

ASS. REC. BY:

REF: CS/FCI19001960/Gsd3

Special Instruction:

Surveyed: Guo Qiang

ASSIGNMENT (Office)

Date/Time: 9:52am @ 30/1/19

From (Person): Joanne Yong

of FCI

Estimated Cost:

Bill to:

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

Insured: SHA 3157L

To Inspect Vehicle No: SLV 8563G

Tel: 6679 11 16

at Workshop m/s: Allswell Motor

of: 25 Defu Lane 9

Policy No:

Claim No: D19000752MFSH

Sum Insured:

Excess:

D.O.A. 26/01/2019

Make of Veh: (Client's Record)

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS DS'

Date/Time: 10:10am @ 30/1/19

Person Contacted: Chai yee

Vehicle  IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLV 8563G - Ce 1/28/18 001073/Wed 352 Don: 1/2/18
	SHA 3157L - CS/MSG/18005252/R/rd 392 Don: 17/3/18
31/01/19	@ 18:00 pm. revised PA to Joanne Yong via email.

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS DS'

Vehicle: IN / OUT

Date:

Person Contacted:

D.O.A.

Survey held at

Des. of Damages: Frt /  Rear / OIS / NIS / UIC / Rooftop or

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

D.O.I.

30-01-19

5:30 pm

Date / Time

Action / Instruction

XHQ Continued P/P \$ 5,436.78 @ 7 days with Ben.  
( \$ 3,888.93 - Red - 42% )

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 7

1) Typ: 4  
Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Other:

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Report Format:

Lump Sum (L.B.): (\$

\$ 5,436.78 P/P

TOTAL

Gender  
Mobile Num  
Fax Number  
Contact Num  
E-Mail Address

*xme*

REF: FCI

B2889J

ASSIGNMENT

From \_\_\_\_\_ Date: **30/01/2019**  
Estimated Cost \_\_\_\_\_  
OD:  TP /  AWS /  TP RES /  OD RES /  EVA /  INV /  MY  
To inspect Vehicle No: **SLV 8563G**  
at Workshop m/s: **Allswell**  
of: **25 Defu Lane 9**  
Insured \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: **SLV8563G** Yr Regn: **18 Jan 2018**  
Type:  M Car /  M Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: **Toyota Vaux** c.c. **1797**  
Colour: **black** A/C  Insured /  Std /  NI /  NA  
Sp. Reading: **92226** T/Radio:  Insured /  Std /  NI /  NA  
Eng/No: \_\_\_\_\_  
C/No: **ZWR 800 285 918**  
Gen. Cond:  Good /  Fair /  Poor /  Burnt  
Steering:  In order /  Jammed /  Leaked /  Burnt or  
Brake:  In order /  Jammed /  Leaked /  Burnt or  
Modi:  Nil /  S/Rim /  STD /  R/Rim or  
Tyre Size: F: **195/65 R15**  
R: **"**

(Policy Condition)

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

N/S	O/S

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. \_\_\_\_\_ D.O.I. **30-01-19**  
Survey held at **W/S** **5:30pm**  
Des. of Damages: Frt /  Rear /  O/S /  N/S /  UIC /  Rooftop or

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

CA / REV / REP. / 24 HRS **'DS'**  
Date: \_\_\_\_\_ Vehicle: IN / OUT  
Person Contacted: \_\_\_\_\_

Date / Time    Action / Instruction

*xme* Confirmed P/P \$ 5,436.78 @ 7 days with Ben.  
( \$ 3,888.93 - Red - 42% )

Date/Time, File Pass to?  
Date/Time, File Return to?

: Preli. Report  
 : Final Report

Days Of Repair: **7**  
Resurvey No. of Trip: **2**

Survey Fee:  
Transportation

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

) S+RS SI  
) Photos  
) Others

Report Format:  
ump Sum / I.B. : \$ 5,436.78 P/P

TOTAL

Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	2889J
Vehicle No.:	SLV8563G
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VOXY HYBRID 1.8X CVT ABS D/AIRBAG 2WD
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	2ZR0A21533
Chassis No.:	ZWR800285918
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$30,907.00
Original Registration Date:	18 Jan 2018
First Registration Date:	18 Jan 2018
Transfer Count:	0
Actual ARF Paid:	\$25,270.00

## Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Jan 2028
PARF Rebate Amount:	\$18,952.00

## Intended COE Rebate Details

COE Expiry Date:	17 Jan 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,289.00
COE Rebate Amount:	\$40,589.00
<b>Total Rebate Amount:</b>	<b>\$59,541.00</b>

The information contained herein is correct as at 31 Jan 2019

OK

AC1813292  
21/12/2018  
No. 19-9607198-R  
Singapore 4108933  
Singapore 4315

18013373 / Allswell Motor Traders - HQ  
ENTRY DATE & TIME: 28/01/2019 17:24  
SUBMITTED BY: Tang Chai Yee

**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 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. 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 Report 28/01/2019 17:24  
Date Of Accident 26/01/2019 14:30  
Exact Location Of Accident CTE TOWARDS MOULMEIN ROAD  
Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLV8563G  
**Insured/Policyholder**  
Name Of Registered Owner ALLSWELL MOTOR TRADERS  
Co Reg No 53192889J  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-64625405

**Vehicle Particulars**

Manufacturer TOYOTA  
Model VOXY HYBRID-1.8 X CVT (A)  
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  
If No, Please state action to be taken THIRD PARTY  
Vehicle Category PRIVATE HIRE

**Insurance Company**

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy YES  
Policy Number 999994368  
Cover Note Number 19 DEC 2018 TO 05 NOV 2019

**Driver**

Name of Driver CHAI WAI TENG  
NRIC No S7488099A  
Date Of Birth 31/08/1974  
Occupation OUTDOOR  
Date Of Driving Pass 29/03/2011  
Driving Experience 7 YEARS AND 9 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-90821373  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address BLK 124 MCNAIR ROAD #10-23  
 Postcode 320124  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER & LEASEE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? YES  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2  
 Passenger 1 NAME: : PASSENGER  
 GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678  
 Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT T/20190128/2074

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA3157L  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver YUSOFF BIN YAHYA  
 NRIC/Passport Number S0211651J  
 Contact Number  
 Address

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHAI WAI TENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLV8563G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

Sketch Plan

**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 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. 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 lodgment 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.
- (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 (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

*Chai*  
28/01/19

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

*[Signature]*

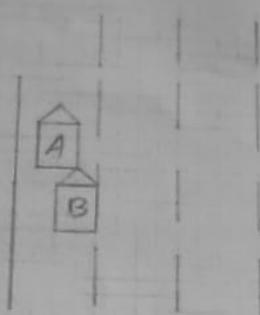


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]*

SKETCH PLAN

Sketch Plan #2



A - SV8563G  
 B - S1A31E7L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20190128/2074.

DECLARATION

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



*Chen*

Policyholder's Signature

Date & Time: 28/01/19.

*[Handwritten signature]*

Driver's Signature

(if driver is not the policyholder)

Date & Time:



*Chen*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190128/2074

1 of 3

Report No. T/20190128/2074

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2019 14:36	Vide Report No.:	Station Diary No.: 94
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**Informant's Particulars**

Name of Informant: CHAI WAI TENG		Address: APT BLK 124 MCNAIR ROAD #10-23 SINGAPORE 320124	
ID Type / ID No.: NRIC NO / S7488099A		Contact No.:	Mobile: 90821373
Nationality: MALAYSIAN		Email:	
Sex: Female	Age: 44	Date of Birth: 31/08/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2019 14:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY MOULMEIN ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3157L	Car					0
SLV8583G	Car				Seriously Damaged	1

**Details of Person Involved**

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

Police Report



**SINGAPORE  
POLICE FORCE**



1/20190125/2074

Police Station Of Origin:  
Roohor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3  
Report No. T/20190125/2074

CONTINUATION OF REPORT

Driver			
Name	CHAI WAI TENG	ID No.	S7488099A
Related Vehicle	NIL	Contact No.	90821373
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/01/19 at about between 1400 hrs and 1500 hrs, I was driving my car, bearing plate number SLV8563G, along CTE towards Moulmain Rd. The traffic was heavy and the vehicles on the road were going quite slow. When the traffic was moving slowly, the car in front of me suddenly jam-braked, causing me to do the same. This resulted the ComfortDelgro taxi behind my car, bearing plate number SHAS157L, to collide with the rear of my car. The bumper of my car was seriously damaged.

No ambulance was at scene and no one was conveyed to the hospital. I did go to the doctor after the accident for a check. Both the taxi driver and I exchanged particulars with each other.

Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999



1/20190128/2074

3 of 3

Report No: T/20190128/2074

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /  
Sgt 2 NUR MAISYIRAH BINTE KASIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/01/2019 14:36

Officer In Charge Of Case:

TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168