

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.

N/S	O/S

Bal. or Market Value: _____
 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: SDG9637U Yr Regn: 2009 / Apr
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Camry C.C. 1998
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp.Reading: 96826 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MR05B3K4107044260
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60R16
 R: 215/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 06/04/20
 Survey held at NHT.
 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
	<u>TPEQ</u>
	<u>MV : 31K.</u>
	<u>PV : 12.3K</u>
	<u>Nett : 18.7K</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Formed :

Lump Sum / L.P.C. :

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

____ \$ + PS. ____ \$

Photos

Others

TOTAL

COE Expiry : 29/02/24.

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	01/04/2020 15:04
Date Of Accident	31/03/2020 17:25
Exact Location Of Accident	UPPER CHANGI RD EAST & XILIN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG9637U
Insured/Policyholder	
Name Of Registered Owner	CHOO TECK SONG
NRIC No	SXXXX365I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96238603
Alternative Phone No	OFFICE-96238603

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY

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	5050097763-08
Cover Note Number	

Driver

Name of Driver	CHOO HWEE YING
NRIC No	SXXXX973H
Date Of Birth	02/05/1985
Occupation	INDOOR
Date Of Driving Pass	02/09/2014
Driving Experience	5 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96794879
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	20 BEDOK RISE #09-61
Postcode	465411
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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 DRIVING STRAIGHT ALONG UPPER CHANGI RD EAST AND XILIN AVE AT THE 4TH LANE OF 5 LANES. I SLOWED DOWN TO PREPARE FOR STOPPING AS TRAFFIC LIGHT WAS AMBER AND TURNED TO RED LIGHT. SUDDENLY, I FELT A HUGE IMPACT FROM BEHIND. 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	SMF7303U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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

CHOO HWEE YING

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SDG9637U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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.

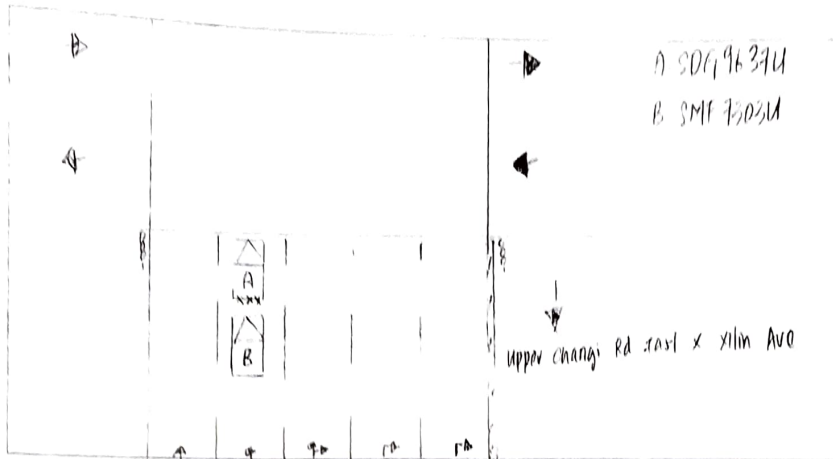
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along upper Changi Rd East x Xilin Ave at 4th lanes of 5 lanes.

I was slowed down to prepare for stopped as traffic light was amber and turned to red light.

Suddenly, I felt a huge impact from behind. Veh "B" collided onto rear portion of my vehicle and caused damages.

[Handwritten signature]

DECLARATION

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

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.:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Singapore NRIC

365I

Vehicle Details

Vehicle No.:

SDG9637U

Vehicle to be Exported:

No

Intended Deregistration Date:

29 Apr 2020

Vehicle Make:

TOYOTA

Vehicle Model:

CAMRY 2.0 AUTO ABS AIRBAG

Primary Colour:

Silver

Manufacturing Year:

2009

Engine No.:

1AZE133950

Chassis No.:

MR053BK4107044260

Maximum Power Output:

108.0 kW (144 bhp)

Open Market Value:

\$25,948.00

Original Registration Date:

25 Apr 2009

First Registration Date:

25 Apr 2009

Transfer Count:

0

Actual ARF Paid:

\$25,948.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

29 Feb 2024

COE Category:

B - Car (1601cc & above)

COE Period(Years):

5

PQP Paid:

\$15,967.00

COE Rebate Amount:

\$12,241.00

Total Rebate Amount:

\$12,241.00

Message

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 29 Apr 2020

OK



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Camry

Price Range

Depreciation

> 10 year(s)

Vehicle Type



Used Car Comparison

--- Comparing 3 Vehicles ---

Toyota Camry 2.0A (COE till 03/2024)


[Clear All](#)
[Add all to Shortlist](#)
[Back to search result](#)

Toyota Camry 2.0A (COE till 09/2024)


[Add to Shortlist](#)
[Add to Shortlist](#)

Toyota Camry 2.0A (New 5-yr COE)


[Add to Shortlist](#)


NO IMAGE AV

Use search bar above to set to compare.

CAR DETAILS

Price	\$41,800	\$35,800	\$37,800	-
Instalment	N.A.	N.A.	N.A.	-
Registration Date	27-May-2009	24-Sep-2009	17-Mar-2010	-
Manufactured	2009	2009	2010	-
Mileage	157,000 km	88,000 km	121,266 km	-
Transmission	Auto	Auto	Auto	-
Engine Cap	1,998 cc	1,998 cc	1,998 cc	-
Road Tax	\$1,331 /yr	\$1,331 /yr	\$1,210 /yr	-
Power	108.0 kW (144 bhp)	108.0 kW (144 bhp)	108.0 kW (144 bhp)	-
Curb Weight	1,530 kg	1,530 kg	1,530 kg	-
Features	16V 2.0 DOHC VVT-i Engine, 4 Speed Super ECT, 4 Airbags, ABS, Climatic Aircon, Immobiliser, Cruise Control, Electric Seats, Multi Steering Controls.	After Work Viewing Welcomed Catered To Your Schedule, We Will Be Glad To Serve. No Obligations. Mechanical Or STA Inspection Welcomed. Cheapest!	2.0L 4 Cylinders 16 Valves DOHC VVT-i Engine, Automatic Transmission, SRS Airbags, Auto Headlights And Rain Sensors, Traction Control, Cruise Control.	-
Accessories	Beige Interior, Leather Seats, 16" Rims, Factory Audio/CD System, Rear Vents, Walnut Trimming, Reverse Sensors, Auto HID/Fog Lamps, Tinted Films.	All Original, Sports Rims, Leather Seats, CD Player/Audio System, Retractable Side Mirrors With Indicator, Solar Film, Reverse Sensor, Steering Controls.	Premium Upholstery Electric Leather Seats, Sports Rims, Built-In Audio With Steering Controls, Reverse Sensors, Retractable Side Mirrors, Solar Films.	-
Description	Tip Top Condition, Most Popular Luxury Sedan In The Market. Secured And Well Maintained By Fussy Owner. Immaculate Condition Inside And Outside. Give Yourself A Peace Of Mind! Buy It From Us! A Company With Professional Sales Serviced Assured. Call Our Sales Team And Arrange For Viewing.	High Loan Available, In-House Comprehensive Warranty With 24/7 Breakdown Recovery Service, Brand New Leather, New Paintwork. Buy From Reputable Company With Good Track-records. Call Now For Appointment! We Welcomed Ex-bankruptcy. Best Purchase Experience Guaranteed! Check Us Out On Google Reviews!	(Fire Sales, Fight COVID-19 With Own Transport) New 2010 Facelifted Unit. Luxurious And Spacious Japanese Sedan Ideally For Daily Drives. 12,000km Mileage Clocked Annually Only, Under-Usage Low Mileage. Buy With Confidence, Comfort And Power All In One Car. Fully Done Up To Showroom Unit Standard. New Paintwork. New Tyres. Road Tax Till 2020 Sept. Bidded No. '6006' Along. By Appointment.	-
COE	\$16,509	\$18,971	N.A.	-
OHV	\$26,727	\$27,271	\$26,443	-
ARF	\$26,727	\$27,271	\$26,443	-
Depreciation	\$10,650 /yr	\$8,130 /yr	\$7,560 /yr	-
No. of Owners	2	2	2	-
Type of Vehicle	Luxury	Luxury	Luxury	-
Category	COE Car, Premium Ad Car	COE Car, Premium Ad Car, Low Mileage Car	COE Car, Premium Ad Car	-