

RES. REC. BY:

REF:

CS3/CT119014860/Hcd3<sup>54</sup>

Special Instruction:

Surveyor: Hock Ann

## ASSIGNMENT (Office)

From (Person): Chong Boon Sen

of

CTIDate/Time: 23/8/19 @ 11:05am

Estimated Cost:

Bill to:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐ CS

To Inspect Vehicle No.:

SE 2018K

Insured:

PC 8194R

at Workshop m/s

Teamwork

Tel:

68442475

of

63 ubi Ave 1 # 01-24Policy No: DMBISN19315419000

Claim No:

SNM19D203763C02

Sum Insured:

Excess:

Make of Veh:

D.O.A.

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2:13pm @ 23/8/19

Person Contacted:

JunenVehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction

1. Shunald XSE 2018K - NA/IN/8001691/hyDOA: 29/01/2018PC 8194R-X

ASS. REC. BY: H. ANN

REF: CT1

## ASSIGNMENT

From: \_\_\_\_\_ Date: 23/8/19

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SE2018K

at Workshop m/s Teamwork Garage

of 53 ubi Ave 1 #01-24

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.

N/S	O/S
X	X

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 20 days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS' up)

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SE2018K Yr Regn: 08/10/2015

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

Truck / Trailer or

Make: NISSAN SYLPHY 116 CDT c.c. 1598

Colour: Gray A/C: Insured / Std / NI / NA

Sp. Reading: 337693 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MNTBBAB17Z0024781

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55/R16

R: 205/55/R16

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

TOYO / YOKO or Achilles → (Frt) Rr → (Toyo)

Front

R/Bal.

3 ← Achilles mm

Rear

R/Bal.

5 ← Achilles mm

L/Bal.

3 ← Achilles mm

L/Bal.

4 ← Toyo brand only mm

D.O.A.

10/8/19

D.O.I.

23/8/19

Survey held at

Team work

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 - 56000

PV - 46195

NV - 9800

limit rpr \$9K

- repair days → 20 days

- range → 23 - 27

\* Remarks: This case already inform workshop Derran him know limit repair \$9K to replace cost. pending workshop update again.

\* (PRS case)

\* workshop already inform insuranc know non repairable K → 2/9/19

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:

) S + RS. \$

) Photos:

) Others:

TOTAL

Report Format: PRS

Lump Sum / L.B.E: \_\_\_\_\_

## ...CLAIM SUBFOLDER...(Pending for Survey Report)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Aug 2019		28 Aug 2019 09:03 <a href="#">Edit Adj Rpt</a>				<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	CONNECT4CAR PTE LTD, Co. Reg. No.: 201411459M		
Vehicle Reg. No.:	SE2018K	Date of Loss:	10/08/2019 04:00 - :59
Claim Type:	TP / SNM19D203763C02	Policy/Cover Note No.:	DMB1SN19315419000
Vehicle Reg. No. (Insured):	PC8194R	Policy No. (Claimant):	999994343
		Excess:	S\$0.00
Repairer:	Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel: 6844 2475		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]		
Claimant's Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (SG) - Tel: 65-6419-3000		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by LEE HOCK ANN] ... [Final Rpt due 06/09/2019]		

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

### ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Nivitha (LKK Auto)

---

**From:** Chong Boon Sen <boonsen.chong@sg.cntaiping.com>  
**Sent:** Friday, 23 August 2019 11:05 AM  
**To:** Darren  
**Cc:** assignments  
**Subject:** RE: OUR REF: SNM19D203763-PC8194R-CBS - FW: OUR REF :1908-25//YOURREF : PC8194R ACCIDENT INVOLVING PC8194R AND SE2018K

### WITHOUT PREJUDICE

Dear Sir,

We will be assigning M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Aside to LKK,

Please proceed to survey the third party vehicle on WP basis.

Thank you.

### Chong Boon Sen

Claims Executive  
Department

### China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平狮城 Taiping SG 3 Anson  
Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**From:** Darren [mailto:claims@teamworkgarage.com]

**Sent:** Friday, 23 August, 2019 10:00 AM

**To:** Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>

**Subject:** RE: OUR REF: SNM19D203763-PC8194R-CBS - FW: OUR REF :1908-25//YOURREF : PC8194R ACCIDENT INVOLVING PC8194R AND SE2018K

Hi Boon Sen & Kah Leong,

Please assists to appoint LKK for survey

Darren  
Teamwork Garage Pte Ltd  
53 Ubi Avenue 1  
#01-24 Paya Ubi Industrial Park  
Singapore 408934  
Tel: 68442475  
Fax: 68442474

**From:** Darren

**Sent:** Wednesday, 21 August 2019 11:57 AM

**To:** Chong Boon Sen; Tan Kah Leong

**Subject:** RE: OUR REF: SNM19D203763-PC8194R-CBS - FW: OUR REF :1908-25//YOURREF : PC8194R ACCIDENT INVOLVING PC8194R AND SE2018K

Hi Boon Sen,

Please assists to appoint LKK

Darren

Teamwork Garage Pte Ltd

53 Ubi Avenue 1

#01-24 Paya Ubi Industrial Park

Singapore 408934

Tel: 68442475

Fax: 68442474

**From:** Darren

**Sent:** Tuesday, 20 August 2019 4:19 PM

**To:** Chong Boon Sen; Tan Kah Leong

**Subject:** RE: OUR REF: SNM19D203763-PC8194R-CBS - FW: OUR REF :1908-25//YOUR REF : PC8194R ACCIDENT INVOLVING PC8194R AND SE2018K

Hi Boon Sen,

Please appoint surveyor soonest

Darren

Teamwork Garage Pte Ltd

53 Ubi Avenue 1

#01-24 Paya Ubi Industrial Park

Singapore 408934

Tel: 68442475

Fax: 68442474

**From:** Darren

**Sent:** Monday, 19 August 2019 1:38 PM

**To:** Chong Boon Sen

**Subject:** RE: OUR REF: SNM19D203763-PC8194R-CBS - FW: OUR REF : 1908-25//YOUR REF : PC8194R ACCIDENT INVOLVING PC8194R AND SE2018K

Hi Boon Sen,

Please appoint LKK

Darren

Teamwork Garage Pte Ltd

53 Ubi Avenue 1

#01-24 Paya Ubi Industrial Park

Singapore 408934

Tel: 68442475

Fax: 68442474

**From:** Chong Boon Sen

**Sent:** Thursday, 15 August 2019 3:23 PM

**To:** [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)

**Subject:** RE: OUR REF: SNM19D203763-PC8194R-CBS - FW: OUR REF : 1908-25 //YOUR REF : PC8194R ACCIDENT INVOLVING PC8194R AND SE2018K

**WITHOUT PREJUDICE**

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

ADRIAN LING
Kelvin Ang
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN
XING QUO QIANG
KENNETH KONG
SIMON HO
CHUA WEIJIE
MARCUS CHUA
HENRY NG

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

**Chong Boon Sen**

Claims Executive  
Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG 3 Anson  
Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**From:** Claims Dept of CTI

**Sent:** Thursday, 15 August, 2019 1:57 PM

**To:** Chong Boon Sen <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)>; Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)

**Subject:** OUR REF: SNM19D203763-PC8194R-CBS - FW: OUR REF : 1908-25 // YOUR REF : PC8194R ACCIDENT INVOLVING PC8194R AND SE2018K

Dear Boon Sen,

Please conduct PRS for SE2018K.

Note : officer in charge – Boon Sen 63896171.

Regards,

Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #15-00 Springleaf Tower Singapore 079909

T: (65) 63896116 | F: (65) 62247175

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG

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**From:** TEAMWORK [<mailto:claims@teamworkgarage.com>]

**Sent:** Wednesday, August 14, 2019 2:52 PM

**To:** Claims Dept of CTI

**Cc:** TEAMWORK

**Subject:** OUR REF : 1908-25 // YOUR REF : PC8194R ACCIDENT INVOLVING PC8194R AND SE2018K

WITHOUT PREJUDICE

OUR REF : 1908-25

YOUR REF : PC8194R

Dear Sir / Madam,  
PRE-REPAIR INSPECTION FOR SE2018K  
ACCIDENT INVOLVING PC8194R AND SE2018K ON 10.08.2019.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Thank you and have a nice day.

Regards,

*Shu Shan*

Teamwork Garage Pte Ltd  
Blk 53 Ubi Avenue 1  
#01-24  
Paya Ubi Industrial Park  
Singapore 408934  
Tel: 6844 2475  
Fax: 6844 2474

For more information please visit <http://www.symanteccloud.com>

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## 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	13/08/2019 15:43
Date Of Accident	10/08/2019 04:45
Exact Location Of Accident	GAMBAS AVE & WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SE2018K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CONNECT4CAR PTE LTD
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96600860

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994343
Cover Note Number	04/12/2018 TO 03/12/2019

### Driver

Name of Driver	ONG HIAN TECK
NRIC No	S1144597G
Date Of Birth	21/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1975
Driving Experience	43 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90622278
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address APT BLK 115 CLEMENTI ST 13 #04-76 (S) 120115

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own 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? YES

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) 1

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI N.P.C

Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

refer with attach police report. Remarks : vehicle at traffic compound

#### Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC8194R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	ONG HIAN TECK
Approximate Age	
Injuries Sustain	KHOO TECK PHUAT HOSPITAL - 4DAYS MC
Injured person in which vehicle?	SE2018K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**SKETCH PLAN**

**IMPORTANT NOTICE**

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:

*[Signature]* 13/8/19  
2 p.m.

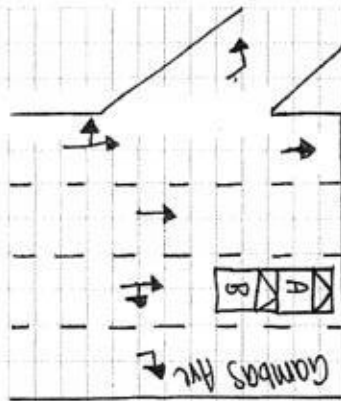
Driver's signature  
(if driver is not policy holder)  
Date / time:



reporting centre personnel's Signature  
Date / time:

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



A: SE2018K

B: PC8194R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

## DECLARATION

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



Policy holder's signature

Date & time:

*[Signature]* 13/8/19 2pm

Driver's signature  
(if driver is not policy holder)  
Date & time:



reporting centre personnel's Signature

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20190813/2027

1 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20190813/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/08/2019 09:48		Vide Report No.:		Station Diary No.: 25	
<b>Informant's Particulars</b>					
Name of Informant: ONG HIAN TECK			Address: APT BLK 115 CLEMENTI STREET 13 #04-76 SINGAPORE 120115		
ID Type / ID No.: NRIC NO / S1144597G			Contact No.: Home/Office: Mobile: 90622278		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 21/10/1955	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: DRIVER.		Driving Licence Information: Class: 3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/08/2019 04:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 GAMBAS AVENUE WOODLANDS AVENUE 12 At the traffic light junctions of Gambas Avenue and Woodlands Avenue 12 ... towards Nee Soon.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8194R	Van	TOYOTA <i>Toyota</i>	<i>Hiace commuter</i>	White	Seriously Damaged	2
SE2018K	Car	NISSAN	Sylphy	Brown	Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190813/2027

2 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20190813/2027

**CONTINUATION OF REPORT**

Driver			
Name	ONG HIAN TECK	ID No.	S1144597G
Related Vehicle	SE2018K (Car)	Contact No.	90622278
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2019	Date Discharge	10/08/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On the 10th August 2019 at about 0445 hrs, I was alone driving a rental car (SE 2018 K) heading towards Changi Airport. I was along Gambas Avenue and had stopped at the cross-junctions (with Woodlands Avenue 12) as the red traffic light. Moments later, a vehicle collided to the rear of my car causing it to moved forwards towards the junctions. There were two other impacts before its stopped. When I alighted, feeling giddy and pain to the chest and body. I realized that a van, PC 8194 R had hit the rear of my car.

2. Ambulance and Traffic Police arrived to my scene. I was conveyed to Khoo Teck Puat hospital for treatment. I was discharged on the same day with a 4 days of MC. I was fixed for a followed up appointment at GP.





**SINGAPORE  
POLICE FORCE**



T/20190813/2027

3 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999


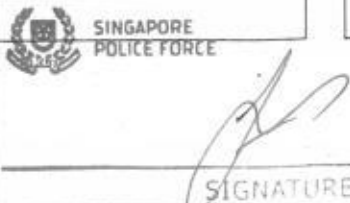
Report No. T/20190813/2027

**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: D / SI FADIL BIN MASIRAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2019 09:48
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp NP168 	SN 37



AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : ong Hien Teck  
VEHICLE NUMBER : SE 2018 K  
DATE/TIME OF ACCIDENT : 10/08/2019 @ 0445hrs  
PLACE OF ACCIDENT : gambus ave & woodlands ave 12  
THIRD PARTY VEHICLE (IF ANY) : K 819 HR

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Woodlands Crescent to Gambus

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NIL

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Frt to Rear

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Only Hien Teck Ambulance (MC 7 day)

 13/8/19

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

> [Back to OneMotoring](#)

## Enquire Transfer Fee

### Vehicle Details

Vehicle No.:	SE2018K
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Chassis No.:	MNTBBAB17Z0024781
Propellant:	Petrol
Engine No.:	HR16974043B
Engine Capacity:	1598 cc
Maximum Power Output:	85.0 kW ( 113 bhp)
Maximum Laden Weight:	1605 kg
Unladen Weight:	1205 kg
Year Of Manufacture:	2015
Original Registration Date:	08 Oct 2015
Lifespan Expiry Date:	-
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium:	\$55,399.00
COE Expiry Date:	07 Oct 2025
Road Tax Expiry Date:	07 Oct 2019
PARF Eligibility Expiry Date:	07 Oct 2025
Inspection Due Date:	07 Oct 2020
Intended Transfer Date:	26 Aug 2019
CO2 Emission:	149.00 (g/km)
CEV/VES Rebate Utilised	-
Amount:	
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

The current road tax expiry is 07 Oct 2019. You may renew the road tax from 08 Jul 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 07 Oct 2019, late renewal fee(s) will be imposed. Please use [Enquire Road Tax Payable](#) to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

#### Amount Payable (From 08 Oct 2019 to 07 Apr 2020)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
<b>Sub Total:</b>			<b>25.00</b>
Nett Road Tax Amount (After Offsetting Over Payment):	371.00	-	371.00
<b>Total Amount Payable:</b>			<b>396.00</b>

#### Amount Payable (From 08 Oct 2019 to 07 Oct 2020)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
<b>Sub Total:</b>			<b>25.00</b>
Nett Road Tax Amount (After Offsetting Over Payment):	742.00	-	742.00
<b>Total Amount Payable:</b>			<b>767.00</b>

You may print this page for reference.

OK

Print

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## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	459M
Vehicle Details	
Vehicle No.:	SE2018K
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Aug 2019
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	HR16974043B
Chassis No.:	MNTBBAB17Z0024781
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$16,439.00
Original Registration Date:	08 Oct 2015
First Registration Date:	08 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$16,439.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Oct 2025
PARF Rebate Amount:	\$12,329.00
Intended COE Rebate Details	
COE Expiry Date:	07 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,399.00
COE Rebate Amount:	\$33,866.00
<b>Total Rebate Amount:</b>	<b>\$46,195.00</b>

The information contained herein is correct as at 26 Aug 2019

OK

Balance: 6yr 2 month  
depreciation:  $7800 \div 12 = 650$

$$46800 + 1300 = 48100$$

$$48100 + 8219.50 = 56319.50$$

$$\begin{aligned} MV &= 56000 \\ PV &= 46195 \\ WV &= 9800 \end{aligned}$$

$$MV - 55 - 56K$$