

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/INC20009253/Uqf3

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SMM 48325  
at Workshop m/s: 7.11  
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: 82k.  
IDAC Accident Report: 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

L7A 44637

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMM 48325 Yr Regn: 6.19  
Type: M.Cdr / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or (4)

Make: Mazda CX-3 c.c. 1998  
Colour: Blue A/C: Insured / Std / NI / NA  
Sp. Reading: 21956 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
C/No: Jm 6DK2W7A K0417448

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: 215/60 R16  
R: \_\_\_\_\_

BS: BMW / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front 7 mm Rear 7 mm  
R/Bal. 7 mm R/Bal. 7 mm  
L/Bal. 7 mm L/Bal. 7 mm  
D.O.A. 28/8/20 D.O.I. 1/9/20

Survey held at \_\_\_\_\_

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

Ree

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

Date / Time Action / Instruction 28/8/20

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1) \_\_\_\_\_  
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 + RS, SI

) Photos

) Others

Report Format :

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

TOTAL

## 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	29/08/2020 12:20
Date Of Accident	28/08/2020 14:50
Exact Location Of Accident	BARTLEY ROAD BESIDE SHELL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4832S
Insured/Policyholder	
Name Of Registered Owner	LEE SHAO MING, NOEL
NRIC No	SXXXX709D
Email Address	TONY07AUTO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84995831
Alternative Phone No	OFFICE-84995831

### Vehicle Particulars

Manufacturer	MAZDA
Model	CX3
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110692035-01
Cover Note Number	

### Driver

Name of Driver	LEE SHAO MING, NOEL
NRIC No	SXXXX709D
Date Of Birth	22/04/1993
Occupation	INDOOR
Date Of Driving Pass	03/06/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84995831
Fax Number	
Contact Number	OFFICE-84995831
EMail Address	TONY07AUTO@GMAIL.COM

Address	APT BLK 800 YISHUN RING ROAD #07-4391
Postcode	760800
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 - 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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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

REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU186U
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	

DETAILS OF INJURED PERSON 1

Name	LEE SHAO MING, NOEL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMM4832S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 800 YISHUN RING ROAD #07-4391
Postcode	760800




**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 Authorized 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 rescind 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.

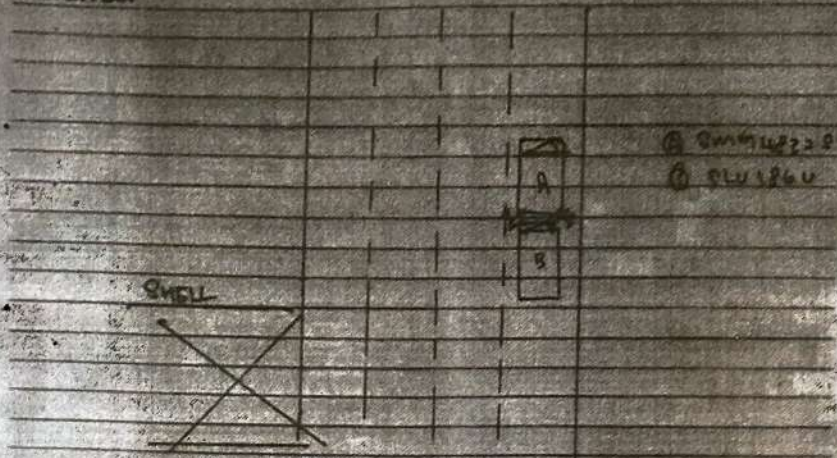
  
Policyholder's Signature  
Date & Time:

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

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



## SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/8/2020 at around 1450H, I was driving my vehicle SM4832S along burtley road and was rear ended by vehicle SLV186U. There was a vehicle SJV1745T that was on my left and attempted to cut into my lane without signalling and checking blind spot I was forced to brake which resulted in the collision. I have video evidence I felt pain and panicked to seek medical help. I was awarded 2 days M.C.

## 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/PII No.:

## &gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	709D
<b>Vehicle Details</b>	
Vehicle No.:	SMM4832S
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Sep 2020
Vehicle Make:	MAZDA
Vehicle Model:	CX-3 2.0 AT STANDARD 2WD
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	PE31358472
Chassis No.:	JM6DK2W7AK0417448
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$17,281.00
Original Registration Date:	28 Jun 2019
First Registration Date:	28 Jun 2019
Transfer Count:	0
Actual ARF Paid:	\$17,281.00 8640
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jun 2029
PARF Rebate Amount:	\$12,960.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	27 Jun 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$39,400.00
COE Rebate Amount:	\$31,677.00
<b>Total Rebate Amount:</b>	<b>\$44,637.00</b>

The information contained herein is correct as at 01 Sep 2020

OK



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Mazda CX-3

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Mazda CX-3		Any	Any	2019	Any	Any	Any	Available
		<b>Mazda CX-3 2.0A Standard</b>	<b>\$85,800</b>	\$8,730 /yr	15-Jul-2019	1,998 cc	27,803 km	SUV	Available
		100% Accident Free! As Good As New! Maintained & Warranty By Trans Eurokars! Single Owner! Powerful & Sporty SUV! The Perfect Co... The Car Shop							<b>PREMIUM AD</b>
		Posted: 31-Aug-2020 Tags: 2019 Mazda CX-3, 2019 mazda CX3, Mazda CX-3, mazda CX3, Mazda, CX-3, CX3							
		<b>Mazda CX-3 2.0A Standard</b>	<b>\$81,388</b>	\$8,520 /yr	29-Mar-2019	1,998 cc	14,800 km	SUV	Available
		Under-utilized Low Mileage Vehicle! Maintained And Warranty By Trans Eurokars! Single Owner! Powerful And Sporty SUV! The Perfect C...							<b>PREMIUM AD</b>
		Posted: 17-Aug-2020 Tags: 2019 Mazda CX-3, 2019 mazda CX3, Mazda CX-3, mazda CX3, Mazda, CX-3, CX3							
		<b>Mazda CX-3 2.0A Deluxe</b>	<b>\$82,888</b>	\$8,580 /yr	21-Jan-2019	1,998 cc	45,000 km	SUV	Available
		1 Owner! This Beautiful And Sporty SUV Mazda CX-3 2.0A Deluxe. Own By Careful Owner And 100% Accident Free! Fully Maintain By Ag...							<b>DIRECT OWNER</b>
		Posted: 08-Aug-2020 Tags: 2019 Mazda CX-3, 2019 mazda CX3, Mazda CX-3, mazda CX3, Mazda, CX-3, CX3							

Save this search criteria, to get email alerts whenever a match is found.

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