

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 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.

N/S	O/S

Bal. or Market Value: _____
 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: STR8162A Yr Regn: 2009 July
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Altis C.C. 1598
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 104510 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MR0537EE106149522
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/45R17
 R: 225/45R17

BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front		Rear	
R/Bal. <u>26</u>	mm	R/Bal. <u>26</u>	mm
L/Bal. <u>26</u>	mm	L/Bal. <u>26</u>	mm
D.O.A. _____		D.O.A. <u>23/10/20</u>	

Survey held at _____

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

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

Date / Time Action / Instruction

TPAXA.

COE Expiry: 30/06/24.

MV: 26K
 PV: 11K
 Nett: 15K

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

_____ + PS _____

Phone

Other

Report Format:

Long Form / Short

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp. (\$



Material (\$

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	22/10/2020 16:28
Date Of Accident	21/10/2020 18:30
Exact Location Of Accident	TPE TWDS SLE (@ TAMPINES FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8162A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ADIB AKMAL BIN MOHYAH
NRIC No	SXXXX731F
Email Address	VISIONAUTOWORK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82981981
Alternative Phone No	OFFICE-82981981

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ADIB AKMAL BIN MOHYAH
NRIC No	SXXXX731F
Date Of Birth	27/07/1987
Occupation	INDOOR
Date Of Driving Pass	12/04/2012
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82981981
Fax Number	
Contact Number	OFFICE-82981981
EEmail Address	VISIONAUTOWORK@GMAIL.COM

Address	BLK 102 TANAH MERAH BESAR RD #08-22
Postcode	498840
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)	4
Passenger 1	NAME: : NUR HAMIZAH GENDER: : FEMALE
Passenger 2	NAME: : AYRA ELYZA GENDER: : FEMALE
Passenger 3	NAME: : ALYYA NAEFA GENDER: : FEMALE

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

REFER TO ATTACHMENT

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	SMT7063M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 SMU2261K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.



Policyholder's Signature
Date & Time:



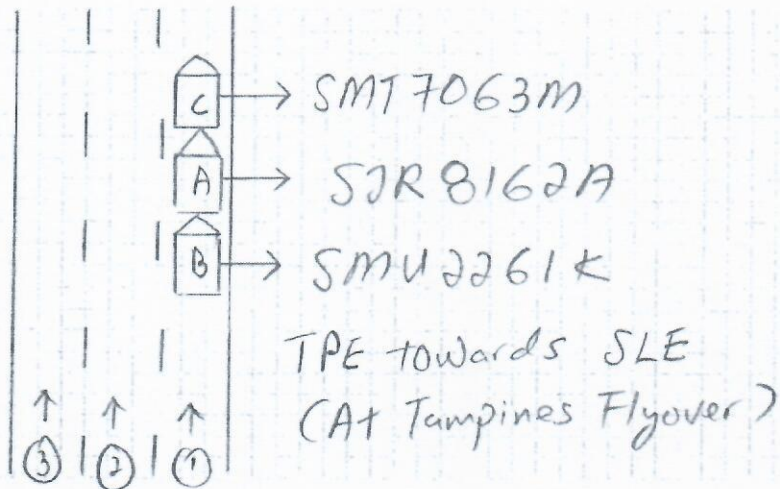
Driver's Signature
(If driver is not the policyholder)
Date & Time:

COMFORTDELGRO ENGINEERING PTE LTD
320 UBI ROAD 3
SINGAPORE 408640

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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:

CONFORTDELGRD ENGINEERING PTE. LTD.
300, UPI STREET, #01-01
SINGAPORE 110001

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

On 21.10.20 at about 18:30 hours at along TPE towards SLE (At Tampines Flyover). I was travelling straight on the lane one and when my front vehicle slow down and stop hence I follow suit.

Suddenly, I was hit by the rear and bang the front vehicle (C). When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 3 vehicles involved. I wish to state that I have three passengers inside the vehicle.

Vehicle (A) : SJR8162A

Vehicle (B) : SMU2261K

Vehicle (C) : SMT7063M



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

731F

Vehicle Details

Vehicle No.:

SJR8162A

Vehicle to be Exported:

No

Intended Deregistration Date:

21 Oct 2020

Vehicle Make:

TOYOTA

Vehicle Model:

COROLLA ALTIS 1.6 AUTO

Primary Colour:

Blue

Manufacturing Year:

2009

Engine No.:

3ZZ4911417

Chassis No.:

MR053ZEE106149522

Maximum Power Output:

80.0 kW (107 bhp)

Open Market Value:

\$17,500.00

Original Registration Date:

15 Jul 2009

First Registration Date:

15 Jul 2009

Transfer Count:

1

Actual ARF Paid:

\$17,500.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

30 Jun 2024

COE Category:

A - Car (1600cc & below)

COE Period(Years):

5

PQP Paid:

\$14,920.00

COE Rebate Amount:

\$11,015.00

Total Rebate Amount:

\$11,015.00

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 21 Oct 2020

COE till 03/2024



\$15785

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Toyota Corolla Altis 1.6A (COE till 04/2024)



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Add to Shortlist

Toyota Corolla Altis 1.6A (COE till 05/2024)



Add to Shortlist

Toyota Corolla Altis 1.6A (COE till 04/2024)



Add to Shortlist

Toyota Corolla Altis 1.6A (COE till 08/2024)



Add to Shortlist

CAR DETAILS

Price	\$23,800	\$24,800	\$25,800	\$27,800
Instalment	N.A.	N.A.	N.A.	N.A.
Registration Date	21-Apr-2009	25-May-2009	10-Jun-2009	20-Aug-2009
Manufactured	2009	2009	2009	2009
Mileage	130,000 km	125,000 km	120,510 km	-
Transmission	Auto	Auto	Auto	Auto
Engine Cap	1,598 cc	1,598 cc	1,598 cc	1,598 cc
Road Tax	\$816 /yr	\$816 /yr	\$816 /yr	\$816 /yr
Power	80.0 kW (107 bhp)	80.0 kW (107 bhp)	80.0 kW (107 bhp)	80.0 kW (107 bhp)
Curb Weight	1,195 kg	1,195 kg	1,195 kg	1,195 kg
Features	Fuel Efficient And Reliable 1.6L 4 Cylinders 16 Valve Inline DOHC Dual VVT-i Engine, ABS/SRS Airbags, Multi Function Steering/Climate Control.	Fuel Efficient & Powerful 1.6L 16 Valve DOHC VVT-i Engine, Smooth 4 Speed Auto Transmission, Dual SRS Airbags, ABS, Digital Climate Control Aircon!	Fuel-Efficient And Powerful 1.6L 16 Valve DOHC VVT-i Engine, Smooth Auto Transmission With ECT, Dual SRS Airbags, ABS, Digital Climate Control Aircon.	1.6L VVT-i DOHC 16 Valve Smooth Automatic SRS Airbags, ABS, Digital Climate Control, 4 x Disc Brakes, Regular Maintenance.
Accessories	Fog Lamp, Sport Rims, Leather Seats, Auto Retractable Folding Mirror.	Leather Seat Upholstery, Multi Controls Steering Wheel, Rear Parking Sensors, Knockdown Rear Seats, Retractable Side Mirrors, Factory Audio Systems!	New Leather Seat And Interior Done Up, Multi Steering Control And Retractable Mirrors With Indicators.	Leather Seats, Upgraded Auto Retractable Side Mirrors, DVD/Reverse Camera, Steering Controls, etc.
Description	BM Unit. Model With VVT-i Engine. Fully Serviced/Well Maintained, Genuine Low Mileage Done, Guaranteed Accident Free, No Repair Needed. Low Fuel Consumption Of 14.6Km/Litre. Free Servicing With Extended Warranty. Can Trade In, Bank/In House Loan Available. Don't Miss, View To Believe. Please Call For Viewing Now.	100% Loan Approval With Lowest Interest Rate! STA/Workshop Evaluations Welcome! Pearl White Paintwork! 2x FOC Premium Servicing! Not Forgetting Extra Warranty For Engine, Gearbox As Well! Vehicle Only Park Under Shelter, Factory Paintwork & Interior Leather Upholstery From Day One Till Date! Inquire Now With Our Friendly Sales Executive For A Non Obligatory Viewings.	\$0 Downpayment! Please Call And Make Your Appointment.	100% Flexible Loan Condition With Free Must View. Car Ave Provide Lowest Interest Rate Loan And High Traffic Meet Our Friendly Sales Executive For Obligation Advise.
COE	\$13,088	\$13,943	\$13,088	\$14,664
OMV	\$16,990	\$16,990	\$17,500	\$17,853
ARF	\$16,990	\$16,990	\$17,500	\$17,853
Depreciation	\$6,820 /yr	\$6,920 /yr	\$7,330 /yr	\$7,270 /yr
No. of Owners	2	3	4	6
Type of Vehicle	Sedan	Sedan	Sedan	Sedan
Category	COE Car	COE Car, Premium Ad Car	COE Car	COE Car
Availability	Available	Available	Available	Available