

ASS. REC. BY:

REF:

1051

CS/10524080098/Knp3

C

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

Aventura Auto

of

Insured:

Policy No.

Claims No.

Sum Insured:

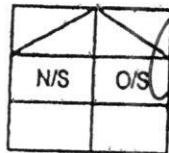
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

882k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

1.9.120

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

11/32

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKH 4101T

Yr Regn:

12, 12

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

Truck / Traller or

Make:

Volkswagen

Touran

c.c

Wagon

1390

Colour

M Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

14877

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WVG 8881T20.W 033281

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

3/18/24

D.O.I.

7/8/2024

Survey held at

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

C/S Rm

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

20/6 83882-68 4062-93 Car (Red, \$3074.11, 43%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

Fuel

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

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	05/08/2024 17:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/08/2024 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ELIAS ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4101T
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA YEW SONG
NRIC No	SXXXX679J
Email Address	CHUAYEWSONG@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-98269749
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
Variant	SPORT 1.4 TSI 1T34C4 HID SR
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1390
Vehicle Fuel	Petrol
First Registration Date	03/12/2012
Chassis no	WVGZZZ1TZDW033281
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01120573/01

#### DRIVER

Name of Driver	CHUA YEW SONG
NRIC No	SXXXX679J
Date Of Birth	06/09/1979
Occupation	Indoor
Driving Pass Date	16/10/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98269749
Alt. Phone Number	-
Email Address	CHUAYEWSONG@SINGNET.COM.SG
Address	BLK 469 PASIR RIS DRIVE 6, #12-438
Address complement	-
Postcode	510469
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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	SAM
Gender	Male

#### 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

PLEASE REFER TO STATEMENT.

#### 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 .....	SMV8046X
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) .....	-



**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report promptly the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy.
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 later 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 lodging 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 have 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 processed 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 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, brochures, 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 (including the "Purpose").
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' Insurances Group, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s);
- (c) my Personal Information may/ may not be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the Insurers' law firms), which may be situated outside of Singapore, for one or more of the above Purpose(s);
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in processing, investigating, settling or managing claims, regulators, law enforcement and government agencies as may be required for the purposes stated, or
  - (ii) for complying with requirements under any regulation, law or court orders.

Policyholder's Signature

Date & Time

3 Aug 2014  
11:55 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: SUE-LEE

STATION ID: 1011

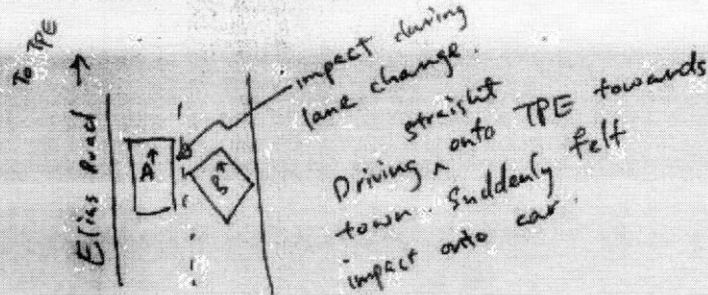
## Accident Toolkit

### Sketch plan

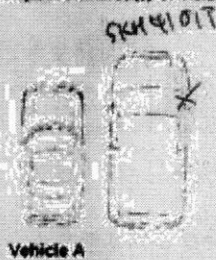
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

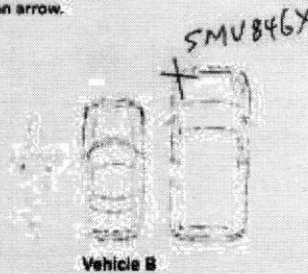
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A



Vehicle B

**direct**  
**asia**  
insurance

Call us direct  
Customer Care  
**6665 5555**  
Claims Support 24/7 hotline  
**6532 1818**  
\*01-2912 3838 (toll-free)







**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SV0S24850001 Vehicle Registration No: SKH101T  
 Name (as shown in map): CHUA YEW SONG NRIC/FIN/Passport No: S74276745  
 (\*Vehicle Driver/Vehicle Owner) (\*\*) Please delete as appropriate  
 Address: BLK 469 PASIR RIS DRIVE 6 #12-433 Singapore (S10669)  
 Contact (Tel): \_\_\_\_\_ Mobile No: 9826 9749  
 Email Address: CHUA YEW SONG@SINGNET.COM.SG  
 Date of Accident: 03/08/2024 Time of Accident: 10.20 (EST)  
 Place of Accident: ELIAS ROAD  
 Insurance Company: Direct Asia Insurance (Singapore) Pte Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

CHANGE ACCIDENT TYPE FROM SIDE SWIPE TO CHANGE LANE.

CHANGE THIRD-Party VEHICLE REGISTRATION NO. FROM SMV 846 X TO SMV 846 Y.

---

---

---

---

---

---

---

---

Policyholder / Driver's Signature  
 Date: 6/8/2024

Reporting Centre Personnel's Signature  
 Name: WONG L. S.  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 6/8/2024



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	679J
<b>Vehicle Details</b>	
Vehicle No.:	SKH4101T
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Aug 2024
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	TOURAN SPORT 1.4 TSI 1T34C4 HID SR
Primary Colour:	Silver
Manufacturing Year:	2012
Engine No.:	CTH003971
Chassis No.:	WVGZZZ1TZDW033281
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$32,305.00
Original Registration Date:	03 Dec 2012
First Registration Date:	03 Dec 2012
Transfer Count:	1
Actual ARF Paid:	\$32,305.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Nov 2032
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$83,247.00
COE Rebate Amount:	\$69,256.00
<b>Total Rebate Amount:</b>	<b>\$69,256.00</b>
<b>Message</b>	
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 05 Aug 2024

OK

Singapore 608586

[www.avantage.sg](http://www.avantage.sg)

Kenneth Clark) Not Notarized  
96915663 24062.93

7/18/24 Peanoy After Paint 4 days

**Chassis No : WVGZZZ1TZDW033281**

Date:

3147.42  
 3032.93  
~~2832.68~~  
 1030  
~~3862.68~~  
 4062.93

I KK Auto Company's name notify  
 the Repairer of the following:  
 • To repair before the spray painting  
 • To display damaged parts during recovery  
 • Parts which are subject to replacement  
 • Third party survey is on a "without prejudice" basis  
 • No fee payable  
 • Any work done by the repairer is subject to the KK Auto Company's approval and is subject to the KK Auto Company's terms and conditions

Acknowledged by the Repairer:  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_