DEMINA DESE 11 Segn 2017, Oct. SZT751T. 1 (1 1) (14) ), stanafed Gost Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / OD / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or Mit Attruce. To fuspect Vehicle Ho Make et Weat-shop in/s Coloui T/Radio: Insured / Std / NI / NA of Sp Reading Insured Eng/No. MMBSTA13AJHOOO497 Policy No. C/No: Gen. Cond: Good / Fair / Poor / Burnt Claims No Steering: Inorder / Jammed / Leaked / Burnt or aum Insured Excess Inorder / Jammed / Leaked / Burnt of Brake (Chent's Fee and) Malac of Veh Modi Nil ISIRim I STD A/Rim or 185/55R15 Tyre Size: 185/55RIS (Pickey Condition) N/S 0/8 Pemark: The veh had commenced its BS I DUN I EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI I repair at the time of inspection. TOYO / YOKO or Ball or Market Value Front Rear R/Bal. R/Bal IDAC Accident Rport Consistent?: Yes or No Consistent?: Yes or No L/Bal GIA / PR Seen D.O.A Res : Yes or No Est. Repairs days 3 Val. Yes or No Survey held at Lune Sum Des. of Damages : Frt / Regr / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: [1.7]-The U/C / Chassis frame / Body Structure affected due to collision Action / Instruction Date / Time 12 Days Of Repair: Preli. Report Survey Fee: **Final Peport** Resurvey No. of Trip: Transportation Date/Time File People in

Orland Figgs

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## 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	30/09/2020 10:51
Date Of Accident	30/09/2020 08:15
	THE THEO THACAT EVIT HIDONIC TOWN HALL PD

PIE TWDS TUAS AT EXIT JURONG TOWN HALL RD **Exact Location Of Accident SINGAPORE** 

Country/State of Loss

DETAILS OF OWN VEHICLE

SLT751T Vehicle Registration Number

Insured/Policyholder

SOH YEE LENG, DANNY (SU YILIN) Name Of Registered Owner

SXXXX250D NRIC No **NOEMAIL Email Address** 

(LOCAL) +65-93632650 Mobile Phone No OTHERS-93632650 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer **ATTRAGE** Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken

PRIVATE CAR Vehicle Category

**Insurance Company** 

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

1700057003-02 Policy Number

Cover Note Number

Driver

SOH SENG WAT Name of Driver SXXXX191I NRIC No 11/02/1947 Date Of Birth **INDOOR** Occupation 29/05/1975 **Date Of Driving Pass** 

45 YEARS AND 4 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-82227080 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address** 

Address

BLK 301 JURONG EAST ST 32

#05-42

Postcode

600301

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

**PARENT** 

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?

Was any injured conveyed to hospital by

YES

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)

1

## **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**

PLS REFER TO THE ATTACHED STATEMENT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

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

Vehicle Registration Number

**GBF3792Y** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Page 2 of 13

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SOH SENG WAT

**BACK & NECK** 

SLT751T

YES

NO

## **Accident Sketch Plan**

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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>.
- 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.
- 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.
- 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
  - 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.:

## **Individual Statement**

/	DIE TWOS TURS AT EX JURENG TOWN HALL	
	HURANG TAISH HALL	
	Joseph John John John	€4
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	or new	
	and the same of th	1/4
1-5477511	de	
B-GBF37927		and the same of th
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
On 30 SEP 2	020 at about 8 Isam, I	was down while A at East from ME
Mass) to I	one Town Hall Rd. I was went	ing at slip Rd to exit to Imag
7 44 01	I let be bet me to	The budy
loug HALL K.d.	who vande is not me	on or the
	and the second s	
DECLARATION	udest and both in the state of	
I/We declare the foregoing partic	ulars are true in every respect.	4
Ç	ホレル	there we had
	1232	Type 5'0 /09 /30 Reporting Contre Personnel's Signature
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature Name
Date & Time:	(if driver is not the policyholder) Date & Time:	NRIC/FIN No .

# > Back to OneMotoring

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

Vahide Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	250D
Vehicle Details	
Vehicle No.:	SLT751T
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Oct 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	ATTRAGE 1.2 CVT
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	3A92UGK5658
Chassis No.:	MMBSTA13AJH000497
Maximum Power Output:	59.0 kW (79 bhp)
Open Market Value:	\$13,666.00
Original Registration Date:	17 Oct 2017
First Registration Date:	17 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intentinal PARE Robate Diatally	The second secon
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Oct 2027
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	16 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,001.00
COE Rebate Amount:	\$36,001.00 \$25,345.00
Total Rebate Amount:	\$25,345.00 \$29,095.00
e information contained herein is correct as at 01 Oct 2020	\$27,U7J.UU

**Used Cars** 

**Rental Cars** 

Sell My Car

Directory

**Products** 

Insurance

Articl

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Resource



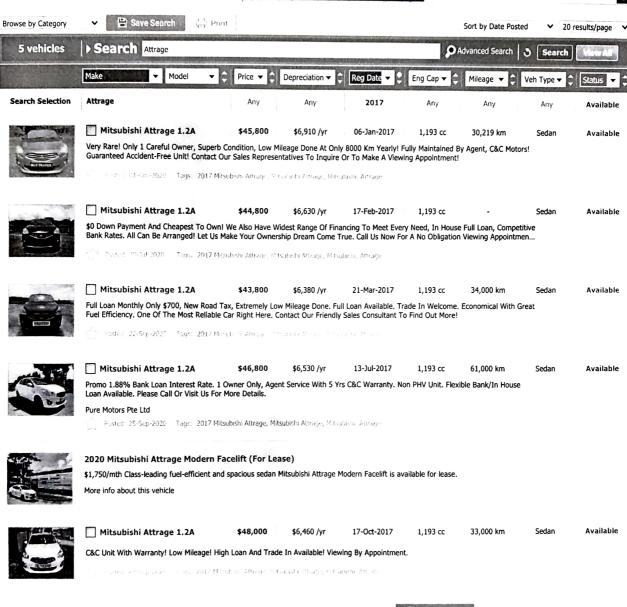
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