ASS. REC. BY: CAME - CS CTI 2000	105252/R1 Vf3 827F - 300 15 101
	SIGNMENT COX FIREY: 1029.
From: Date:	Veh No SRL 4348C Yr Fran: 2009 FBS Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxx / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
at Workshop m/s How CML	Colour BLACK AJC Insured / Std / NI / NA
of love bornocan LD3 HOI-49	Sp.Reading 185219 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No	C/NO: STOCK 12W 40300 1976
Claims No.	Gen. Cond: Good / Fair Poor / Burnt
Sum Insured: Excess:	Steering: Iporde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Morder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 45/65R/5
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA MIR OHTSU / PIR / SUM! /
répair at the time of inspection.	TOYO/YOKO or
Bal, or Market Value: 45K	Front
0 1 1 10 V No	R/Bal. 5 mm R/Bal. 5 mm
Consistent 2 : Voc or No	L/Bal. 5 mm UBal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	D.O.A. 08/04/2020
Est. Repairs: days Res.: Yes or No	11 0 0000
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftcp or
Vehicle: IN/OL	001
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Final Report	Rosurvey No. of Trip: Survey Fee:
Date/firme, File Return to?	Leacportation
Add	Fee: Site Insp (\$ ) - FPS_SI
2)	Interview (\$ ) Habs
	Training and the state of the s
Pep Former:	: Tech. Invs (5 ) obers
Lump Sum / CB.1: Ca	Westend (%
	·(AL

#### 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

#### ACCIDENT STATEMENT

09/04/2020 16:14 Date Of Report 08/04/2020 18:15 **Date Of Accident** 

TURNHOUSE ROAD (PUBLIC CAR PARK) **Exact Location Of Accident** 

SINGAPORE Country/State of Loss

### II DETAILS OF OWN VEHICLE:

SKL4348C Vehicle Registration Number

Insured/Policyholder

**ER WEILIE KENNY** Name Of Registered Owner

SXXXX827F NRIC No

SHINHWAKID@GMAIL.COM **Email Address** (LOCAL) +65-96212606 Mobile Phone No OFFICE-91133697 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer WISH-1.8 (A) Model

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

MT/00682396 Policy Number

Cover Note Number

Driver

ER WEILIE KENNY Name of Driver

NRIC No SXXXX827F Date Of Birth 04/01/1982 Occupation INDOOR Date Of Driving Pass 10/04/2003

**Driving Experience** 16 YEARS AND 11 MONTHS

Gender MALE

(LOCAL) +65-96212606 Mobile Number

Fax Number

Contact Number OFFICE-91133697

**EMail Address** SHINHWAKID@GMAIL.COM Address

APT BLK 620 BUKIT PANJANG RING ROAD

#09-828

postcode

670620

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

COLLIDED INTO PARKED VEHICLE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? 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** 

NO

Was the accident reported to the police?

If Yes, Please state which Police Station Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAILS.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## IDETAILS OF OTHER VEHICLE PROPERTY 11

Vehicle Registration Number

YP9428K

Vehicle Make/Model/Colour

**FUSO** 

**Details Of Properties** 

Vehicle Category

GOODS VEHICLE

Name of Driver

RAVIKUMAR VIJAYAKUMAR

NRIC/Passport Number

Contact Number

82843132

Address

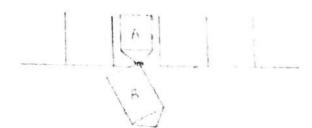
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN



Vehicle A: SKL4348C Vehicle B: YP9408K

TURNHOUSE ROAD (PUBLIC CARPARK)

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/4/20 at about 615pm, my vehicle (SKL4348C) was
carked at Turnbonce Road public confack where it was not any
and scup I was I NO GILDEN I The rear left side of the 12009
Colled with the land and capt side of my car when 7 12 mines no
The sac at anied I usen the lorge driver was at sac increases so
waiting for me. We exchanged particular and he explained the whole
incident and oppliqued,

DECLARATION

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

1 9/4/20

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Personnel's Signature Name NRIC/FIN No.

# Sketch Plan #2

## 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.
- 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.
- 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;
  - (fi) 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:
  - 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

Policyholder's Signature Date & Time:

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

Owner ID Type:	Singapore NRIC
Owner ID:	827F
Vehicle No.:	SKL4348C
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Apr 2020
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 AUTO
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	177.3229531
Chassis No	JTDER12W403001976
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value	\$18,803,00
Original Registration Date:	23 Feb 2009
First Registration Date:	23 Feb 2009
Transfer Count:	3
Actual ARF Paid	\$18.803.00
PARF Eligibility:	Forfeited N
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	50.00 AT
COE Expiry Date:	30 Nov 2028
COE Category:	B - Car (1601cc & above)
COE Period(Years).	10
PQPPad	\$32.121.00
COE Rebate Amount:	\$27,686.00
Total Rebate Amount:	\$27,686.00
The information contained herein is correct as at 17 Apr 2020	

