ASS. REC. BY: Sun Pin REF: Lonpac CS3/L	LPC20011600/Qsd3
The state of the s	SIGNMENT
From: Date:	Veh No: SLB 3133C Yr Regn: 24/03/2016
Estimated Cost:	Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / W\$ / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Subary Forester 2-0 c.c 1998
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 106897 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JF1SJ9K85GG067453
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Incrdex / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 235/55 R18
(Policy Condition)	R: 235/55 R18.
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front R/Bal 6 mm R/Bal. 6 mm
IDAC Accident Rport: Consistent? : Yes or No	Nadi.
GIA / PR Seen: Consistent? : Yes or No	UDdi. U
Est Repairs:days Res.: Yes or No	
Lum Sum: % 3 Val.: Yes or No	Survey held at Dynamic Mechanics Out Over 1985 A N.S. A. N.S. A. N.S. A. Rooffen or
CA / REV / REP. / 24 HRS	Des. of Damages : Frt (Rear) / O/S / N/S / U/C / Rooftop or
Vehicle: IN / 0 Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Buto 1 miles	
MIV: 63,000	
PV: 40,056	
NV: 22,944	
28/10/2020 @ 17:18PM CHECK	ED WITH ERIC VIA PHONE CALL, NO ESTIMATE
Date/Time, File Pass to? : Preli. Report	Days Of Repair: -
02/11/2020 Final Banart	Resurvey No. of Trip: 1 Survey Fee:
1) TYPIST ; Final Report Date/Time, File Return to?	Transportation:
Ado	d Fee: : Site Insp (\$)s+Rssi
2)	: Interview (\$) Photos
Bana Formesi: PRS	: Tech. Invs (\$) Others
Repearance: PRS	: Weel:end (\$
Prestents expenses a secure a la	TOTAL

MCYS20093418 / CYS Automobile Services Pte Ltd - Woodlands ENTRY DATE & TIME: 26/10/2020 10:06 SUBMITTED BY: TEE WEE SIN

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.

	ACCIDENT STATEMENT
Date Of Report	26/10/2020 10:06
Date Of Accident	24/10/2020 12:45
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD3133C
Insured/Policyholder	100 100 100 100 100 100 100 100 100 100
Name Of Registered Owner	WISTON GOH JUN PING
NRIC No	SXXXX763H
Email Address	WINSTON@TRANSCENDENTUENDING.COM.SG
Mobile Phone No	(LOCAL) +65-98610635
Alternative Phone No	OTHERS-98610635
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 XT CVT AWD SR (A)
Exact Purpose for which vehicle was being used time of accident	at
Are you claiming under your own insurance policy for repair to your vehicle?	^y NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Vehicle Category Insurance Company	PRIVATE CAR

AXA INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

GA449563/1 **Policy Number**

Cover Note Number

Driver

WISTON GOH JUN PING Name of Driver

SXXXX763H NRIC No 14/10/1979 Date Of Birth **INDOOR** Occupation 30/11/2011 Date Of Driving Pass

8 YEARS AND 10 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-98610635 Mobile Number

Fax Number

OTHERS-98610635 Contact Number

ASS

10 UPPER SEANGOON VIEW

#04-01

stcode

534198

∄as 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

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)

2

involved in the accident

NO

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

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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

ON 26 OCTOBER 2020 @ AROUND 1245HRS, I WAS TRAVELLING ALONG WOODLANDS AVE 12, STOPPED FOR TRAFFIC LIGHT WHEN I WAS HIT BY GBH2283X.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH2283X

Vehicle Make/Model/Colour

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)

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.
- 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 aforesald.
- 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 Personners Signature
Name: Singapore 757700
Name: Singapore 757700
NRIC/FIN No.: 1153 7 Fax: 6219 2096

Automobile

也是粉料人亦和公

Services Pte Ltd

Control Sale and Allen Form Va

Sketch Plan #2

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TCH PLAN	95	anning property in		
	1281			
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CRIBE CIRCUMSTANCES OF T	na an december de combinador d	de la companya de procesa es en companya de la comp	2	
CRIBE CIRCUMSTANCES OF T	HE ACCIDENT			
M OF ME 2000	2 AROUND 1245	HES T VAS	TROVELING	4
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ABOUG WOODSLA				
	BY CLEM 55.82			
			.77.00	
	BY (SN 2285)			

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: CYS Automobile Services Pte Ltd

18 Woodlands Industrial Park East D

18 Woodlands Industrial Park East D

Reporting Canting Personnells Signature

Rames 19 205611 Industrial Fave E219 2066

NRIC/FIN No.: 2 E46 030 702

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	763H
Vehicle No.:	SLB3133C
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Oct 2020
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0XT CVT AWD SR
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	FA20A871544
Chassis No.:	JF1SJGK85GG067453
Maximum Power Output:	177.0 kW (237 bhp)
Open Market Value:	\$19,146.00
Original Registration Date:	24 Mar 2016
First Registration Date:	24 Mar 2016
Transfer Count:	1
Actual ARF Paid:	\$19,146.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Mar 2026
PARF Rebate Amount:	\$14,359.00
Intended COE Rebate Details	
COE Expiry Date:	23 Mar 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,604.00
COE Rebate Amount:	\$25,697.00
Total Rebate Amount:	\$40.056.00

The information contained herein is correct as at 27 Oct 2020

