 24-Dec-2022								
	<b>Toyota Voxy Hybrid 1.8A X</b>	<b>\$151,800</b>	\$19,840 /yr	29-Nov-2019	1,797 cc	65,000 km	MPV	Available
<b>Fuel Type:</b> Petrol-Electric Well Taken Care 1 Owner Unit. NON-PHV, Highest Spec Toyota Voxy, Powerful Drive with fuel consumption up to 23.8KM/L. Comfortably sits a family of 7. Worry Free Drive! Stand A Chance to Win \$8,888 In Our Lucky Draw When Purchasing Our Cars! Exterior & Interior In...								
<input checked="" type="checkbox"/> This car comes with 6-mth Sgcarmart Warranty - the best protection for your car. <a href="#">Learn More</a>								
Posted: 03-Nov-2022								

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