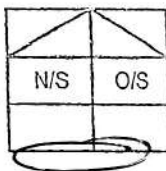


ASS. REC. BY: ASU REF: CS3/CT120010833/Rly#3 154R
ASSIGNMENT COE XPIR: 2023/10/20

From: _____ Date: _____
Estimated Cost: _____
OD TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: SYL 1487R
at Workshop m/s GOLD AUTO WORKS PTE LTD
of 48, TOH GUN RD COSY #01-19
Insured: CTI
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: 23k
IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SYL 1487R Yr Regn: 2008 / NOV
Type: C M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: TOYOTA COROLLA ALTIS 1.6A c.c. 1598
Colour: GREEN A/C: Insured / Std / NI / NA
Sp. Reading: 249192 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MR053266106122942
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Order / Jammed / Leaked / Burnt or _____
Brake: Order / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 195/65R15
R: ~
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or WESTLAK
Front: _____ Rear: _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 06/10/2020 D.O.I. 08/10/2020
Survey held at GOLD AUTO
Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction
	Repair limit 13K
	ESTIMATE RANGE OF REPAIR - (5K - 6K) / 10 days
	SUBMIT PRS RANGE \$5K - \$6K REPAIR 10 DAYS

Date/Time, File Pass to?



: Prel. Report

Days Of Repair: 10

1)



: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 20/10/20 TYPIST

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Rep. Form: _____

Lump Sum / L.B.A. (\$ _____) PRS

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	07/10/2020 12:15
Date Of Accident	06/10/2020 18:40
Exact Location Of Accident	UPPER THOMSON RD TOWARDS AMK AVE 1 L/P 171
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1487R
Insured/Policyholder	
Name Of Registered Owner	MFC ALLIANCE PTE. LTD.
Co Reg No	2XXXXX194R
Email Address	SALES@MFC-ALLIANCE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97610386
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103751725-01
Cover Note Number	
Driver	
Name of Driver	ANDY TUNG CHEE HENG
NRIC No	SXXXX301C
Date Of Birth	24/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	19/10/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97610386
Fax Number	
Contact Number	
Email Address	ANDYTUNG74@YAHOO.COM

Address BLK 272B JURONG WEST STREET 24
#03-86
Postcode 642272
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
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: : CATOLOS CLAIRE ANN GARCIA
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER ATTACHED POLICE REPORT

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 OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number GBJ5516U
Vehicle Make/Model/Colour
Details Of Properties FRONT
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MUHAMMAD NURHAIRUL BIN MOHD SHAARI
NRIC/Passport Number SXXXX165D
Contact Number 88158648
Address

Insurance Company Name
Percentage Of Damage
Percentage Of Passenger (Including Driver)
Name
Approximate Age
Injuries Sustained
Injured persons
Were seen
Was
an

ode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON (1)

Name

ANDY TUNG CHEE HENG

Approximate Age

Injuries Sustain

REFER REPORT

Injured person in which vehicle?

SJL1487R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLANIMPORTANT 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 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. 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:

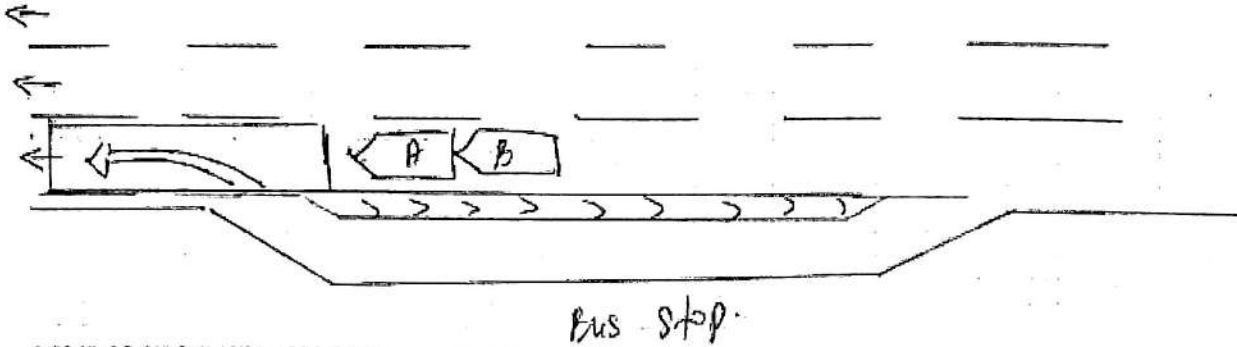
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

(A) SJL 1487 R
(B) GTBL 5516 U

Upper Thomson Rd.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached police report

7/20201006/2142.

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.:



**SINGAPORE
POLICE FORCE**



T/20201006/2142

1 of 4

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20201006/2142

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2020 21:54	Vide Report No.:	Station Diary No.: 60
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: ANDY TUNG CHEE HENG		Address: APT BLK 272B JURONG WEST STREET 24 #03-86 SINGAPORE 642272	
ID Type / ID No.: NRIC NO / S7430301C		Contact No.: Home/Office: Mobile: 97610386	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 24/08/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2020 18:40	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 1				
Lamp Post Number: 171				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBL5516U	Van				Slightly Damaged	0
SJL1487R	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201006/2142

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 4

Report No. T/20201006/2142

CONTINUATION OF REPORT

Driver			
Name	Muhammad Nurhairui Bin Mohd Shaari	ID No.	S9009165D
Related Vehicle	GBL5516U (Van)	Contact No.	88158648
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ANDY TUNG CHEE HENG	ID No.	S7430301C
Related Vehicle	SJL1487R (Car)	Contact No.	97610386
Hospital/Clinic	CHUNG AND EE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Catolos Claire Ann Garcia	ID No.	G3349325N
Related Vehicle	SJL1487R (Car)	Contact No.	94569376
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details:

On 06/10/2020 @ around 1840hrs, I was en route on upper thomson road towards AMK ave 1. I was fetching my passenger, Catolos Claire Ann Garcia towards Bishan St 24 for her grab ride.

Upon reaching the yellow box marked for bus movements, I stopped my vehicle behind the yellow box to let the bus move. Suddenly I felt an impact from the back and realised my vehicle was hit by a Van (GBL 5516U, white color, Toyota)

We both alighted and exchanged our particulars, no traffic police or ambulance attended to us at scene. We took photographs of our vehicle's damage and left the scene. My vehicle's Rear was dented due to the impact. The Van's front was also dented due to the impact.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20201006/2142

3 of 4

Report No. T/20201006/2142

CONTINUATION OF REPORT

Both me and passenger experienced some slight pain and discomfort after the incident.

I saw a doctor at Chung Ee medical clinic and was given a 5 days MC . Ref no OD0000008908

I also wish to state I have a in car camera to provide as video footage.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20201006/2142

4 of 4

Report No. T/20201006/2142

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: E/ Sgt 2 KOH WEE SIANG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	

Authentication Stamp
NP168

Signature Of Informant	
Date/Time: 06/10/2020 21:54	
Classification Of Case: SINGAPORE POLICE FORCE	
SIGNATURE	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:

Company

Owner ID:

194R

Vehicle No.:

SJL1487R

Vehicle to be Exported:

No

Intended Deregistration Date:

08 Oct 2020

Vehicle Make:

TOYOTA

Vehicle Model:

COROLLA ALTIS 1.6 AUTO

Primary Colour:

Silver

Manufacturing Year:

2008

Engine No.:

3ZZ4809334

Chassis No.:

MR053ZEE106122942

Maximum Power Output:

80.0 kW (107 bhp)

Open Market Value:

\$16,084.00

Original Registration Date:

17 Nov 2008

First Registration Date:

17 Nov 2008

Transfer Count:

3

Actual ARF Paid:

\$16,084.00

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

COE Expiry Date:

16 Nov 2023

COE Category:

A - Car (1600cc & below)

COE Period(Years):

5

PQP Paid:

\$14,835.00

COE Rebate Amount:

\$9,214.00

Total Rebate Amount:

\$9,214.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 08 Oct 2020

OK

Silver

► Toyota Corolla Altis 1.6A (COE till 11/2023)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price \$23,000

Depreciation ⓘ \$7,440 /yr

Reg Date 11-Nov-2008
(3yrs 1mth 2days COE left)

Mileage 143,047 km (12k /yr)

Manufactured ⓘ 2008

Road Tax ⓘ \$890 /yr

Transmission Auto

Dereg Value ⓘ \$9,169 as of today (change)

OMV ⓘ \$16,084

COE ⓘ \$14,835

ARF ⓘ \$16,084

Engine Cap 1,598 cc

Power 80.0 kW (107 bhp)

Curb Weight ⓘ 1,195 kg

No. of Owners ⓘ 2

Type of Vehicle Mid-Sized Sedan

Features

SRS Airbags, ABS, Side Mirror Indicator, Multi Function Steering View specs of the Toyota Corolla Altis (2008-2013)

Accessories

Sports Rims, Leather Seats, Reverse Sensors, Fog Lamps, DVD Player, LCD Monitor.

