ASSIGNMENT

From Date: - Estimated Cost:	Veh No: SKQ2714R TREGIT: 2014, NOV
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Type: M.Can / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	
at Workshop m/s	- 1 13sh sylping cc 1 > 18
of	Colour While AND: Insured/Std/NI/NA
Insured:	Sp.Reading 116554 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	C/No: MN78BAB17'20070703  Gen. Cond (Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim / STD A/Rim or
	Tyre Size: F: 205/60 RL6
(Policy Condition)	
Remark: The veh had commenced its N/S O/S	00)/00/0
repair at the time of inspection.	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO or TOUCADOS
Bal. or Market Value:	5
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 B/Ral
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 04/1/20
Lum Sum: % 3 Val.: Yes or No	Survey held at FI Garage
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rea / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction   7 Bridget Direct	
lump sur	m \$6100, 7days red:8904.54;59%
MV : 42 K	
PV: 33.6K	
Nett: 8-4K	
Dale/Time, File Pass lo? : Preli. Report	Days Of Repair: 7
) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time. File Peturn to?	Transportation:
arid Fee	3:: Site Insp (\$)
	: Interview (3 ) Photos
Pepoti Foliusi:	Tech, Inst. G. 1 giber.
Long Roma (Medica)	Charland G

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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
- 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

aforesaid.	onsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/11/2020 10:47
Date Of Accident	02/11/2020 18:00
Exact Location Of Accident	ALONG PUNGGOL FIELD
Country/State of Loss	SINGAPORE
TO THE RESIDENCE OF THE PARTY O	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ2714R
Insured/Policyholder	
Name Of Registered Owner	LOW KIM LEE EDMUND
NRIC No	SXXXX899A
Email Address	EDMUNDWAVE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83215541
Alternative Phone No	OTHERS-83215541
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	FWD SINGAPORE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	PNCV2020-00000302
Cover Note Number	3333
Priver	
ame of Driver	LOW KIM LEE EDMUND
RIC No	SXXXX899A
ate Of Birth	19/03/1982
ccupation	OUTDOOR
ate Of Driving Pass	21/07/2006
	14 YEARS AND 3 MONTHS

MALE

(LOCAL) +65-83215541

EDMUNDWAVE@HOTMAIL.COM

OTHERS-83215541

Address 130 PUNGGOL WALK

#06-16

Postcode 828776

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

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)

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

PLS REFER TO THE ATTACHED STATEMENT.

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

SMD1659T

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category
Name of Driver

MOHAMAD RASHID BIN MOHAMAD AMIN

NRIC/Passport Number

SXXXX826C

Contact Number

96444003

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

LOW KIM LEE EDMUND

Page 2 of 15

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKQ2714R

YES

NO

## Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 flability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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, disciose 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 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 9 - 45 9 mm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### **Individual Statement**

5 KQ 2714R	PO	INGGOL FIL	25	
Sm016597	000			
	AB LB	H B I	Puc stop	
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
A+ 6, m = 11 2		ras on my	1 m 1 A A	1 /
from Pungael	childre cen	1	tamen point	it my de
1 was 1955 mg	by pureyol	Freld and	was stop	med on t
stationary and	has willing	At that	total of the	e is wa
green, sudole	ally a car f	ion believed	hit on my	rear.
It was Minn	y heavely th	hat thee.	1	
Both of us a	la ba C	- 1		
particular de	tils	car and	storted to	exchange
He had agree	me to clas	n on his	insumence for	my dom
ECLARATION				
We declare the fosegoing parti	culars are true in every resp	ect		

Date & Time:

NRIC/FIN No.:

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID:	Singapore NRIC					
Vehicle Datails	899A					
Vehicle No.:	AND AND DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE P					
Vehicle to be Exported:	SKQ2714R					
Intended Deregistration Date:	No					
Vehicle Make:	04 Nov 2020					
Vehicle Model:	NISSAN					
Primary Colour:	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR					
Manufacturing Year:	White					
Engine No.:	2014					
Chassis No.:	HR16950056B					
Maximum Power Output:	MNTBBAB17Z0020703					
Open Market Value:	85.0 kW (113 bhp)					
Original Registration Date:	\$15,603.00					
irst Registration Date:	17 Nov 2014					
ransfer Count:	17 Nov 2014					
Actual ARF Paid:	1					
otended PARE Repaire Details	\$10,603.00					
ARF Eligibility:	V.					
ARF Eligibility Expiry Date:	Yes					
ARF Rebate Amount:	16 Nov 2024					
ntended Cola Reparte Details	\$7,422.00					
OE Expiry Date:	16 Nov 2024					
OE Category:	A - Car up to 1600cc & 97kW (130bhp)					
OE Period(Years):	10					
P Paid:	\$64,900.00					
OE Rebate Amount:	\$26,176.00					
tal Rebate Amount:	\$33,598.00					

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CEARCH										
➤ SEARCH Nissan Sylphy	Price Range	~	Depreciation	Y	Year Reg 🗸	Vehicle Type	~	Search	View All	Advanced
		2020	SOLECTION.	en permanen				Jearch	VIEW All	Search

#### Used Car Comparison

--- Comparing 3 Vehicles ---

Nissan Sylphy 1.6A



Nissan Sylphy 1.6A

Nissan Sylphy 1.6A



NO IMAGE AL

Clear All

add all to Shortlist

Back to search result

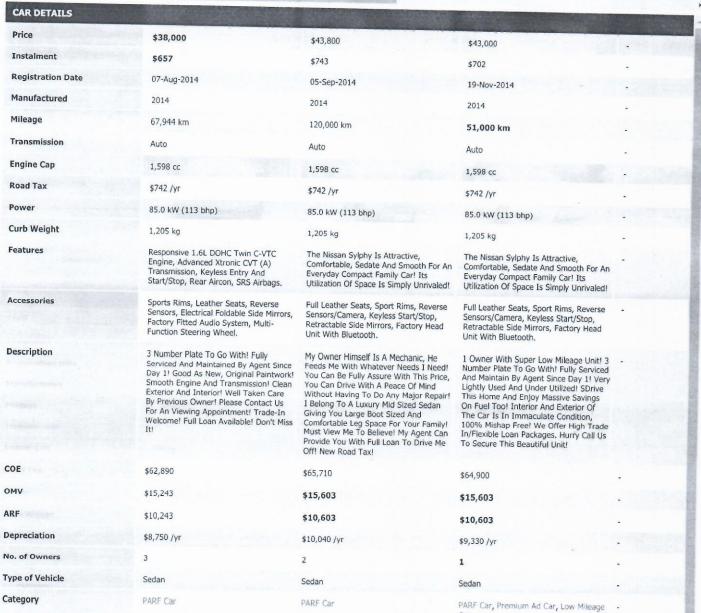
Availability

Available

Add to Shortlist

Add to Shortlist

Available



Available