	CS/CTI 200/0409/Uy63 ASSIGNMENT	
From: Date:	Veh No: SMQ2617ρ Yr Regn: 5/11/	19
Estimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	,
OD I F WS I TP RES I OD RES I EVA I INV I M	Truck / Trailer of A	
To Inspect Vehicle No: SM 4267	177 Make: KIA STONIC C.C 9	28
at Workshop m/s C&C U	6, 2m Colour Guy A/C: Insured / Std / NI	
of	Sp.Reading 13546 T/Radio: Insured / Std / NI	/ NA
Insured:	Eng/No:	
Policy No.	C/No: KNAD 681102632	69
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil (S/B/m / STD A/Rim or	
	Tyre Size: F: 205/55-R17	
(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 OF CONTINENTS/	
Bal. or Market Value: 075 K	Eront Rear	
IDAC Accident Rport: Consistent? : Ye	es or No R/Bal. 9 mm R/Bal.	mm
GIA / PR Seen: Consistent?: Ye	'es or No L/Bal. 9 mm L/Bal. 9	mm
Est. Repairs: 3 days Res.: Ye	es or No D.O.A. $27/9/20$ D.O.I. $30/9/2$	D
Lum Sum: /3/ % 3 Val.: Ye	es or No Survey held at	_
CA I DEV I DED I 24UDS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
CA / REV / REP. / 24 HRS	1 0 0 1	
	Vehicle: IN/OUT Rear O(S	
Date: Person Contacted:  Date / Time Action / Instruction	Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to co	llision.
Date: Person Contacted:  Date / Time Action / Instruction  L7A 35663	The U/C / Chassis frame / Body Structure affected due to co	
Date: Person Contacted:  Date / Time Action / Instruction  L/A 35663  1/0/20 Confirmed P/P  1/10 Sent Preli b	The U/C / Chassis frame / Body Structure affected due to co	
Date: Person Contacted:  Date / Time Action / Instruction  LAA 35663  Alore Confirmed Place  To Sent Pieli b  Date/Time, File Pass to? : Preli. Report	The U/C / Chassis frame / Body Structure affected due to co  \$ 3057.00 with Renemer (Red \$3257-00)  ay meximum  Days Of Repair: 3	
Date: Person Contacted:  Date / Time Action / Instruction  L/A 35663  //3/20 Confirmed P/P  1/10 Sent Pieli b	The U/C / Chassis frame / Body Structure affected due to co  3057.00 with Renew (Red \$3257-00)  y meximum  Days Of Repair: 3  Resurvey No. of Trip: 2 Survey Fee:	
Date: Person Contacted:  Date / Time Action / Instruction  L/A 3.5 663  A/O/20 Confirmed P/2  Date/Time, File Pass to?  Date/Time, File Return to?  Person Contacted:  Action / Instruction  L/A 3.5 663  Preli b  Preli b  Final Report  Date/Time, File Return to?	The U/C / Chassis frame / Body Structure affected due to co  3057.00 with Renemer (Red \$3257-00)  y merimen  Days Of Repair: 3  Resurvey No. of Trip: 2 Survey Fee:  Transportation:	
Date: Person Contacted:  Date / Time Action / Instruction  L/A 35663  //0/20 Confirmed P/2 e  Date/Time, File Pass to? : Preli. Report  1) : Final Report	Days Of Repair: 3 Resurvey No. of Trip: 2 Survey Fee: Transportation: Add Fee: Site Insp (\$ )_S+RS_SI	
Date: Person Contacted:  Date / Time Action / Instruction  L/A 35663  //0/25 Confirmed P/2  To Sent Pieli b  Date/Time, File Pass to?  1) : Final Report Date/Time, File Return to?	The U/C / Chassis frame / Body Structure affected due to co  3057.00 with Renemer (Red \$3257-00)  y merimen  Days Of Repair: 3  Resurvey No. of Trip: 2 Survey Fee:  Transportation:	

## 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

<ol><li>By the lodgement of this report to the insurers, you hereby cons aforesaid.</li></ol>	ent to the archiving of this report at the centre and	to copies of	the repor	t being ma	de available
	ACCIDENT STATEMENT			Service of Con-	
Date Of Report	28/09/2020 16:10			8	
Date Of Accident	27/09/2020 22:20				
Exact Location Of Accident	TAMPINES AVENUE 10				
Country/State of Loss	SINGAPORE	140			
D	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SMQ2617P		7	4	
Insured/Policyholder					
Name Of Registered Owner	BONG CHOON SIONG (HUANG JUN)	XIANG)			
NRIC No	SXXXX362J				
Email Address	JOHNGAMER76@YAHOO.COM.SG				
Mobile Phone No	(LOCAL) +65-81989740			8	
Alternative Phone No	HOME-81989740	W			
Vehicle Particulars					
Manufacturer	KIA				
Model	STONIC-998CC (A)				
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE		-	in the second	
Are you claiming under your own insurance policy for repair to your vehicle?	NO				
If No. Please state action to be taken	THIRD PARTY				

If No, Please state action to be taken

THIRD PARTY
PRIVATE CAR

**Insurance Company** 

Vehicle Category

Name of Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1900234760

Cover Note Number

Driver

Name of Driver BONG CHOON SIONG (HUANG JUNXIANG)

 NRIC No
 SXXXX362J

 Date Of Birth
 19/04/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 27/04/2010

Driving Experience 10 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81989740

Fax Number

Contact Number HOME-R1080740

Address

**BLK 929 TAMPINES STREET 91** 

#05-457 SINGAPORE

Postcode

520929

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OWNER

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? Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

5

Passenger 1

NAME:

: ENG SIEW LEE

GENDER:

: FEMALE

Passenger 2

NAME:

: JAYDEN BONG ZI XIN

GENDER:

: MALE

Passenger 3

NAME:

: ETHAN BONG ZHENG SHENG

GENDER:

: MALE

Passenger 4

NAME:

: RAYDEN BONG ZI HENG

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

TAMPINES N.P.C

Police Station Address

ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT # T/20200928/2071

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

GBH5862E

COMMERCIAL VEHICLE TEO CHEE TIONG SXXXX994C 98423845

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

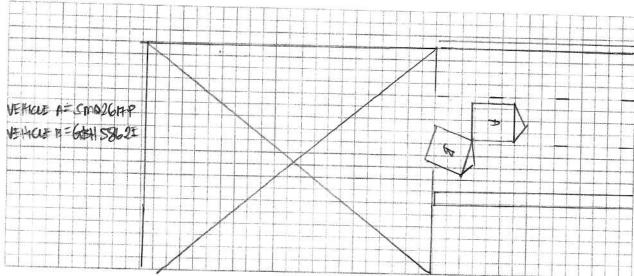
Reporting Centre Personnel's Signature

SERVICE

Name:

NRIC/FIN No.:

# SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT	
	/
	$\overline{}$
REFER TO POLICE PEPDET #	
REFER TO POLICE PEPOPT # T/20200928/2071	
SINCO MOS	

# **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.:

GIARMC SketchPlanForm\_V3

2

Station Diary No.:



Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Military 1				1 of 4
				928/201
			20200	1928 20
	-01	NO. TI	202	

No. 100		112
PORT OF A TRAFFIC ACCIDENT	Vide Report No.:	
ORT OF A TRAFF.		
THE RESERVE OF THE PARTY OF THE		S STREET 91 #05-457 SINGAPORE
		OTREET 91 #05-457 511
formant's Particulars	Address PAMPINE	5811
ame of Informant:	520929	24089740
ong CHOON SIONG	Toontact No	Mobile: 81989740
No. Va.	Home/Office:	
Type / ID No. IRIC NO / \$7615362.J	Email: Overhood	om.sg
	Email: johngamer76@yahoo.c	
SINGAPORE CITIZEN Date of Birth:	Type of Intollitation	Institution / School Name:
Sex: Age: Date of Birth:	Driver	Institution / School (Co.
Male 44 18/04/19/	Language:	
Race:	English  Driving Licence Inform	ation:
Chinese	Orlving Licence Inform	Date of Expiry:
Occupation:	Class: 3	
Engineer		
Type of Accident: Non-Injury Hit and Run Cocation:	Drive: No	Accident: Straight (1005) 27/09/2020 22:20
AMPINES AVENUE 10	2. 10 10 10 10 10 10 10 10 10 10 10 10 10	
/eather:	Road Surface:	Road Speed Limit.
lear	Traffic Control:	Traffic Volume:
raffic Flow:	Not Controlled	Light 1
ne Way		Anyone conveyed by
ype of Collision: etween Moving Vehicles - Head	To Real	ambulance:
SIVE THE COURT OF THE PROPERTY.		No
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		CHANGE PARTY
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Damaged

DET SR



Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 T/20200928/2071

2014

Report No 1/20200928/2071

CONTINUATION OF REPORT

Any Pedestrian II No. of Pedestrian	wolved No	Use of Peo	lestrian Cross	ing: NA
ALL IN SURE	By Fr		ID No.	S7114994C
Name	TEO CHEE TIONG		Contact No.	98423845
Related Vehicle	GBH5862E (Van)		Contact	
			Class of	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		Driving Licence & Expiry Date	
Control Control Control		Date Disc	harge NIL	
Date Treatment No. of Days gran	led Medical Leave   NIL	Degree o	f Injury NIL	THE RESERVE OF THE PARTY OF THE
TEXT STATE	FRENCH MITTERS		ID No.	S7615362J
Name	BONG CHOON SIONG			
Related Vehicle	SMQ2617P (Car)	ACTIONS.	Contact No	81989740
<b>经济和地</b> 加多			Class of	Class: 3
Hospital/Clinic	NL TO THE RESERVE TO		Driving Licence & Expiry Date	Date of Expiry: NIL
Date Treatment	NIL		charge NIL	
No. of Days grant	ed Medical Leave NIL	Degree	of Injury   NIL	

#### Brief Details

On 27/09/2020 at around 2220 hours I was driving my vehicle, SMQ2617P along Tampines Ave 10, Just after the exit of Tampines expressway towards Changi.

Suddenly another vehicle, GBI-6862E had hit the rear of my vehicle and he drave off without stopping, tried is signal to him by using hom and I drove beside his vehicle to signal him to stop but he did not signal to him to stop but he did not signal I men relieved the vehicle to one of the condominium near Bedok Reservoir.

residence an highlight after he reached the condominium carpark he did not park his vehicle, he circled he vehicle couple of times around the carpark then subsequently parked his vehicle but he did not all of his items and I decided to approach his vehicle.

has land to the second of the second of the particulars. He did not provide me with his IC of the particulars and the second of the second of

with the experiences and denie to the rear right of the bumper.



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999
CONTINUATION OF REPORT

T/20200928/2071

3014

Report No. T/20200928/2071



Police Station Of Origin: Tampines N P C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No. 1800-5871998 T/20200928/2071 4 of A
Report No. T/20200928/2071

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

IMPORTA TO Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the carried with you now, please fax a copy to 65474885 stating the report number as reference.

Michiel ecording The Reports

SHIME

Signature Of Informant:

Date/Time: 28/09/2020 18:01

Classification Of Case

# > Back to OneMotoring

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

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	362J	
Vehicle No.:	SMQ2617P	
Vehicle to be Exported:	No	
Intended Deregistration Date:	30 Sep 2020	
Vehicle Make:	KIA	
Vehicle Model:	STONIC 1.0 DCT SR	
Primary Colour:	Grey	
Manufacturing Year:	2019	
Engine No.:	G3LCKP079266	
Chassis No.:	KNAD6811VL6325694	
Maximum Power Output:	88.3 kW (118 bhp)	
Open Market Value:	\$19,040.00	
Original Registration Date:	05 Nov 2019	
First Registration Date:	05 Nov 2019	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$9,040.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	04 Nov 2029	
PARF Rebate Amount: Intended COE Rebate Details	\$6,780.00	
COE Expiry Date:	04 Nov 2029	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$31,759.00	
COE Rebate Amount:	\$28,883.00	
Total Rebate Amount:	\$35,663.00	

The information contained herein is correct as at 30 Sep 2020  $\,$ 

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\$58 until it's SOLD!

Cheapest And Most Economical Large MPV In The Market.



Nice Condition, View To Believe, 1 Caneful Owner Only ewiy Upgrade Android Play Direct Owner Stand

YONG LEE SENG MOTOR PTE LTD

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5 vehicles

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Ways of Selling

kia stonic

Model

Depreciation Any

2019

Eng Cap

Mileage

Veh Type Any

Available

✓ 20 results/page ✓

Search Selection

kia stonic

Advertiser Login

¥

\$8,520 /yr

19-Jun-2019

998 cc

20,500 km

Anv

Sort by Date Posted

Available SUV

Kia Stonic 1.0T SX Sunroof

\$78,888

DIRECT OWNER

One Owner Only! Buy With Peace Of Mind As Its Fully Serviced By C&C And Still Under Warranty Till June 2024! Well Taken Care And Low Mileage Of 20,500km. Please Refer To Pic For Other Add Ons. Loan Assistant Available! Feel Free To Call/Whatsapp Now To Enquire! Br...



Kia Stonic 1.0A EX

\$76,800

\$8,260 /yr

01-Aug-2019

998 cc

19,000 km

Available SUV

Beautiful Red Unit In Pristine Condition! Peace Of Mind! Fully Serviced By C&C! Still Under Agent 5 Years Warranty Till July 2024 And 10 Years Engine Warranty! 100% Accident Free! Low Mileage At Only 19000km! Owner Selling Due To Upgrading, Trade In Welcome, Viewi...

Posted: 26-Sep-2020 Tags: 2019 Kia Stonic, Kia Stonic, Kia, Stonic

Posted: 29-Sep-2020 Tags: 2019 Kia Stonic, Kia Stonic, Kia, Stonic



Kia Stonic 1.0A EX

\$72,800

\$8,200 /yr

06-Mar-2019

998 cc

26,000 km

SUV Available

Full Loan Available, Full C&C Servicing Since Day 1 Still Under Agent Warranty, Well Maintained By Previous Owner, Sporty Exterior And Spacious Interior, Good Fuel Consumption. Act Now For Viewing Or Test Drive Today!

1axis

Posted: 24-Sep-2020 Tags: 2019 Kia Stonic, Kia Stonic, Kia, Stonic



Kia Stonic 1.0T SX Two-Tone

\$78.888

\$8,760 /vr

05-Apr-2019

4,500 km 998 cc

SUV Available

Owned By One Meticulous Owner, Lowest Mileage And Only Dual Tone On Market. Slightly Negotiable Only.

DIRECT OWNER

Available

Posted: 21-Sep-2020 Tags: 2019 Kia Stonic, Kia Stonic, Kia, Stonic



2019 Kia Stonic Ex (For Lease)

\$1,950/mth Small package comes with a big punch. Judge the Kia Stonic, engineered with extra attitude. Contact us for more details! More info about this vehicle



Kia Stonic 1.0A EX

\$73,800

\$8,410 /yr

01-Feb-2019

998 cc

30,000 km

5 Years Warranty By C&C Till By Jan 2024, Excellent Pristine Condition, Fussy Owner, Smooth Drive And Spacious Interior, No Repair Required And Just Done Up Servicing. Buy With Confident And View To Believe, 100% Bank/inhouse Loan Available With Cheap Insuran...

Posted: 21-Sep-2020 Tags: 2019 Kia Stonic, Kia Stonic, Kia, Stonic

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

Model

Price

Depreciation

Eng Cap

Mileage

Veh Type

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# CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD **EUNOS LINK SERVICE CENTRE**



330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

# **ESTIMATE**

			E	SIIMAIE				F.
Invoice Name & Address					Owner Name & Vehicle Info			
3 Sp			ORE)	Cust No/Name Reg No/Reg Date Date In/Mileage Chassis No		/ 05/11 / 13392		uang Junx
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			• Page ne	rices are subject to confirma	T. B. C. COLON	1	<u> </u>	
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F0000018	Credit			303 / Renemer	urveyed and	53860		
		Description of Goods		Like in an appropriate in of it in all		Unit Price	Disc%	Amount
S MIPNT880			Acknowle	edged by Repairer				250.00
	IC/SCANN	ING	Signature	3:			0 0	100.00
S MIPNT880	ALL LIGH	HTING/WIRING SYSTEM ON	REAR ACC	CIDENT		1	80	
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OWNER CI REQUIRE TP#: GB	LAIMING T D REPLACE H5862E accepted	TP INS: CHINA TA		7.1	Parts Labour Standard Specialis Others(Lu Sundry	t Job	party,	2,304.0 0.0 0.0 4,010.0 0.0
Authorized	signator	y and company stamp		£	Sundry Total(w/o			6

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not inclu any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renew the rubber seal or other repair requiring the removal of the windscreen.

Authorized signatory and company stamp