## CS/INC20009592/Atf3

17/3/

# ASSIGNMENT

From:	Dale:	Veh No: SMI8791R.	Yr Regn: 2013 / March.	
Estimated Cost:		Type:(M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD/TP/WS/	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehic	cle No:	Make: BMW 5201	c.c 1997	
at Workshop m/s	s	Colour Bluck. A	/C: Insured / Std / NI / NA	
of		Sp.Reading 122325.	/Radio: Insured / Std / NI / NA	
Insured:		Eng/No:		
Policy No.		C/No: WBAXG120407	DX51299	
Claims No.		Gen. Cond Good Fair / Poor / Burnt		
Sum Insured: Excess:		Steering: Morder Jammed / Leaked / Bu	rnt or	
(Client's Reco	rd)	Brake: Inorder Jammed / Leaked / Burnt or		
Make of Veh:		Modi: Nil (S/Rim) / STD A/Rim or		
		Tyre Size: F: 245/45 R	-18	
(Policy Condit	ion)	R: 245/451	28.	
Remark: The ve	eh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MI	C / OHTSU / PIR / SUMI /	
repair	at the time of inspection.	TOYO/YOKO or Contine	wal.	
Bal. or Market V	/alue:	<u>Front</u>	Rear	
IDAC Accident I	Rport: Consistent?: Yes or No	R/Bal. 06 mm	R/Bal. 06 mm	
GIA / PR See	n: Consistent? : Yes or No	L/Bal mm	L/Bal. 06 mm	
Est. Repairs:	days Res.: Yes or No		D.O.I. 08/09/20	
Lum Sum:	% 3 Val.: Yes or No Survey held at S⋅K.			
CA / REV /	REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N	/S / U/C / Rooftop or	
Date:	Vehicle: IN / OUT Person Contacted:	The U/C / Chassis frame / Body St	ructure affected due to collision.	
Date / Time	Action / Instruction			
	TP INC.	•		
	M1/	7700 0-1		
	MV: lump sum \$2700, 3days PV: (red:6578.38;70%)			
	Nett:			
Date/Time, File Pass to? : Preli. Report Days Of Repair: 3				
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Ro	- Interest	[minimals]	Transportation:	
2)	Add Fed	∋: Site Insp (\$	)S+PSSI	
	-	: Interview (3	) Fhoios	
Report For	nei :	: Tech. Invs (3	) Oiher:	
Limit Sim I LP I: Co				
			7(9/).	



## 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 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

The second second	ACCIDENT STATEMENT
Date Of Report	04/09/2020 10:40
Date Of Accident	03/09/2020 12:20
Exact Location Of Accident	JURONG POINT SHOPPING MALL BASEMENT 1 CARPARK
Country/State of Loss	SINGAPORE
and the second second	DETAILS OF OWN VEHICLE

SMJ8791R

DETAILS OF OWN VEHICL

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner NAH BOON HUI MAX

NRIC No SXXXX734H Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97942315 Alternative Phone No OTHERS-97942315

Vehicle Particulars

Manufacturer **BMW** 

Model 520I-2.0 L AT D/AB 2WD 4DR GAS/D NAV (A)

Exact Purpose for which vehicle was being used at

time of accident

**CAR WAS PARKED** 

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 DMPCSN30329819000

Cover Note Number

**Driver** 

Name of Driver CHANG MEI KHUAN MARY

NRIC No SXXXX592A Date Of Birth 25/12/1969 Occupation **INDOOR Date Of Driving Pass** 26/05/1998

**Driving Experience** 22 YEARS AND 3 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-97942315

Fax Number

Contact Number OTHERS-97942315

**EMail Address** NOEMAIL Address

351 PASIR PANJANG ROAD

#03-11 MURANO

Postcode

118693

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

**SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

**CLEAR** 

Road Surface

DRY

#### Other Information

involved in the accident

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

Was any body injured in the Accident?

NO

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)

0

## **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**

PLEASE REFER TO SKETCH PLAN

## 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 Witness 1**

Name

KONG KWEK FON

Phone Number

SECURITY OFFICER

**Email Address** 

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Make/Model/Colour

YP506C

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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
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- 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]

runderstand, acknowledge, agree and content 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/dersonal 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 whiche(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as thu "Insurers"), the Insurers' lawyers/law firms, the Monetery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) σf:
  - (i) processing, handling and/or dealing with my claims including the softlement 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 us responding to any enquines by me,
  - (iv) administering my claims (including the making of correspondence, statements, involves, reports or notices to ma 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 parkages); and/or
  - (v) complying with applicable law in administrating, processing, handling and/or dealing with a yithin it observely the
- to)—althougherfoll who have insured vehicle(a) involved to this accident and the historers, awyers/law time, incly/ine promitte s 30 COLOCG, USC, MICROSIS ANLY DE DECESSAL AFFE SUMEETIND INTRODUCT FOR OUR ARE A UNIT OF THE EMPARATE OF A PARAMETER OF
- (c) may Personal antermation may/can be disclosed by any of the Indurers and/or CIA to their third party service provident or agents(modeling their biogens/law lines), which may be sited outside of Singapore, for one or more of the if ow Project
- (d) my Personal Hiformation will also be collected and used to compile claims history for the purpose of fraudicetection, 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  $p_{a}$ ropse, 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:

Name:

NRIC/FIN No

#### Sketch Plan #2

SKETCH PLAN

A: SMI 8:191R B: YP 506 C

Johnson four Ethippiech MACC

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my vehicle at Jurong Point Shopping Mall at			
Basement 1 carpark lot. When I returned back to my			
Vehicle at about 12:20pm, I realised my vehicle rear portion was			
damaged and rehicle to had collided into my rehicle. I want			
to look for the security and they witnessed both			
Vehicles were in contact. The security officer is Kong Kwek Fon from			
Prosegur Security. I waited for the driver and we both			
agreed to proceed with insurance claim. THE DRIVER OF THE			
LURRY HAS ADMITTED THIS IS HIS FAULT			

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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

Name: NRIC/FIN NU.:

Reporting Centre Pe

## > Back to OneMotoring

# **Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

**Total Rebate Amount:** 

The information contained herein is correct as at 04 Sep 2020

Singapore NRIC

734H

SMJ8791R

No

04 Sep 2020

B.M.W.

520I 2.0L AT D/AB 2WD 4DR GAS/D NAV

Grey

2012

A0850370N20B20B

WBAXG12040DX52299

135.0 kW (181 bhp)

\$41,668.00

28 Mar 2013

28 Mar 2013

\$45,336.00

Yes

27 Mar 2023

\$27,201.00

27 Mar 2023

B - Car (1601cc & above)

10

\$73,900.00

\$18,931.00

\$46,132.00