# Summer Lee (LKK Auto)

From:

Ivy Ratilla <ivy.r@budgetdirect.com.sg>

Sent:

Tuesday, 17 March, 2020 4:27 PM

To:

Admin-D (LKKAuto)

Cc:

SUR; Hansel Ang

Subject:

FW: SJM6550C & SLD3451Z Doa 16/3/20 || C10005924

**Attachments:** 

SJM6550C.pdf; SLD3451Z.pdf

Hi Team,

We would like to arrange TP survey for SJM6550C.

Workshop information: Chris Chan Green Forest Automobile Pte Ltd Hp:92712214

Please confirm. Thank you.

Regards,

Ivy Ratilla Executive, Claims Admin

T +65 6540 2185 F +65 6725 0853

E ivy.r@budgetdirect.com.sg



Customer Care +65 6221 2111 Claims +65 6221 2199 Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01 Singapore Shopping Centre Singapore 239924 budgetdirect.com.sq



Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **<u>Budget</u> <u>Direct Insurance</u>**.

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From: chan pick yuen <chris\_chanbebe@hotmail.com>

Sent: Tuesday, 17 March 2020 4:05 PM

To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>; Claims <claims@budgetdirect.com.sg>

Cc: Hansel Ang <a href="mailto:hansel.ang@budgetdirect.com.sg">hansel ang @budgetdirect.com.sg</a>

Subject: Re: SJM6550C & SLD3451Z Doa 16/3/20 | C10005924

Dear Sir / Mdm,

LKK auto consultant

Get Outlook for iOS

From: chan pick yuen < chris chanbebe@hotmail.com >

Sent: Tuesday, 17 March 2020 1:49 PM
To: Claims < claims@budgetdirect.com.sg >
Subject: SJM6550C & SLD3451Z Doa 16/3/20

Dear Sir / Mdm,

Enclosed is our GIA report.

Please let us have your 10 name list of surveyor to survey our client vehicle: SJM6550C . Thanks

Best Regards Chris Chan Green Forest Automobile Pte Ltd Hp:92712214

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# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/03/2020 11:13

# 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 witholding 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.	N 997 X
	ACCIDENT STATEMENT
Date Of Report	17/03/2020 11:04
Date Of Accident	15/03/2020 16:00
Exact Location Of Accident	SENGKANG WEST AVENUE / SENGKANG WEST ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6550C
Insured/Policyholder	
Name Of Registered Owner	GRACE AUTO LEASING
Co Reg No	5XXXX089E
Email Address	NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-96985643

## **Vehicle Particulars**

Manufacturer TOYOTA

Model WISH 1.8X 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
PRIVATE HIRE

Vehicle Category

**Insurance Company** 

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

YES

Policy Number

5112456019-000013 TP

Cover Note Number

#### Driver

Name of Driver MUHAMMAD FAIZ BIN NAIM

NRIC No SXXXX354Z
Date Of Birth 07/06/1995
Occupation OUTDOOR
Date Of Driving Pass 13/04/2016

Driving Experience 3 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88516317

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 243 HOUGANG STREET 22 #01-101

Postcode

530243

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

SIDE SWIPE

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 YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

**Details of Police Action** 

YES

Was the accident reported to the police? If Yes, Please state which Police Station

Police Station Name

PAYA LEBAR NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270, POSTCODE: 530114,

**COUNTRY**: SINGAPORE

Police Station Contact

TEL NO: 1800-2899999 - FAX NO: 62815961

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### **Circumstances of Accident**

REFER TO POLICE REPORT ATTACHED

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

SLD3451Z

Vehicle Make/Model/Colour

NISSAN / QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

**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 INJURED PERSON 1**

Name

MUHAMMAD FAIZ BIN NAIM

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SJM6550C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# **DETAILS OF INJURED PERSON 2**

Name

**PASSENGER** 

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLD3451Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.
- 3. Consent under the Personal Data Protection Act (POPA)

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 :
  - 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.

1 7 MAR 2020

Policyholder's Signatur

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@r/icom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	
	-11.
lampost	- SENICKANG WEST ROAD
\o_{a} A	
(6/1)	
1	VEHICLE A - STM 6550C
//	VEHICLE 8 - SLO 34512
SAP ROAD FROM SONGICANG WEST	
AVENUE	U
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
AS THE POWER REPORT	T/20200315/2071 (PAYA LEBAC NPP)
And the same and t	
ECLARATION	IDAC KAKIBUKIT (VAC)

D

articulars are true in every respect.

Policyfiader's Sign Date & Time:

Oriver's Signature

(If driver is not the policyholder) Date & Time:

1 7 MAR 2020

23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackbellvicom.com.sg. Reporting Centre Personnel's Signature Name: NRIC/FIN No..

# **Individual Statement**





Police Station Of Origin: Paya Lebar NPP

114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

1 of 3

Report No. T/20200315/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2020 17:55		Made:	Vide Report No.:	Station Diary No.: 25	
loformi	ot's Partic	ulars			
Name of Informant: MUHAMMAD FAIZ BIN NAIM			Address: APT BLK 243 HOUGANG STREET 22 #01-101 SINGAPORE 530243		
ID Type / ID No.: NRIC NO / S9520354Z		54Z	Contact No.: Home/Office:	Mobile: 88516317	
National SINGAP	ity: ORE CITIZ	ŒN	Email:		
Sex: Male	Age: 24	Date of Birth: 07/06/1995	Type of Informant:		
Race: Indian		-	Language	Institution / School Name:	
Occupat GRAB D			Oriving Licence Information: Class: 3A	Date of Expire	

Seceration				Section of the Sectio	
Type of Accident:	Non-injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2020 15:30	Type of Location	
	WEST ROAD			•	
Weather:	Treat Hoad	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:		4	nyone conveyed by mbulance:		

	Makene same and the later and		
JM6550C	Car	Slightly	No of Passeng 0
LD3451Z	Car	Damaged Seriously	1

#### Individual Statement





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

2 or 3 Report No. T/20200315/2071

B. .

CONTINUATION OF REPORT

#### Brief Details.

On 15/03/2020 at 1530hrs, I was travelling along Sengkang West Road in my vehicle, SJM 6550C and everything was normal. Soon after, I needed to make a U-turn at the said traffic junction and after making sure it was safe to do so, I proceeded and all of a sudden, there was another vehicle, SLD 3451Z that came out suddenly from the slit road of Sengkang West Road. I tried to evade the vehicle but I collided onto the said vehicle. The other vehicle then collided onto the lamppost number 17 located along Sengkang West Road.

Soon after, traffic police and ambulance came and the other vehicle owner's passenger was sent to the hospital due to injuries. I wish to state that there are dents on the left side of my vehicle, I was not injured from the accident and I am lodging this report for record and insurance purposes.

# **Individual Statement**





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

3 of 3 Report No. T/20200315/2071

CONTINUATION OF REPORT

Sketch	Plan
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Informant is not able to provide sketch plan

Λ.
Set Set
Date/Time: 15/03/2020 17:55
Classification
Classification Of Case:

# ▶ Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business	
Owner ID:	089E	
		liang.
Vehicle No.:	SJM6550C	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	18 Mar 2020	
Vehicle Make:	TOYOTA	
Vehicle Model:	WISH 1.8X A	
Primary Colour:	Black	
Manufacturing Year:	2008	
Engine No.:	1ZZ3147382	
Chassis No.:	ZNE100418850	
Maximum Power Output:	97.0 kW (130 bhp)	
Open Market Value:	\$19,940.00	
Original Registration Date:	13 Jan 2009	
First Registration Date:	13 Jan 2009	
Transfer Count:	2	
Actual ARF Paid:	\$19,940.00	
KAKACIKA BITAN PERMENTIKAN PENDENGAN PENDENGAN PENDENGAN PENDENGAN PENDENGAN PENDENGAN PENDENGAN PENDENGAN PEN		- 11
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount:	\$0.00	
COE Expiry Date:	12 Jan 2024	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	5	
PQP Paid:	\$15,668.00	
COE Rebate Amount:	\$11,961.00	
Fotal Rebate Amount:	\$11,961.00	

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 18 Mar 2020

03/2024)

RTLISTED

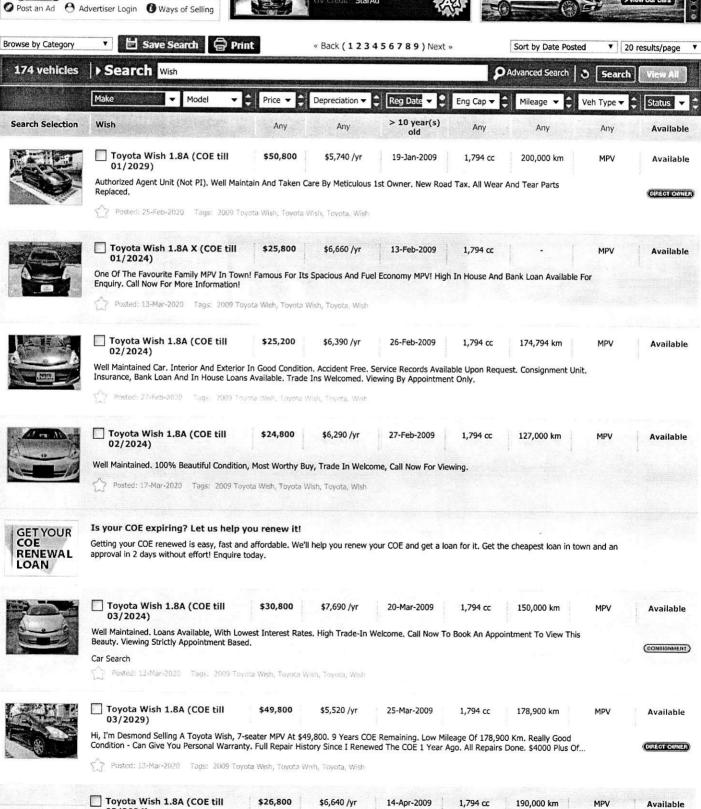
Compare 💪

DIRECT OWNER



New 5 Years Renewal COE Toyota Altis 1.6A 2.98% P.A, 0 Admin, 0 Down, Monthly \$488, 2 Years Warranty Engine And Gearbox. redit StarAd





Low Cost Suitable For Short Term Commitment, Excellent Choice For It's Cheapest In Town! Good Fuel Consumption, Fully Done Up To