

ASS. REC. BY:

REF:

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: SKW2629Y Yr Regn: 2015/0ctType: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Wish c.c. 1797Colour: white A/C: Insured / Std / NI / NASp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 26E206025110

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/50R17R: 215/50R17

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

TOYO / YOKO or Maxxis

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. 6/7/20 D.O.I. 09/07/20Survey held at Mg SolutionDes. 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>TP Ecgo.</u>
	<u>MV: 63K</u>
	<u>PV: 45.3K</u>
	<u>Nett: 17.7K</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 30/7/20-Typist

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Days Of Repair: 21Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: MerimenLump Sum / ~~LB~~: (\$ 17,000)

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	08/07/2020 14:45
Date Of Accident	07/07/2020 18:45
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 5 & AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2629Y
Insured/Policyholder	
Name Of Registered Owner	OW THEAM SING TERENCE
NRIC No	SXXXX740I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83281977
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA070588/1
Cover Note Number	

Driver

Name of Driver	OW THEAM SING TERENCE
NRIC No	SXXXX740I
Date Of Birth	15/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1990
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83281977
Fax Number	
Contact Number	OFFICE-60000000
Email Address	NOEMAIL

Address	BLK 539 ANG MO KIO AVENUE 10 #22-2571
Postcode	560539
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	COLLISION - CROSS JUNCTION
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)	4
Passenger 1	NAME: : NOELLE WEE GENDER: : FEMALE
Passenger 2	NAME: : JULIEN OW GENDER: : MALE
Passenger 3	NAME: : JAVEN OW GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T/20200708/7010
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Report please refer to Police Report

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	SKL1807P
Vehicle Make/Model/Colour	
Details Of Properties	
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 OW THEAM SING TERENCE
Approximate Age 52
Injuries Sustain UNKNOWN
Injured person in which vehicle? SKW2629Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NOELLE WEE
Approximate Age
Injuries Sustain UNKNOWN
Injured person in which vehicle? SKW2629Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name JULIEN OW
Approximate Age
Injuries Sustain UNKNOWN
Injured person in which vehicle? SKW2629Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name JAVEN OW
Approximate Age
Injuries Sustain UNKNOWN
Injured person in which vehicle? SKW2629Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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. 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 cited 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 (a) 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.

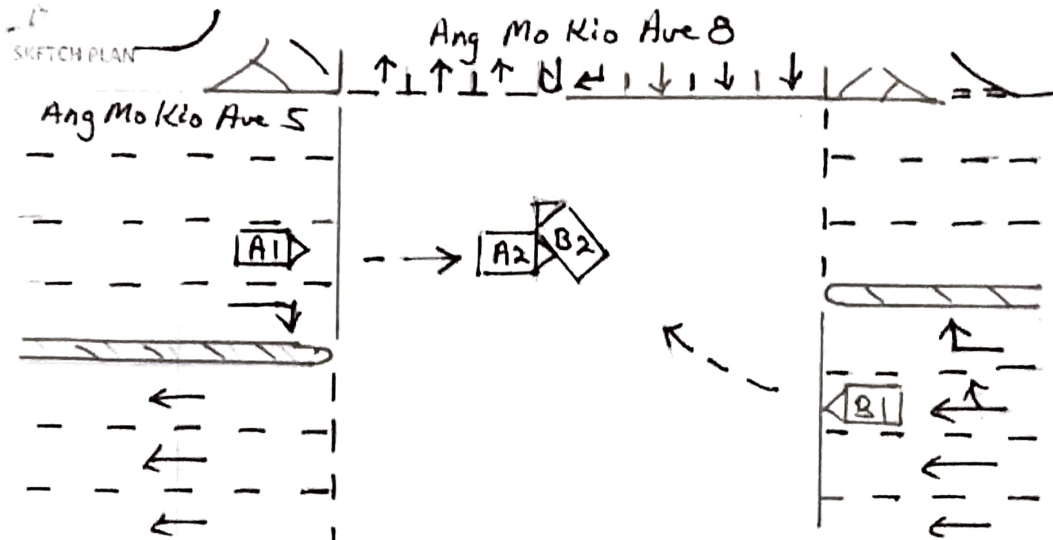
Policyholder's Signature
Date & Time

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

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

RONNIE
S11318290

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No :-

T/20200708/7010

[Handwritten signature]

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check 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/IN No:

[Handwritten signature]
571313-90

Police Report



**SINGAPORE
POLICE FORCE**



T 20200708/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T 20200708/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2020 12:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TERENCE OW THEAM SING			Address: APT BLK 539 ANG MO KIO AVENUE 10 #22-2571 SINGAPORE 560539		
ID Type / ID No.: NRIC NO / S68147401			Contact No.: Home/Office: Mobile: 83281977		
Nationality: SINGAPORE CITIZEN			Email: totsing68@gmail.com		
Sex: Male	Age: 52	Date of Birth: 15/04/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Working proprietor (manufacturing)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/07/2020 18:45	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL1807P	Car					0
SKW2629Y	Car	TOYOTA	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR	White		3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW2629Y	AXA INSURANCE SINGAPORE PTE LTD	GA070588	23/10/2019	22/10/2020

Police Report



**SINGAPORE
POLICE FORCE**



T20200708/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000

2 of 3

Report No. T/20200708/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TERENCE OW THEAM SING	ID No.	S6814740I
Related Vehicle	SKW2629Y (Car)	Contact No.	83281977
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/07/2020 at about 1845hrs at Junction of Ang Mo Kio Avenue 5 and Ang Mo Kio Avenue 8, I was travelling on the lane 2 along AMK Avenue 5 towards CTE and when coming towards the above mentioned junction, suddenly a vehicle (B) from the opposite direction making a right turn without stopping and without giving way to my oncoming traffic hence collided onto my front portion of my vehicle (A) causing damages to my vehicle. I wish to state that during the incident the traffic was 'GREEN' to my favour. I have 3 passengers inside my vehicle and was convey to the hospital on the spot. I have 3 days MC.

Vehicle A: SKW2629Y
Vehicle B: SKL1807P

Police Report



SINGAPORE
POLICE FORCE



T/20200708/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200708/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
08/07/2020 12:05

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 7401

Vehicle Details

Vehicle No.: SKW2629Y
Vehicle to be Exported: No
Intended Deregistration Date: 08 Jul 2020
Vehicle Make: TOYOTA
Vehicle Model: WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR
Primary Colour: White
Manufacturing Year: 2015
Engine No.: 2ZRB629379
Chassis No.: ZGE206025110
Maximum Power Output: 105.0 kW (140 bhp)
Open Market Value: \$18,087.00
Original Registration Date: 23 Oct 2015
First Registration Date: 23 Oct 2015
Transfer Count: 0
Actual ARF Paid: \$18,087.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 22 Oct 2025
PARF Rebate Amount: \$13,565.00

Intended COE Rebate Details

COE Expiry Date: 22 Oct 2025
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$60,001.00
COE Rebate Amount: \$31,726.00
Total Rebate Amount: \$45,291.00

The information contained herein is correct as at 08 Jul 2020

OK



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Find out more



toyota wish

Price Range

Depreciation

2015

Vehicle Type

Used Car Comparison

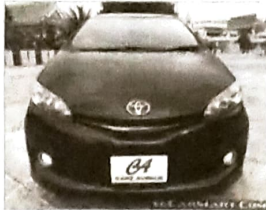
--- Comparing 4 Vehicles ---

Toyota Wish 1.8A Elegance

Toyota Wish 1.8A Elegance

Toyota Wish 1.8A Elegance

Toyota Wish 1.8A X



Clear All

Add all to Shortlist

Back to search result

Add to Shortlist

Add to Shortlist

Add to Shortlist

Add to Shortlist

CAR DETAILS

Price	\$60,888	\$61,988	\$63,800	\$63,800
Instalment	\$816	\$831	\$820	\$820
Registration Date	31-Jul-2015	06-Aug-2015	12-Oct-2015	21-Oct-2015
Manufactured	2015	2015	2015	2015
Mileage	56,635 km	47,000 km	88,000 km	60,716 km
Transmission	Auto	Auto	Auto	Auto
Engine Cap	1,798 cc	1,798 cc	1,798 cc	1,797 cc
Road Tax	\$976 /yr	\$976 /yr	\$976 /yr	\$974 /yr
Power	105.0 kW (140 bhp)	105.0 kW (140 bhp)	105.0 kW (140 bhp)	105.0 kW (140 bhp)
Curb Weight	1,360 kg	1,360 kg	1,360 kg	1,350 kg
Features	Original Condition.	Fuel-Efficient 1.8L DOHC With Dual VVT-I Valvematic With 7 Speed CVT Automatic Transmission Gearbox, ABS, SRS Airbags, Keyless Entry/Start.	Fuel-Efficient 1.8L DOHC With Dual VVT-I Valvematic, Transmission With Steptronic, ABS, Climatic Aircon Controls, Keyless Entry/Start.	Black Exterior With Select Approved Warranty
Accessories	Factory Fitted Interior.	Factory Fitted Audio System With Bluetooth, USB, AUX, Reverse Sensors, Solar Films, Auto Aircon Climate Control, Retractable Side Mirrors.	Keyless Ignition, Front And Rear Camera, Toyota Player, Sports Rims, Reverse Sensors, SRS Airbags, Leather Seats, Solar Film, Reverse Camera.	Keyless Entry/Start Climate Control. Ec Rear Seats, Revers
Description	Full Service By Borneo Motor! (FULL LOAN DEAL). 1 Owner Unit With Low Mileage Clocked. Confirmed Not PHV Unit Because At Least 2 Owner Status. The Highest Scrap Value At \$12418. Call Now For More Details And Arrangement.	Borneo Motor Unit! 1 Owner! High Paper Value! Clean And Beautiful Interior! Original Paintwork! No Dent! Flexible Loan, And Welcome Trade In! STA/VICOM Evaluation Welcome! Call Now.	Fully Agent BM Serviced And Maintained With Records. In Showroom Condition. New 4K Paint. Interior Complete Wash & Disinfected. Loan Provided If Needed. Call Us For A No Obligation Discussion. Test Drive Welcome.	Evergreen And Rel Size MPV, Equippe VVT-i Engine Provk Power For Your Da Returning Good Fu Cabin For 7 Passer Extended Trips Up Viewing.
COE	\$58,109	\$58,109	\$61,300	\$57,885
OMV	\$23,454	\$23,454	\$23,454	\$16,998
ARF	\$24,836	\$24,836	\$24,836	\$16,998
Depreciation	\$9,580 /yr	\$9,760 /yr	\$9,770 /yr	\$10,460 /yr
No. of Owners	1	1	1	2
Type of Vehicle	MPV	MPV	MPV	MPV
Category	PARF Car, Premium Ad Car	PARF Car, Low Mileage Car	PARF Car, Premium Ad Car	PARF Car, Premium
Availability	Available	Available	Available	Available

SELLER INFORMATION

Seller	Mutual Concept Motoring Pte Ltd	Kings Auto Enterprise	Carz Avenue
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