

ASS. REC. BY:

REF: MSG/

Kenneth

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. _____

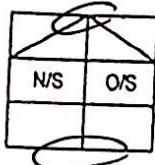
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or NoCA / REV / REP 4/24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STR 895 X Yr Regn: 06, 09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Avante c.c. 1591Colour M. Silver AC: Insured / Std / NI / NASp. Reading 12.1131 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM1H DU 41BR 94 772144Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: R. HankookR: 1414 185/65R15

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 28/4/20

Survey held at

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 5/5/2020

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

8/19

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>Est not ready</u>

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

: S + R.S. \$ _____

: Fuel \$ _____

: Others _____

TOTAL

Report Format: _____

Lump Sum / I.B.I. (\$) _____

> Back to OneMotoring

SJR895X
7P/MS16

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 422H

Vehicle Details

Vehicle No.: SJR895X
Vehicle to be Exported: No
Intended Deregistration Date: 30 Apr 2020
Vehicle Make: HYUNDAI
Vehicle Model: HD AVANTE 1.6 A
Primary Colour: Silver
Manufacturing Year: 2009
Engine No.: G4FC9U662542
Chassis No.: KMH DU41BR9U772144
Maximum Power Output: 89.7 kW (120 bhp)
Open Market Value: \$11,263.00
Original Registration Date: 09 Jun 2009
First Registration Date: 09 Jun 2009
Transfer Count: 2
Actual ARF Paid: \$6,880.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 Apr 2024
COE Category: A - Car (1600cc & below)
COE Period(Years): 5
PQP Paid: \$13,088.00
COE Rebate Amount: \$10,470.00
Total Rebate Amount: \$10,470.00

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 30 Apr 2020

OK

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	29/04/2020 17:09
Date Of Accident	28/04/2020 17:40
Exact Location Of Accident	YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR895X
Insured/Policyholder	
Name Of Registered Owner	RASHILLAH BINTE ABDUL HAMID
NRIC No	SXXXX422H
Email Address	OSHILLAH1977@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93636637
Alternative Phone No	OTHERS-93636637

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3068421902
Cover Note Number	09/12/2019 - 08/12/2020

Driver

Name of Driver	RASHILLAH BINTE ABDUL HAMID
NRIC No	SXXXX422H
Date Of Birth	07/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93636637
Fax Number	
Contact Number	OTHERS-93636637
E-Mail Address	OSHILLAH1977@HOTMAIL.COM

Address 1110 SEMBAWANG ROAD
Postcode 758525
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 CHAIN COLLISION
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 3
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) 2
Passenger 1 NAME: : ADAM OMAR CHAVEZ
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name UBI AVE 3
Police Station Address ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20200428/7027.

Attachment(s)

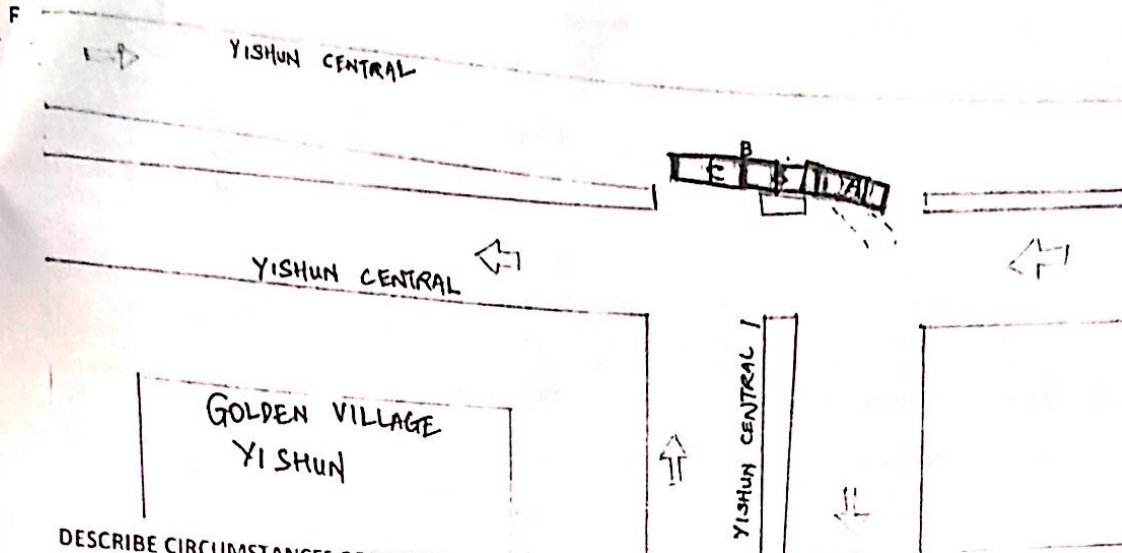
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ6303E
Vehicle Make/Model/Colour WHITE TOYOTA
Details Of Properties
Vehicle Category PRIVATE HIRE
Name of Driver ABDUL HALIM BIN BULAT @ ABDUL HALIM BIN ABDUL RAHMAN
NRIC/Passport Number SXXXX829D
Contact Number 82010856
Address
Postcode

ASS.

Kenn SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT AROUND 5.38PM, I ENTERED YISHUN CENTRAL ROAD AND TOOK THE EXTREME RIGHT LANE TO TURN RIGHT INTO YISHUN CENTRAL 1. THERE WAS CAR A IN FRONT OF ME AND I WAS IN CAR B. WE WERE BOTH STATIONERY AND I WAS WAITING FOR CAR A TO MOVE AND MAKE THE ^{RIGHT} TURN WHEN SUDDENLY CAR C ^{CAME OUT FROM NOWHERE} HIT ME WITH A VERY LOUD BANG. AT THE REAR OF MY CAR. THAT IMPACT SENT MY CAR SURGING FORWARD AND HIT CAR A. THERE WAS NO CAR BEHIND CAR C WHEN THE ACCIDENT HAPPENED. TRAFFIC WAS LIGHT. I FELT A SHARP PAIN AT THE BACK OF MY HEAD AND NECK. I WAS IN SHOCK AND COULDN'T MOVE FOR AWHILE. MY SON ALSO HAD AN IMPACT ON HIS HEAD AS HE WAS TALL AND HIS HEAD HIT THE ROOF OF MY CAR. AFTER ENSURING THAT HE WAS OKAY, I EXITED MY CAR AND THE DRIVER OF CAR C ASKED ME IF THE DRIVER OF CAR A JAMMED BRAKED. I SAID NO. YOU HIT ME WITH SUCH AN IMPACT THAT MY CAR SURGED FORWARD AND HIT CAR B. I GOT THE VIDEO RECORDINGS AND SOME PHOTOS OF THE ACCIDENT.

Note Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy Please check with your policy for more information.

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/ID No

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

29/4/2020
YB Dulyr