

ASS. REC. BY:

Tajm

REF:

CS/GA/2409075/Tnp3

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ 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:

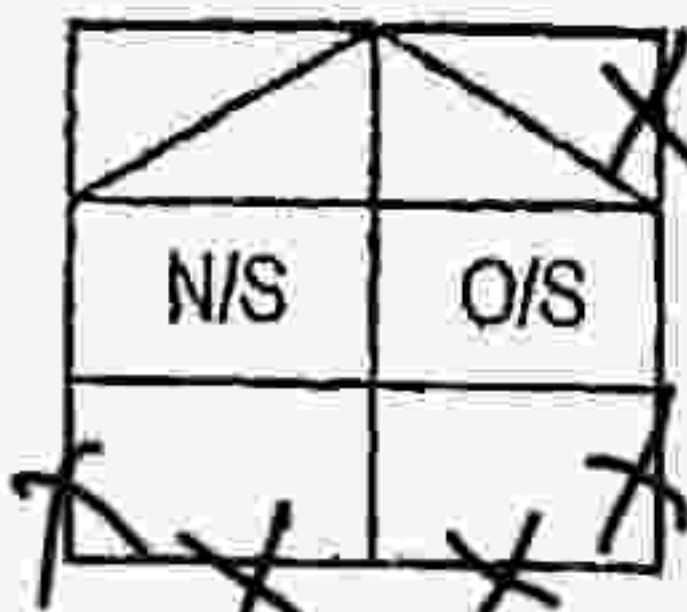
\$1250

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

948K

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:

SLW 90/4M

Yr Regn:

2018 / 03

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

Truck / Trailer or

Make:

Opel Mokka

c.c

1598

Colour:

Bronze

A/C:

Insured / Std / NI / NA

Sp. Reading

—

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WOLSD7EC8H B126965

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Mod:

Nil / SRim / STD A/Rim or

Tyre Size:

F:

215/55R18

R:

—

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

TOYO / YOKO or

Opals

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

4/9/24

Survey held at

Vin's Auto Carwos

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

Frt o/s, u/s, Rear o/s, Rear, Roof

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

Date / Time

Action / Instruction

Battery weak

Total loss, vehicle severe damage on the rear Rh portion and front Rh undercarriage, body structure also affected, vehicle not economical to repair.

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Format:

Lump Sum / L.B.R. (\$



AUTOMOTIVE GROUP

Sin Ming Autocity,
160 Sin Ming Drive #03-03
Singapore 575722

6453 2121 (4 lines) / 6458 1111 (24 hrs)

6459 9795 / 6459 0433

admin@vinsautogroup.com.sg

www.vinsautogroup.com.sg

Great American Insurance Company, Singapore Branch

3 Temasek Avenue

#16-01 Centennial Tower

Singapore 039190

Confirmation of Total Lost Vehicle SLW9014M

Vehicle No: SLW9014M

Make & Model: OPEL MOKKA X 1.6 CDTI 6AT (LED

Date of Accident: 28/08/2024

We are hereby to confirm the vehicle SLW9014M which was involved in an accident on 28/08/2024 is not economical to repair.



Vin's Motor Pte Ltd

Hakim

Claims Consultant

Tayfun 92495749

4/9/24 24pm

'w' Revert Ex: \$1250

Tayfun (handwritten)

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 quotation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be repaired and approved to final approval from Insurance Company

Acknowledged by Repairer

Signature:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 321B

Vehicle Details

Vehicle No.: SLW9014M
Vehicle to be Exported: Yes
Intended Deregistration Date: 29 Aug 2024
Vehicle Make: OPEL
Vehicle Model: MOKKA X 1.6 CDTI 6AT (LED)
Primary Colour: Brown
Manufacturing Year: 2017
Engine No.: A2163265GU7X0299
Chassis No.: W0LJD7EC8HB126965
Maximum Power Output: 100.0 kW (134 bhp)
Open Market Value: \$21,363.00
Original Registration Date: 08 Mar 2018
First Registration Date: 08 Mar 2018
Transfer Count: 1
Actual ARF Paid: \$21,909.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 07 Mar 2028
PARF Rebate Amount: \$14,240.00

Intended COE Rebate Details

COE Expiry Date: 07 Mar 2028
COE Category: E - Open - all except motorcycle
COE Period(Years): 10
QP Paid: \$44,000.00
COE Rebate Amount: \$15,011.00
Total Rebate Amount: \$29,251.00

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 29 Aug 2024

OK

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	28/08/2024 17:29 (SGT)
Reported by	Actual Driver
Date of Accident	28/08/2024 05:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW9014M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA TIAN
NRIC No	SXXXX321B
Email Address	ALYSSACHUA@GMAIL.COM
Mobile Phone No	(Phone) +65-94898222
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	MOKKA X 1.6 CDTI 6AT (LED)
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	1598
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000005508-00-000

DRIVER

Name of Driver
 NRIC No
 Date Of Birth
 Occupation
 Driving Pass Date
 Driving License Pass Class
 Driving License Validity
 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

ALYSSA CHUA YU YAN
 TXXX100E
 14/01/2000
 Indoor
 23/12/2022
 3A
 Valid
 1 YEAR AND 8 MONTHS
 Female
 (Phone) +65-90029351
 -
 ALYSSACHUA@GMAIL.COM
 BLK 90 JALAN BUMBONG SIN
 -
 739905
 No
 Parent
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Major/Minor Rd
 Clear
 Wet

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

No
 2
 Yes
 Yes
 Yes
 1
 No
 -
 -
 -
 -
 -

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

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

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

Yes
 Yes

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
 Vehicle Manufacturer

SMB1559J
 -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD6007L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	ALYSSA CHUA YU YAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW9014M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes


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 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.

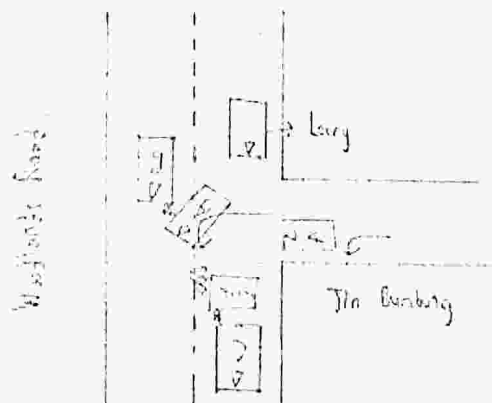

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



Sketch Plan




A: SLW9014M
B: IMB1559T
C: XD607L


Describe Circumstances of the Accident


On 28/8/24, at around 0525 hours My vehicle was travelling along Woodlands Road. While reach the T-junction, I stationary my vehicle and check the traffic and there are two lorry was stationary beside the road. Then when I go second lane and stop to check again traffic and there is a bus pass by. After that I go to first lane, all of a sudden, vehicle B SM61559J couldn't stop on time hit onto my front and rear right part portion. And my vehicle lost control and turn one round cause my rear right part portion hit onto the rear part portion of vehicle C XN6007L

Declaration

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


Witnessed by Reporting Centre Personnel

