

Surveyor:

KCU

DOI:

3/5/19

Date / Time:

3/5/19

Registered in Merimen:

3/5/19

Pre-assign / CCU / FTE

YK 5661 E



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A:

30/4/19

Place of Accident :

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SML 9094A



INSRS:

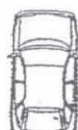
WSP:

Tel:

Liability:

RMKS:

Optima worker



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SML 9094A - X; YK 5661 E - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

S\$

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent )

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No: 081026-00E  
176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 H/P: 9742 6003

Messrs: QUEK SER KHOON

Invoice No: 4909

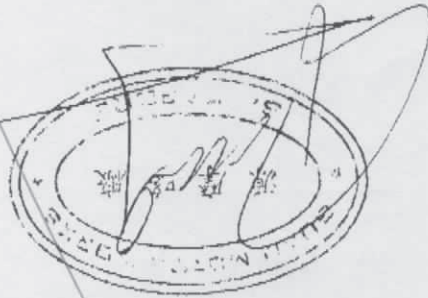
Date: 04-09-2018

MITSUBISHI LANCER SLG 1528 B

Lump sum for total repair cost inclusive of spare parts  
and labour charges.

S 3,900.00

Dollars Three thousand Nine hundred only.



E.&O.E.

Surveyor

REF:

A19

ASSIGNMENT

From:

Date: 3.5.2019

Estimated Cost:

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

To Inspect Vehicle No: SMC 9094A

at Workshop m/s Optima workz

of 9A Serangoon North Avnu 5

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

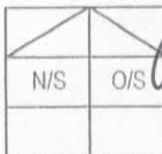
(Client's Record)

Make of Veh:

10-309-m

(Policy Condition)

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



Bal. or Market Value:

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

rup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMC 9094A

Yr Regn:

07 18

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

Truck / Trailer or

Wagon

Make:

Toy Noah

C.C

1797

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

20649

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZWR80

0325163

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 / Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

30/4/19

D.O.I.

315/19

Survey held at

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

for old door mirror

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

\$ + RS, \$

) Photos

) Others

TOTAL

Report Format :

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



MCD511135238 / ComfortDelGro Engineering Pte Ltd - Braddell  
ENTRY DATE & TIME: 31/10/2011 17:18

## 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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 31/10/2011 17:18  
Date Of Accident 30/10/2011 11:00  
Exact Location Of Accident INFRONT OF BLK 701A YISHUN AVENUE 5 CARPARK

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJH2512R

**Insured/Policyholder**

Name Of Registered Owner OOI HONG LENG  
NRIC No S7775730I

**Vehicle Particulars**

Manufacturer HONDA  
Model FIT-1.3 (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 Car

**Insurance Company**

Name of Insurance Company Chartis Singapore Insurance Pte Ltd  
Type Of Coverage Comprehensive  
Fleet Policy No  
Policy Number 2100220087-01000  
Cover Note Number

**Driver**

Name of Driver OOI HONG LENG  
NRIC No S7775730I  
Date Of Birth 05/12/1977  
Occupation Indoor  
Date Of Driving Pass 16/09/2005  
Driving Experience 6 Years And 1 Month  
Gender Female  
Mobile Number (Local) +65-92727337

Fax Number

Contact Number

E-Mail Address

Address BLK 316 SEMBAWANG VISTA #14-187 SINGAPORE  
Postcode 750316

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Owner

Date: 02.05.2019  
Vehicle No: SMC9094A  
Model: TOYOTA NOAH HYBRID 1.8X CVT  
Chassis: ZWR800325163 - 2018  
Reg.Year: 2018

Third Party Insurer: AIG  
Third Party Veh No: YK5661E  
Date of Accident: 30.04.2019

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR SIDE MIRROR ASSY RH	1	nd/cm	\$910.00 ✓
SUB TOTAL				\$910.00
LESS 25%				-\$227.50
PARTS TOTAL				\$682.50

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE & REPLACE DOOR SIDE MIRROR & ETC \$80.00 601

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS \$120.00 601

TO CHECK & REFIX SIDE MIRROR WIRING & ETC \$30.00 201

LABOUR TOTAL \$230.00

ONG TOTAL \$912.50

Not Authorised  
Running Repair  
1 day

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

Acknowledged by Repairer  
Signature:  
Date:



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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	30/04/2019 15:49
Date Of Accident	30/04/2019 11:00
Exact Location Of Accident	QUALITY ROAD HAWKER CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9094A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN TZE HUA (CHEN ZHIHUA)
NRIC No	S7927547F
Email Address	TZEHUATAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91003753
Alternative Phone No	OTHERS-91003753
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	NOAH
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102407406 (DRIVO CLASSIC)
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN TZE HUA (CHEN ZHIHUA)
NRIC No	S7927547F
Date Of Birth	10/09/1979
Occupation	INDOOR
Date Of Driving Pass	26/07/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91003753
Fax Number	
Contact Number	OTHERS-91003753
EMail Address	TZEHUATAN@GMAIL.COM



Address	BLK 162 #08-102 BUKIT BATOK STREET 11
Postcode	650162
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	3
Was any body injured in the Accident?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

#### 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	YK5661E
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMED IBRAHIM AWANG
NRIC/Passport Number	S0035186E
Contact Number	96608543
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GW991K
-----------------------------	--------



Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

96322802

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

30 APR 2019



Policyholder's Signature  
Date & Time:

30/04/2019 1554H

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

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in parking lot, vehicle B did turning and hit my driver side mirror. There was another vehicle C (GW 991K) involved. The left tail light and body was damaged.

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:  
30/04/2019  
1555H.

30 APR 2019

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



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



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	7547F
<b>Vehicle Details</b>	
Vehicle No.:	SMC9094A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 1.8X CVT
Primary Colour:	Brown
Manufacturing Year:	2018
Engine No.:	2ZR0B71979
Chassis No.:	ZWR800325163
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$31,676.00
Original Registration Date:	26 Jul 2018
First Registration Date:	26 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$26,347.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Jul 2028
PARF Rebate Amount:	\$19,760.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Jul 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,551.00
COE Rebate Amount:	\$26,040.00
<b>Total Rebate Amount:</b>	<b>\$45,800.00</b>

The information contained herein is correct as at 30 Apr 2019

OK