

ASS. REC. BY: Taufik

REF: CS/ICS 24090020/Typ3

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: 4600

(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: \$48k check with Taufikh 4/9/2024

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLH 2640 E Yr Regn: 2016 / 10

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

Truck / Trailer or

Make: BMW 216D c.c. 1496

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

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

Eng/No: _____

C/No: WBA 2E3 20005 B45440

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size: F: 225 / 45 R18

R: —

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm

D.O.A. _____ D.O.I. 3/9/24

Survey held at Century Motors

Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or
Fire Case

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

Date / Time	Action / Instruction
	<u>Total loss, whole front vehicle caught fire</u>

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

i) Date/Time, File Return to?

2) _____

Rep. Format: _____
Lump Sum / L.B.R. ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	



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 First Submission	30/08/2024 15:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/08/2024 17:10 (SGT)
Exact Location of Accident	Still Rd S, Singapore
Additional Location Information	JUNCTION OF STILL ROAD SOUTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2640E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	AFIQ ASYRANI BIN AZHAR
NRIC No	SXXXX790I
Email Address	AFIQ_ASYRANI@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98577192
Alternative Phone No	-
VEHICLE PARTICULARS	
Manufacturer	B.M.W.
Model	216D GRAN TOURER LED NAV 7 SEATER
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1496
Vehicle Fuel	Diesel
First Registration Date	28/10/2016
Chassis no	WBA2E320005B45440
Effective Date/Time of Ownership	19/05/2023 06:05 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24B00058000

DRIVER

Name of Driver	AFIQ ASYRANI BIN AZHAR
NRIC No	SXXXX790I
Date Of Birth	09/09/1990
Occupation	Indoor
Driving Pass Date	21/03/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98577192
Alt. Phone Number	-
Email Address	AFIQ_ASYRANI@YAHOO.COM.SG
Address	BLK 706 CHOA CHU KANG STREET 53 13-104 SINGAPORE 680706
Address complement	-
Postcode	-
Is the driver the policyholder?	-
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	No
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240829/2083

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AFIQ ASYRANI BIN AZHAR
Gender	Male
Phone No	(Phone) +65-98577192
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLH2640E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


IMPORTANT NOTICE

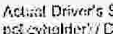
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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.


6 Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

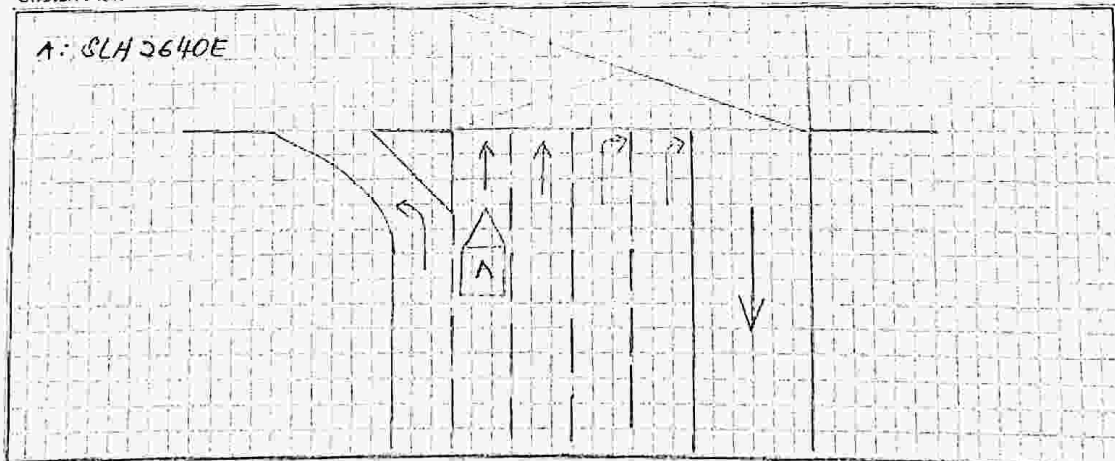
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insured(s) who have insured vehicle(s) involved in this accident (all insured(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 purposes, 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


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


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

Sketch Plan



WJH2022



**SINGAPORE
POLICE FORCE**



T/20240829/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20240829/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2024 23:34		Vide Report No.: G/20240829/0117		Station Diary No.: 135	
Informant's Particulars					
Name of Informant: AFIQ ASYRANI BIN AZHAR			Address: APT BLK 706 CHOA CHU KANG STREET 53 #13-104 SINGAPORE 680706		
ID Type / ID No.: NRIC NO / S90327901			Contact No.: Home/Office: Mobile: 98577192		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 09/09/1990	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: IT EXECUTIVE			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 29/08/2024 17:10	Type of Location: Straight Road
Location: STILL ROAD SOUTH			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision:		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH2640E	Motor car	BMW	216D GRAN TOURER LED NAV 7 SEATER	White	Caught Fire	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**


T/20240829/2083

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20240829/2083

CONTINUATION OF REPORT

Driver			
Name	AFIQ ASYRANI BIN AZHAR		ID No. S90327901
Related Vehicle	SLH2640E (Motor car)		Contact No. 98577192
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/08/2024		Date Discharge NIL
No. of Days granted Medical Leave	03	Degree of	NIL

Brief Details.

On 29 August 2024 at 1710hours, I was driving my vehicle bearing registration number SLH2640E along East Coast Parkway, I noticed that an error appeared on my dashboard. Immediately, I exited the nearest exit which was at ECP - Marine Parade Exit and wanting to find a safe spot to stop and inspect on the error. While I was at Sill Rd heading towards Jalan Eunos. I was at 2nd lane and stopped as the traffic light was red. Shortly after, I saw smoke coming from my bonnet. I alighted from my vehicle to make a check. Upon checking, I saw a small fire under the bonnet of car. I then called " 995 ". Ambulance was at scene, and I was conveyed due to shortness of breath and low oxygen. I am lodging this report insurance

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 790I

Vehicle Details

Vehicle No.: SLH2640E
Vehicle to be Exported: Yes
Intended Deregistration Date: 02 Sep 2024
Vehicle Make: B.M.W.
Vehicle Model: 216D GRAN TOURER LED NAV 7 SEATER
Primary Colour: White
Manufacturing Year: 2016
Engine No.: 31729664B37C15A
Chassis No.: WBA2E320005B45440
Maximum Power Output: 85.0 kW (113 bhp)
Open Market Value: \$31,478.00
Original Registration Date: 28 Oct 2016
First Registration Date: 28 Oct 2016
Transfer Count: 2
Actual ARF Paid: \$26,070.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 27 Oct 2026
PARF Rebate Amount: \$15,642.00

Intended COE Rebate Details

COE Expiry Date: 27 Oct 2026
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$50,991.00
COE Rebate Amount: \$10,965.00
Total Rebate Amount: \$26,607.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.
The information contained herein is correct as at 02 Sep 2024

OK