

ASS. REC. BY:

REF

CS3/FCI/9014497/ECd3⁵²

Special Instruction:

Surveyor:

CWS

ASSIGNMENT (Office)

From (Person):

Henny Kao

or

FCI

Date/Time:

9.47am 19/8/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMF 3495A

Insured:

SHC 70489

at Workshop m/s

~~Hua Hong~~

Tel:

66619688

of

2512 Sneyck Kentut street 1

Policy No:

Claim No:

D19005288MP&4

Sum Insured:

Excess:

Make of Veh:

D.O.A.

13/8/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

CDS

H.O.D. Endorsement:

Date/Time:

10.40am 19/8/19

Person Contacted:

Ka Ye

Vehicle IN/OUT

Date/Time

Action/Instruction

Johny X

SMF 3495A - X

SHC 70489 - CE3/M4/4007231/Sy3C3

DA: 14/9/19

20/8/19 Pending Estimate Via email

change workshop to KS car Centre. Mr Kok 91839633

Dismantle: 26/8/2019.

After repair: 6/9/2019

ASS. REC. BY: Steve

REF:

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: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

X	X
N/S	O/S
X	X

Bal. or Market Value: \$27K
 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: SMF 3495A Yr Regn: 24/11/11
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Suzuki SX4 c.c. 1586
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 143082 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JSAGYA21500356982
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Falken
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 13/8/19 D.O.I. 19/8/19
 Survey held at Hua Hong
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-27K

RECEIVED 17 OCT 2019

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

____ \$ + RS. ____ SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: PRE

Lump Sum / U.B.I. /

MOTOR SURVEY ASSIGNMENT

Date	15-08-2019	Our Ref No. D19005288MFSH
Accident Date	13-08-2019	Claim Type. Third Party
Insured Vehicle	SHC7048G	Third Party Vehicle. SMF3495A
Survey Location	25D SUNGEI KADUT STREET 1	
Contact Person.	NG KA YE	
Contact No.	66619688/ 0	Fax No. 66619699
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	HUA HONG PRIVATE LIMITED	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

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 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	14/08/2019 16:42
Date Of Accident	13/08/2019 18:45
Exact Location Of Accident	ALONG SELETAR EXPRESSWAY (SLE TOWARDS CTE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3495A
Insured/Policyholder	
Name Of Registered Owner	HAJARIFFA SHERENE BINTE AB RAHMAN
NRIC No	S8615052B
Email Address	IRFA.SHERENE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93223554
Alternative Phone No	OFFICE-93223554

Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4 HATCHBACK 1.6 AT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106858794
Cover Note Number	

Driver

Name of Driver	HAJARIFFA SHERENE BINTE AB RAHMAN
NRIC No	S8615052B
Date Of Birth	13/06/1986
Occupation	INDOOR
Date Of Driving Pass	11/10/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	FEMALE
Mobile Number	+65-93223554
Fax Number	
Contact Number	OFFICE-93223554
Email Address	IRFA.SHERENE@HOTMAIL.COM

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCF208B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLW1553B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJF4119R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SFP3218P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

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:

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

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190815/2119

1 of 5

Report No. T/20190815/2119

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 OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2019 17:09	Vide Report No.: T/20190814/2069	Station Diary No.: 107
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Informant's Particulars

Name of Informant: HAJARIFFA SHERENE BINTE AB RAHMAN			Address: APT BLK 548B SEGAR ROAD #13-676 SINGAPORE 672548	
ID Type / ID No.: NRIC NO / S8615052B			Contact No.: Home/Office:	Mobile: 93223554
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 33	Date of Birth: 13/06/1986	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/08/2019 18:45	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE TOWARDS CTE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCF208B	Car					0
SFP3218P	Car					0
SHC7048G	TAXI					3
SJF4119R	Car					0
SLW1553B	Car					0

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190815/2119

3 of 5

Report No. T/20190815/2119

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

CONTINUATION OF REPORT

Passenger			
Name	SHARIFFAH ZAFLYNN BINTE SYED HAMID SHAHAB	ID No.	S8920390B
Related Vehicle	SMF3495A (Car)	Contact No.	91008490
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	HAJARIFFA SHERENE BINTE AB RAHMAN	ID No.	S8615052B
Related Vehicle	SMF3495A (Car)	Contact No.	93223554
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE AND LOCATION

I WAS DRIVING ALONG SLE TOWARDS CTE. ALONG 9.5 KM MARK, I WAS AWARE THAT THE MERC IN FRONT WAS GIVING BRAKING LIGHT SIGNALS. HENCE, I SLOWED DOWN AND STOPPED AS PER NORMAL. MY CAR WAS IN A STATIONARY POSITION AND AS I LOOK UP AT MY REAR VIEW MIRROR, I SAW THE TAXI WAS MOVING VERY FAST TOWARDS ME AND THE TAXI HIT THE BACK OF MY VEHICLE. THE IMPACT FROM THE TAXI HITTING THE BACK OF MY VEHICLE HAD CAUSE MY VEHICLE TO MOVE FORWARD. THE MERCEDES CAR INFRONT WAS HIT DUE TO THE IMPACT FROM THE TAXI. ME AND MY FRIEND WAS CONVEYED TO KHOO TECK PUAT HOSPITAL. I SUFFERED CONTUSION ON MY FOREARMS AND HAD A BACK INJURY. MY FRIEND HAD AN INJURY OF CHEST WALL AND WHIPLASH INJURY TO THE NECK. I EXCHANGED PARTICULARS WITH THE TAXI DRIVER AND TOOK DOWN THE LICENSE PLATES OF THE VEHICLES. MY VEHICLE AND THE TAXI WAS SERIOUSLY DAMAGED. FOOTAGE FROM THE ACCIDENT WAS RECORDED FROM MY CAMERA.

I WAS GRANTED 3 DAYS OF MEDICAL LEAVE FROM 14/08/2019 - 16/08/2019

I WISH TO STATE THAT IT WAS A CHAIN COLLISION INVOLVING A TOTAL OF 6 VEHICLES. SD CARD WAS TAKEN AND GIVEN TO THE IO

ON 15/08/2019, I WENT TO NG TENG FONG GENERAL HOSPITAL FOR FURTHER TREATMENT AND WAS GRANTED 2 ADDITIONAL DAYS OF MEDICAL LEAVE TILL 18/08/2019. THE DOCTOR COMMENTED THAT I SUFFERED NECK STRAIN INJURY AND MILD POST TRAUMATIC STRESS

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20190815/2119

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

5 e
Report No: T/20190815/

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

J/

Sgt 3 YONG SENG HOCK

Signature Of Interpreter

Not applicable

Officer In Charge Of Case:

TP/GIT/

STONG CHEE HIEN

Contact No: 65476437

Authentication Stamp
NP168

Police Force

Signature Of Informant

Date/Time

15/08/2019 17:09

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	052B
Vehicle Details	
Vehicle No.:	SMF3495A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Aug 2019
Vehicle Make:	SUZUKI
Vehicle Model:	SX4 HATCHBACK 1.6 AT
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	M16A1631025
Chassis No.:	JSAGYA21500356982
Maximum Power Output:	82.0 kW (109 bhp)
Open Market Value:	\$16,606.00
Original Registration Date:	24 Nov 2011
First Registration Date:	24 Nov 2011
Transfer Count:	1
Actual ARF Paid:	\$16,606.00 8303
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Nov 2021
PARF Rebate Amount:	\$9,963.00
Intended COE Rebate Details	
COE Expiry Date:	23 Nov 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$55,997.00
COE Rebate Amount:	\$12,739.00
Total Rebate Amount:	\$22,702.00

The information contained herein is correct as at 14 Aug 2019

OK

27 month

8500 Depreciate year

708 month

x 27 = 19,114.99

Mr - 27k

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Suzuki SX4

Advanced Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Suzuki SX4	Any	Any	2011	Any	Any	Any	Available
	Suzuki SX4 HB 1.6A	\$24,800	\$8,780 /yr	28-Jul-2011	1,586 cc	140,000 km	Hatchback	Available

Posted: 19-Aug-2019 Tags: 2011 Suzuki SX4, 2011 suzuki sx4, Suzuki SX4, suzuki sx4, Suzuki, SX4, sx4, Used Suzuki

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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Years Warranty Mthly \$488
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1 vehicles

Suzuki SX4

Advanced Search 🔍

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Suzuki SX4	Any	Any	2012	Any	Any	Any	Available
	Suzuki SX4 1.6A	\$28,888	\$8,450 /yr	16-Feb-2012	1,586 cc	78,203 km	Sedan	Available

Super Good Condition Assured! 100% Accident-Free With Original Paintwork Still Intact. Meticulously Well Maintained & Serviced Regularly! Very Low Mileage Done! Our Company Provide Various Loan Scheme With Low Driveaway! Please Call For A Viewing Appoint...

Creative Auto

Posted: 23-Jul-2019

Tags: 2012 Suzuki SX4, 2012 suzuki sx4, Suzuki SX4, suzuki sx4, Suzuki, SX4, sx4, Used Suzuki

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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