(08/11/13) Wef	
ASS. REC. BY: Marcus CS/SM	0200/0477/44/3
ASSI	<u>GNMENT</u>
From: Date:	Veh No: SF29 4674 Yr Regn: 17/6/11
Estimated Cost:	Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TPY WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or (4)
To Inspect Vehicle No: SFZ 9 4674	Make: VOLKSNAgen Golf GTolc 19fx
at Workshop m/s	Colour Grey A/C: Insured / Std / NI / NA
of	Sp.Reading O / //a Q 7 T/Radio: Insured / Std / NI / NA
Insured: GBC 6660	Eng/No:
Policy No.	C/NO: WVWZZZIKZAW 428391
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Increder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Brake: (norder Jammed Leaked Burnt or
wake of ven:	Modi: Nil /S/Rim / STD A/Rim or
(5.1. 5. 11.)	Tyre Size: F:
(Policy Condition)	R: 225/40718
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA GY FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 0 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.A. 1/10/20 D.O.I. 2/10/20
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / 9/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Inth 27A 18808 2416	k home vides
Neff 4 6192	
	,
Date/Time, File Pass to? : Preli. Report D	ays Of Repair:
	esurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee:	: Site Insp (\$)s + RS,SI
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$
Lump Sum / I.B.I: (\$: Weekend (\$
	TOTAL

MVA320085631 / VAC - Kaki Bukit ENTRY DATE & TIME: 01/10/2020 14:42 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number **EMail Address**

- 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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.

 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission or policy insurance.
 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

foresaid.	ACCIDENT STATEMENT
Date Of Report	01/10/2020 14:42
Date Of Accident	01/10/2020 07:25
Exact Location Of Accident	BLK 323A ANG MO KIO AVE 03 (MSCP)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFZ9467U
Insured/Policyholder	
Name Of Registered Owner	HO JOAN PON
NRIC No	SXXXX772D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91309926
Alternative Phone No	OTHERS-91309926
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	VOLKSWAGEN / GOLF GTI 2.0 A
Exact Purpose for which vehicle was being used at time of accident	
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	5103351289-01
Cover Note Number	
Driver	
Name of Driver	HO HONG YANG BRANDON
NRIC No	SXXXX998E
Date Of Birth	13/06/1995
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2014
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97548526
Fax Number	

NOEMAIL

Address

BLK 325 #05-1906 ANG MO KIO AVENUE 3

Postcode

560325

CHILDREN

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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?

REFER ATTACHED:

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER/DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF666D

Vehicle Make/Model/Colour

NISSAN / NV350 PANEL VAN 2.5 5AT 5DR EURO V

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)

Accident 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.
- 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.
- 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.
- 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:
 - 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 reisonably 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: IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vigem.com.se

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

0 1 OCT 2020

Accident Sketch Plan

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KETCH PLAN	The file of the same and the sa	
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SCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
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about the accord		
		105/ 100 MJ) 1 minuted 12
make a claim	assingt him.	
CLARATION		IDAC KAKI BUKIT (VAC)
e declare the foregoing particular	s are true in every respect.	23 Kaki Bukit Ave 4 #02-02
OWN /		9ingapore 415933 Tel: 67416697 Fax: 67492305
		Email: vackb@vicom.com.sq
icyholder's Signature se & Time:	Oriver's Signature	Reporting Centre Personnel's Signature
ic ox (dite)	(If driver is not the policyholder) Date & Time:	Name:
	orie a fille.	NRIC/FIN No.: 0 1 OCT 2020

> Back to OneMotoring

Enquire PARE/COF Rehate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	772D
Vehicle Details	
Vehicle No.:	SFZ9467U
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Oct 2020
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	GOLF GTI 2.0 A
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	CCZ065380
Chassis No.:	WVWZZZ1KZAW428391
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$28,727.00
Original Registration Date:	17 Jun 2011
First Registration Date:	17 Jun 2011
Transfer Count:	1
Actual ARF Paid:	\$28,727.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jun 2021
PARF Rebate Amount:	\$14,363.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jun 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$63,000.00
COE Rebate Amount:	\$4,445.00
COL Repute / illiouriti	

The information contained herein is correct as at 02 Oct 2020

OK

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COMPUTERISED 4 WHEEL ALIGNMENT HUNTER DSP700

Company:

FASTECH AUTO PTE LTD

SFZ 9467 U

/IN: S

2.10.20 10:05



Volkswagen: Golf Plus II 2009-14 (52): Sport Suspension with 18" Wheel (G02 G07)

Front: Left

Actual	Before	Specified Range
-0°52'	-0°52'	-1°11' -0°11'
8°01'	8°01'	7°17' 8°17'
-0°10'	-0°10'	0°00' 0°10'
27°51'	27°51'	
26°59'	26°59'	145
14		-2°00' -1°20'

Camber Caster Toe SAI cluded Ang

included Angle Turning Angle Diff.

Front : Right		
Actual	Before	Specified Range
-2°11'	-2°11'	-1°11' -0°11'
8°27'	8°27'	7°17' 8°17'
-0°12'	-0°12'	0°00' 0°10'
19°36'	19°36'	
17°25'	17°25'	
		-2°00' -1°20'

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	Before	Specified Range
1°19'	1°19'	-0°30' 0°30'
-0°25'	-0°25'	-0,30, 0,30,
8°15'	8°15'	1
-0°23'	-0°22'	0°00' 0°20'

Rear: Left

Actual	Before	Specified Range
-2°00'	-2°00'	-2°15' -1°15'
0°03'	0°03'	0°00' 0°10'

Camber Toe

Actual	Before	Specified Range
-1°52'	-1°53'	-2°15' -1°15'
0°06'	0°07'	0°00' 0°10'

Rear: Right

Rear

Cross Camber Total Toe Thrust Angle

Actual	Before	Specified Range
-0°08'	-0°07'	-0°30' 0°30'
0°09'	0°10'	0,00, 0,50,
-0°02'	-0°02'	-0°20' 0°20'