

ASS. REC. BY:

RAM

REF:

CS3/11120011028/Rtd3

994C

2014/11/16 - 106

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: *SGQ 1260L*

at Workshop m/s *B'S PERFORMANCE*

of *7, SWAN LANE ST #01-38 1-space*

Insured: *111*

Policy No. _____

Claims No. _____

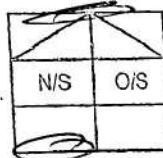
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: *43K*

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SGQ 1260L* Yr Regn: *2014 / 11/16*

Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *TOYOTA COROLLA ALTIS 1.6L* c.c *1598*

Colour: *Grey* A/C: Insured / Std / NI / NA

Sp. Reading: *156830* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *MRS3REH104515311*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: *205/55R16*

R: *41*

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. *6* mm R/Bal. *6* mm

L/Bal. *6* mm L/Bal. *6* mm

D.O.A. *10/16/2020* D.O.I. *13/10/2020*

Survey held at *B'S PERFORMANCE*

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

REAR N/S & FR

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

Date / Time	Action / Instruction
	<i>Repair limit 9K</i>
	<i>SUBMIT PRS REPORT</i>
	<i>ESTIMATE RANGE OF REPAIR (4K-5K) / 8 days</i>
	<i>COR range should be S\$5,000 to S\$6,000</i>

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: _____

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

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	10/10/2020 16:33
Date Of Accident	10/10/2020 11:45
Exact Location Of Accident	ALONG RACE COURSE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ1260L
Insured/Policyholder	
Name Of Registered Owner	RAMANATHAN S/O RAMANUTHU
NRIC No	SXXXX994C
Email Address	RAMUVIMAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97350807
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01011672
Cover Note Number	

Driver

Name of Driver	RAMANATHAN S/O RAMANUTHU
NRIC No	SXXXX994C
Date Of Birth	02/03/1965
Occupation	INDOOR
Date Of Driving Pass	18/09/1986
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97350807
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	RAMUVIMAL@GMAIL.COM

Address BLK 101 CLEMENTI ST 14 #09-149
 Postcode 120101
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 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 3
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CLEMENTI NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7759999 - FAX NO: 67764246
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT D/20201010/2016

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

Vehicle Registration Number SHA3292D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GB4072S

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

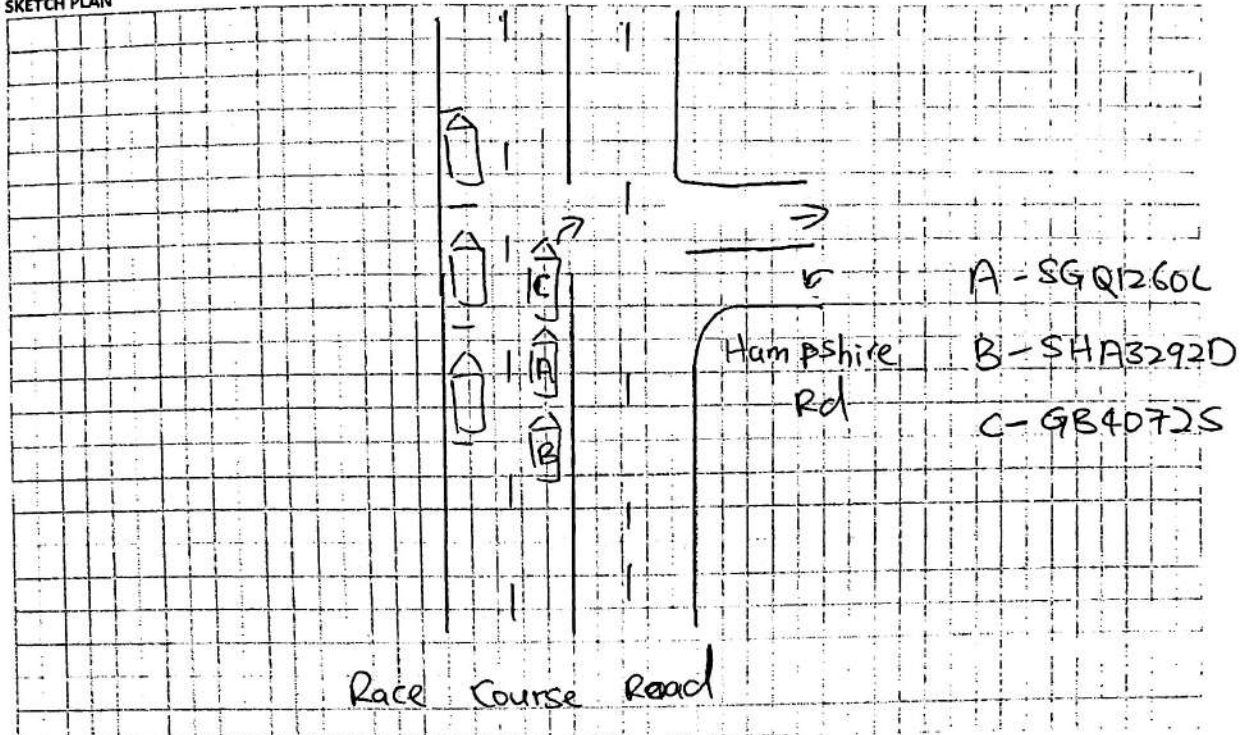
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report D/2020/010/2016

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

- ☐ Claim own policy
- ☐ Claim third party
- ☒ Claim OD / TP at other workshop
- ☐ For record purpose

Policy No.

Insurer

Sampe

Veh. No.

SG Q1260L

BS performance



**SINGAPORE
POLICE FORCE**



D/20201010/2016

1 of 2

Report No. D/20201010/2016

POLICE REPORT (NP299)

Police Station Of Origin
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Date/Time Report Made 10/10/2020 13:02	Vide Report No.	Station Diary No. 6
Name Of Informant RAMANATHAN S/O RAMAMUTHU	Address APT BLK 101 CLEMENTI STREET 14 #09-149 SINGAPORE 120101	
ID Type / ID No. NRIC NO / S1693994C	Contact No. Home/Office Mobile 97350807	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation HEAD OF PROCUREMENT	Sex Male	Age 55
Institution/School Name	Date of Birth 02/03/1965	Race Indian
Date/Time Of Incident 10/10/2020 11:45	Location Of Incident RACE COURSE ROAD SINGAPORE	

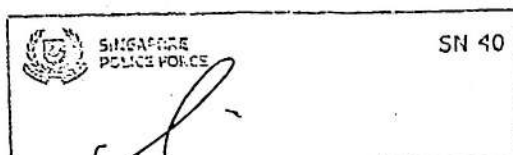
Brief details.

I am the driver of vehicle bearing registration no: SGQ1260L (V2).

Accident involving with 3 vehicles with no injuries:

1. V1 - GB4072S (Kabir Md Homaon with FIN: G8273075W)
2. V2 - SGQ1260L - (My vehicle)
3. V3 - SHA3292D - (Kua Hui Lam with NRIC: S0052243J)

Signature Of Officer Recording The Report: D / Sgt 1 WONG JUN LI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/10/2020 13:02
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sgt 3 GURU SAI DHARSHAN S/O SIVASUPRAMANIAM Contact No.: 68727868	Classification Of Case:
Authentication Stamp	





**SINGAPORE
POLICE FORCE**

POLICE REPORT Pg. 2



D/20201010/2016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201010/2016

On 10/10/2020 at about 1148hrs, I was travelling along Race Course Road at the right most lane. There was a vehicle GB4072S (V1) in front of me was waiting to turn into Hampshire Road. After which, I stopped behind him. After which, there was a TAXI ComfortDelgro vehicle SHA3292D (V3) was at the back of my vehicle, collided into the rear back of my vehicle. Which then caused my vehicle to surge forward and collided into V1.

I observed that the taxi driver is a elderly man and sleepy.

After the Collison, all of us turn into Hampshire road and stopped at the side to exchanged particulars. In addition, we took photos of the accident as well and left the scene. My vehicle was damaged as the rear bumper and front bumper sustained dents and protruding out of place.

The purpose of lodging this report is to claim insurance and for recording purposes.

Signature Of Officer Recording The Report:

D / Sgt 1 WONG JUN LI

Signature Of Interpreter:
Not applicable

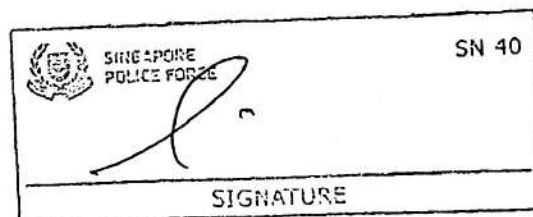
Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Sgt 3 GURU SAI DHARSHAN S/O
SIVASUPRAMANIAM
Contact No.: 68727868

Authentication Stamp

Signature Of Informant:

Date/Time:
10/10/2020 13:02

Classification Of Case:



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	994C
Vehicle No.:	SGQ1260L
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA COROLLA ALTIS 1.6L CVT
Primary Colour:	Grey
Manufacturing Year:	2014
Engine No.:	1ZR443963
Chassis No.:	MR053REH104515311
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$18,650.00
Original Registration Date:	27 Aug 2014
First Registration Date:	27 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$13,650.00

Intended PARF Rebate Amount

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Aug 2024
PARF Rebate Amount:	\$8,872.00

Intended COE Rebate Details

COE Expiry Date:	26 Aug 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$62,890.00
COE Rebate Amount:	\$24,327.00
Total Rebate Amount:	\$33,199.00

The information contained herein is correct as at 13 Oct 2020

OK

Grey

Toyota Corolla Altis 1.6A

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price \$44,800

Depreciation ⓘ \$9,520 /yr
View models with similar depre

Reg Date 07-Oct-2014
(3yrs 11mths 23days COE left)

Mileage 140,000 km (23.2k /yr)

Manufactured ⓘ 2014

Road Tax ⓘ \$742 /yr

Transmission Auto

Dereg Value ⓘ \$33,643 as of today (change)

OMV ⓘ \$18,761

COE ⓘ \$62,000

ARF ⓘ \$13,761

Engine Cap 1,598 cc

Power 90.0 kW (120 bhp)

Curb Weight ⓘ 1,205 kg

No. of Owners ⓘ 2

Type of Vehicle Mid-Sized Sedan

Features

Reliable 4 Cylinder Inline 16 Valve DOHC, Dual VVTI Valve, ABS, Dual Airbags, Electrical Retractable Side Mirrors, Keyless Engine Start. View specs of the Toyota Corolla Altis (2014-2019)

Accessories

In-Car Camera, Sports Rims, Electric Leather Seats, Touch Screen Bluetooth/Steering Controls/GPS, Reverse Sensors/Camera, Retractable Side Mirrors.