

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: \_\_\_\_\_

N/S	O/S

(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: 5 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: SmJ4672C 11 Regn: 2015 Dec.  
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Mit Attrage cc 1193  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp Reading: 103585 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: MMBSTA13AFH018514  
 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: 185/55R15  
 R: 185/55R15  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Tourador  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 06 mm R/Bal. 06 mm  
 L/Bal. 06 mm L/Bal. 06 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 25/06/20  
 Survey held at NSI  
 Des. of Damages: Frnt / 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>TP Chin.</u>

03/07/20@11.55am revised to Pauline Tham via Merimen.

mv : 38K (Depreciation @  $5.8K \times 5 \text{ years} + \text{Mileage} = 31.9 + 6K \approx 38K$ )  
 PV : 35.2K  
 Net: 2.8K

LS \$2800, 5 days (Red \$4842.74, 63%)

Date/Time, File Pass to? ☐ : Preli. Report

Days Of Repair: 5

03/07 Typist ☐ : Final Report

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Flotite

Other:

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Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Mileage (\$

Report Form: MER-TP

Lump Sum: 2800

<u>Vehicle No.</u>	SMJ 4672C			Model / Make	Mitsubishi Pajero
Date of Accident	22/6/2020				
Time of Accident	1635 HRS				
Location of Accident	Along 421 Tigore Industrial Avenue Storey 2				
Exact purpose use during accident	Private use				
<u>Name of Owner</u>	SG Car Rental & Sales Pte Ltd				
Telephone No.	H/P :	Home :	Office :		
NRIC	201509693D				
Address	66 Tannery Lane #01-05J Sindo Industrial Building				
Claim type	OD	THIRD PARTY	REPORTING ONLY	S(347805)	
Insurance Company	NTUC				
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft		
Policy No.					
<u>Name of Driver</u>	As Above If No, Wong Shu Min Cassandra				
NRIC	S9147795E		Any Passengers : —		
Date of birth	25/12/1991				
Occupation	Outdoor	/	Indoor		
Driving License Pass Date	28/1/2011				
Gender	Male / Female				
Contact No.	H/P :	92252463	Home :	Office :	
Address	BLK 155 Yishun Street 11 #12-102 S(760135)				
Driver have any own vehicle	(No) If yes, Reg No.				
Relationship	Employee, If no, state <u>Hirer</u>				
Weather condition	(Clear) Raining Other				
Road Surface	(Dry) Wet Other				
Any Injuries	(No) If Yes, Who?				
Name And Contact No.					
Name And Contact No.					
Police Report	(No) If Yes, Where?				
<u>Vehicle B No.</u>	YN 646S		Any Passengers : —		
Name of Driver	Lee Kheng Nien		Contact No. : 9616 9168		
<u>Vehicle C No.</u>	Any Passengers :				
<u>Vehicle D No.</u>	Any Passengers :				
<u>Vehicle E no.</u>	Any Passengers :				
<u>Vehicle F No.</u>	Any Passengers :				
<u>Vehicle G No.</u>	Any Passengers :				
Witness Name	Kenny		Witness Contact : 9833 4449		
Accident Portion	Front portion				
Camera Recorder	Yes / (No)				
Email Address	jmcassandraa@gmail.com				
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON	Brandon				
FAX NO	6741 0510				
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg				


## SKETCH PLAN

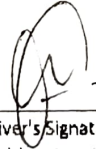
### IMPORTANT NOTICE

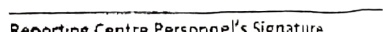
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

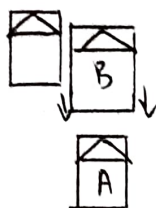
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



421 Tagore Industrial Avenue  
Storey 2

Veh A: SMJ4672C  
Veh B: YN646S



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, my vehicle A (SMJ4672C) was stationary at 421 Tagore Industrial Avenue storey 2, in front of the unit no. #02-10. I ensure my vehicle was in good condition before leave my vehicle. After a while, I was been told by the witness Kenny that there was another vehicle B (YN646S) collided onto the front portion of my vehicle while he was reversing his vehicle. We managed to exchange both parties particular and the driver of vehicle B admitted was he in fault.

## 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	693D
Vehicle Details	
Vehicle No.:	SMJ4672C
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jun 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	ATTRAGE 1.2 CVT
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	3A92UCT3090
Chassis No.:	MMBSTA13AFH018514
Maximum Power Output:	57.0 kW (76 bhp)
Open Market Value:	\$12,640.00
Original Registration Date:	29 Dec 2015
First Registration Date:	29 Dec 2015
Transfer Count:	1
Actual ARF Paid:	\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2025
PARF Rebate Amount:	\$3,750.00

Intended COE Rebate Details

COE Expiry Date:	28 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,989.00
COE Rebate Amount:	\$31,389.00
Total Rebate Amount:	\$35,139.00

The information contained herein is correct as at 25 Jun 2020

OK