745-5. Est. O. D.1.							
ASS	IGNMENT						
From. Date:	Veh No: SMK 7220Z Yr Reyn: 2019, April						
Estimated Cost:	Type (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /						
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or						
To Inspect Vehicle No:	Make: Hynder Avente c.c 1591 Colour Wile A/C: Insured/Std/NI/NA						
at Workshop m/s	Colour While A/C: Insured / Std / NI / NA						
of	Sp.Reading 18298 T/Radio: Insured / Std / NI / NA						
Insured:	Eng/No:						
Policy No.	C/NO: KMHD84/CMKV893845						
Claims No.	Gen. Cond. Good) Fair / Poor / Burnt						
Sum Insured: Excess:	Steering: (norder / Jammed / Leaked / Burnt or						
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or						
Make of Veh:	Modi: Nil / STRim / STD A/Rim or						
	Tyre Size: F: (95/65R15						
(Policy Condition)	R: 195/65R15.						
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /						
repair at the time of inspection.	TOYO/YOKO or Mexer.						
Bal. or Market Value: \$67,000	<u>Front</u> <u>Rear</u>						
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. O mm R/Bal. O mm						
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm						
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. D8/04/20 -						
Lum Sum: % 3 Val.: Yes or No	Survey held at NHT.						
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or						
Vehicle: IN / OUT							
Date:Person Contacted:	The U/C i Chassis frame / Body Structure affected due to collision.						
Date / Time   Action / Instruction   T P A A ,							
11/16/1.							
m√ : \$67,000							
PV:							
Nett:							
Date/Time, File Pass to? : Preli. Report D	ays Of Repair:						
tament and the second	esurvey No. of Trip: Survey Fee:						
Date/Time, File Return to?	Survey Fee: Transportation:						
2) Add Fee:	: Site Insp. (\$ )8÷P8si						
	: Interview (\$ ) Photos						
Fepori Formsi :	Tools Insue 19						
Lang Sun L.R.B. (3	: Veel and 18						
N. H. C.	e a country and byte and						

707/4.

MSME20040874 | SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 07/04/2020 13 49 SUBMITTED BY: Chia Pei Ying

#### 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.

	ACCIDENT STATEMENT
Date Of Report	07/04/2020 13:49
Date Of Accident	06/04/2020 12:55
Exact Location Of Accident	SLIP RD OF WOODLANDS AVE 6 TWDS WOODLANDS AVE 7
Country/State of Loss	SINGAPORE

	DETAILS OF	F OWN VEHICL

Vehicle Registration Number

SMK7220Z

Insured/Policyholder

Name Of Registered Owner BIZLINK RENT-A-CAR PTE LTD

Co Reg No 2XXXXX911Z Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-96907548

Vehicle Particulars

Manufacturer HYUNDAI Model AVANTE

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 AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 999994073/100875180-00000

Cover Note Number

**Driver** 

Name of DriverNG YEE KIONGNRIC NoSXXXX845DDate Of Birth31/03/1976OccupationOUTDOORDate Of Driving Pass31/03/2003

Driving Experience 17 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91183169

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 887A WOODLANDS DRIVE 50 #09-575

Postcode

731887

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

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?

Number of vehicles (including own vehicle)

involved in the accident

2

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)

1

## **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

I WAS STOPPED WITH STATIONARY AT THE SLIP ROAD OF WOODLANDS AVE 6 TOWARDS WOODLANDS AVE 7 TO CHECK MAIN ROAD TRAFFIC BEFORE DRIVING OUT. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES.

## 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

SHD296Y

Vehicle Make/Model/Colour

**Details Of Properties** 

**VEHICLE B** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 7 This Form must be completed by the Policyholder and/or the Authorised Driver
- 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.
- 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 nterested 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
  - (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.

Policynolder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

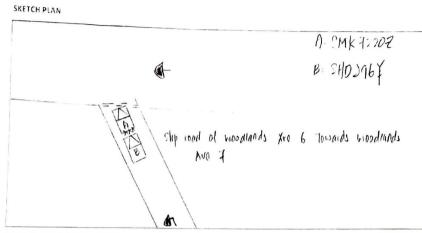
Reporting Centre Personnel's Signature

NRIC/FIN No.

STARS SHARING TO LARGE

HIEN HOER TECK

# Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 Was	stopped w	ith sta	tionary	at slip	road	of WOO	odland.	1 gro	6
towards	woodland	s Ave	7 to	check h	NAM YE	ad fr	affic	before	dru
out.									
	y, 1 felt		1			led ov	n r	Day p	blaton
of my	thicle	and	called	damag	IJ. A	ng			
							•		
	Additional to the second								
					-				

DECLARATION

We dealere the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Ormer's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

# ack to OneMotoring

# quire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type

Owner ID Vehicle Details

Vehicle No.

Vehicle to be Exported.

Intended Deregistration Date

Vehicle Make:

Vehicle Model

Primary Colour

Manufacturing Year.

Engine No.

Chassis No

Maximum Power Output:

Open Market Value

Original Registration Date

First Registration Date.

Transfer Count

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

The information contained herein is correct as at 07 Apr 2020

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid

COE Rebate Amount

Total Rebate Amount:

23 Apr 2019

\$12,462.00

\$12,462.00

23 Apr 2019

Company

SMK7220Z

07 Apr 2020

AD AVANTE 1.6 GLS (A)

KMHD841CMKU893845

G4FGKU126487

93.8 kW (125 bhp)

HYUNDAI

White

2019

911Z

No

Yes

22 Apr 2029

\$9,346.00

22 Apr 2029

A - Car up to 1600cc & 97kW (130bhp)

10

\$26,659.00

\$24,104.00

\$33,450.00

OK