CSZ/A/6 24	5007143 RIV+3 6778
ASS. REC. BY: Popul CSSING ASSIG	GNMENT COS XPIRY: 2016 MAY
grs Assi	Veh No: SML 90295 Yr Regn: 2006 / June 1
From: Date:	Veh No: SML 70175 Yr Regn: 7008 70  Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Type Ni. Cal 7 III. Sycie 7 Bus 7 Tan 1 Egity 1 Tan
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:SML 9029S	Make: TOYOTA WISH INA c.c 1794  Colour Colour A/C: Insured / Std / NI / NA
at Workshop m/s V-Tout auto Stavice.	Goldar When .
of 1, soon Let ST \$06-04 PLONESSECTE	op.resoning 110707
Insured: MG	Eng/No:
Policy No.	CINO: ZNE 1003 12475
Claims No.	Gen. Cond: Good / Fals/ Poor / Burnt
Sum Insured: Excess:	Steering: Inorde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 195 (SRLS
(Policy Condition)	R:
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 TRUANGLE
Bal. or Market Value: 36K	Front Rear
	R/Bal. 6 mm
	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	0.10.10.0
Lum Sum: % 3 Val.: Yes or No	Survey held at V-TYCH
CA / REV / REP. / 24 HRS MP	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	<del></del>
	· · · · · · · · · · · · · · · · · · ·
· ·	
Date/Time, File Pass to? Proli Report	D. Of Develop 5
Tell. Report	Days Of Repair: 5
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) 14/7/20-Typist Add Fe	ee:
	: Interview (\$ ) Photos
Repair ormer: DAR	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (C)	:Weellend (%
Property and the state of the s	[ 440:31:41 () ci.
	TOTAL

...

#### SINGAPORE ACCIDENT STATEMENT

#### IPORTANT NOTICE

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
 07/07/2020 15:47

 Date Of Accident
 07/07/2020 07:50

Exact Location Of Accident TECK WHYE CRESCENT

Country/State of Loss SINGAPORE

#### HDETAILS OF OWN VEHICLE

Vehicle Registration Number SML9029S

Insured/Policyholder

Name Of Registered Owner SIMON HO KAH KIAT

NRIC No SXXXX677B Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97907827

Alternative Phone No OFFICE-97907827

Vehicle Particulars

Manufacturer TOYOTA
Model WISH-1.8 (A)

Exact Purpose for which vehicle was being used at

time of accident

PERSONAL 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 DMHCSN1928211900

Cover Note Number

Driver

Name of Driver SIMON HO KAH KIAT

NRIC No SXXXX677B

Date Of Birth 27/10/1978

Occupation INDOOR

Date Of Driving Pass 24/01/2003

Driving Experience 17 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97907827

Fax Number

Contact Number OFFICE-97907827

EMail Adalasa

APT BLK 641 JURONG WEST STREET 61 #14-48 ess 640641 tcode as driver an employee of the Insured's Company NO **OWNER** No, Relationship of the Driver with the Insured /ehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident COLLISION - CROSS JUNCTION Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) **Details of Police Action** Was the accident reported to the police? NO If Yes, Please state which Police Station NO Was notice of intended Prosecution given?

## Circumstances of Accident

If Yes, against whom?

I WAS DRIVING ALONG TECK WHYE CRESCENT. I NOTICED THERE IS A CAR COMING OUT FROM OPEN CARPARK ENTRANCE. IT STOP THERE & DIDN'T MOVE. I SLOW DOWN MY CAR AND PASSED BY, SUDDENLY THERE IS A BANG FROM MY REAR SIDE. THE CAR BANG INTO MY CAR.

#### Attachment(s)

C

Sp

Eng

C/N

Gen.

Steer Brake Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

### MIDETAILS OF OTHER VEHICLE PROPERTY 報

Vehicle Registration Number SLS3391J Vehicle Make/Model/Colour **Details Of Properties** Vehicle Category PRIVATE CAR Name of Driver TNG JIAN HUI NRIC/Passport Number SXXXX005B Contact Number 97513392 Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver) 3

## Sketch Plan

#### 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 in from at on provided most be as truthful and accurate as possible. As a submit representation of will harding of material facts may a low-insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this forms by insurance companies is not a nade instituted policy habitation the part of the insurance companies.
- 5 Any fatse reporting may be referred to the Police for investigation
- 6 The report will be forwarded by the insurers of the G-A Records Management Centur established by the General Insulance. Association of Singapore (G-A) for archiving and that copies of this separt will be a fire be made available open application by a terested parties.
- 2. By the lodgment of this report to the entires, you hateby consult to the archiving of this report at the tentre and to copies of the report being made available aforessed.
- Consent under the Personal Data Protection Act (POPA)

Landerstand acknowledge, agree and consent that

- Any more, my workshop and the General insurance Association of 5 repapers ("GIA") it evide permitted to collect, are insurance and/or process my personal information ratios in this litter) 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 (admissivelys) who have insured vehicle(s) involved in this accident fawyers/law firms the 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 reprocylauthority (such as the power), for the purpose(s) of
  - (i) processing, handling and/or dealing with my claims including the retriement of the claims and any recessary investigations relating to the claims.
  - (a) investigating the accident and/or my claims.
  - (indicativing out and/or dealing with my instructions or respect to gift any enduries by the
  - it-padministering my claims (including the mailing of correspondence interests, invoices, reports or finites to me which could invoive disclosure of certain personal data about mail to tring about delivery of the same as well as on the external cover of envelopes/mail puckliges), and/or
  - Iv) complying with applicable law in nominatering in classing had directed by with one at the my dained collectively the Purposes?
- It; an an aregist who have insufed setable(s) involved in this excident a native trial give lawyers place trial, may are permitted to called, use, disclose and/or processing Personal Information for a new or night of the above Pulpings, and
- (a) my Personal reformation may/can be disclosed by styled the histories or duor to A to this interest perhaps to provide set agents procloding their lawyers/law firms), which may be sited duits do of Schapere, for the or recipient the above Pornsier
- (d) my Protocol information will also be collected and used to compile claims to the pile in the pile, is self-sold detection risest gation and management to present and all fotors claims.
- (e) at ear to reation to collected under (d) above may be share a / disclosely
  - to all insulers and/or any other third parties that assist his call at the investigating investigating controlling or managing trauding phonon, law enforcement and government agreeness as that inchiving a relation the purposes stated in

In for complying with requirements under any regulations, law is a court aiders

THOMESPA OF THE PROPERTY OF TH

total Atom 3 3/30

Driver's Signature
of or year a net the published deco

And they were Personal's Suppliers
ware thing Yellow
your was twist items

SKETCH PLAN

Biocic 7	Open car par	k Entrana
5		
SML 702AS		<u>←</u>
Tect why town	e Crescent ards shye Ava	

I war dit	ving along Tee	+ whye creson
I notted to	home IS a car o	coming out from open car
	a It stop there	
-		
T close do	wn my car and there Ts a bar	1 passed by
Cuddolly,	there Ts a bar	ng from my near side.
The car	bang into my	CAY
114 2.	- 3	
		☐ Cheim own policy ☐ Cheim therd party
		Chain OO / TP at caher work shop     For record purpose
		CINERY NO POLEY NO
TARATION		101/
CLARATION by declare the foregoing partic	Was are true on every respect	a many canto

Une & Time:

(If drives is not the colicyholder)

Dise & Time:

IRICAIN NO. GOADDAN

## > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID:	Singapore NRIC 6778
Vehicle No.	SML90295
Vehicle to be Exported:	No.
Intended Deregistration Date:	13 Jul 2020
Vehicle Make:	TOYOTA
Vehicle Model:	. WISH 1.8 A
Primary Colour:	Silver
Manufacturing Year:	2006
Engine No.:	1ZZ2606398
Chassis No.:	ZNE100312455
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,660.00
Original Registration Date:	17 Jul 2006
First Registration Date:	17 Jul 2006
Transfer Count:	2
Actual ARF Paid:	\$20.526.00
- Contractor Contracto	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
- MANAGERIAN CARRELL	
COE Expiry Date:	31 May 2026
COE Category:	E-Open Category
COE Period(Years):	10
PQP Paid:	\$46.048.00
COE Rebate Amount:	\$27,084.00
Total Rebate Amount:	\$27,084.00
The information contained herein is correct as at 13 Jul	2020

OK

