

ASS. REC. BY: P. AnnREF: CS3MSH20012162

R1qf3

6612

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

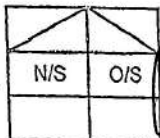
To Inspect Vehicle No: SLE 454Eat Workshop m/s MILKON AUTOof No. 4, PERSAN PLACE #01-12Insured: MSHPolicy No. 1001528763Claims No. 249466

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Cash 10-1pmRemark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 59K

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: SLE 454EYr Regn: 2016 / JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA SIENNA 1.5G A c.c. 1496Colour BLUE

A/C: Insured / Std / NI / NA

Sp. Reading 153683

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NSP1707031493Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / SR / STD A/Rim orTyre Size: F: 195/60R15

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 04/11/2020D.O.I. 04/11/2020

Survey held at

MILKON AUTODes. of Damages: Frt / Rear / PS / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

ESTIMATE RANGE OF REPAIR / no. of days - 4K-5K / 6 daysSubmit PRS.

Date/Time, File Pass to?



: Prel. Report

1) 25/11 Typist

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: 2

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Photos

Others

TOTAL

Rep. Format: MER-PRS

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

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	04/11/2020 15:29
Date Of Accident	04/11/2020 07:50
Exact Location Of Accident	SLE TWDS WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE454E
Insured/Policyholder	
Name Of Registered Owner	TAN KOK HOE
NRIC No	SXXXX661Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98292435
Alternative Phone No	OFFICE-98292435

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081727269-04
Cover Note Number	

Driver

Name of Driver	TAN KOK HOE
NRIC No	SXXXX661Z
Date Of Birth	02/07/1959
Occupation	INDOOR
Date Of Driving Pass	26/01/1981
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98292435
Fax Number	
Contact Number	OFFICE-98292435
Email Address	NOEMAIL

Address 35 BANGKIT ROAD #03-02 CHESTERVALE
Postcode 679975
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 SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

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? 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) 2
Passenger 1
NAME: : UNKNOWN
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 STATEMENT ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: CANNOT BE UPLOADED
Was there any audio recorded? NO

Details of Witness 1

Name TOH AH CHIN
Phone Number 97235079
Email Address

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number XD2967S
Vehicle Make/Model/Colour HINO/BLUE
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number 97987793

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

IDAC BUKIT BATOK (VAC)

511 Bukit Batok St 23

Singapore 650545

Tel: 6567 9427 / 6560 3312

Fax: 6569 0722

Email: vacbb@singnet.com.sg

Policyholder's Signature

Date & Time:

04/11/20 1540HRS

Driver's Signature

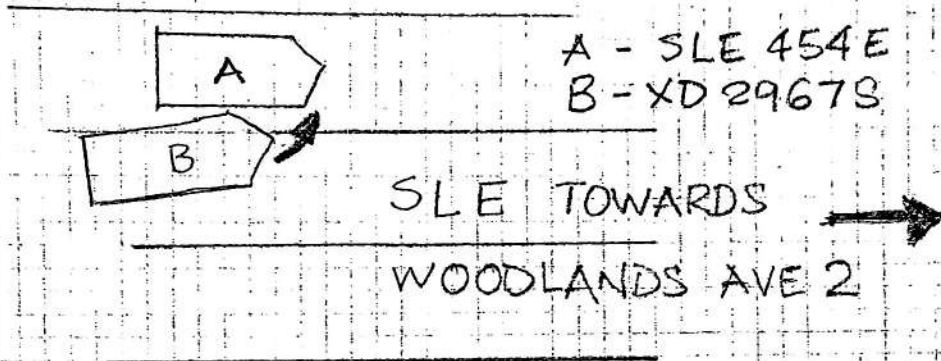
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



THIS MORNING WHILE TRAVELLING ALONG
SLE TOWARDS WOODLANDS AVE 2 DIRECTION
AT ABOUT 750AM, A LORRY XD2967S
FILTER FROM MIDDLE LANE TO THE LEFT, SIDE
SWIPED MY RIGHT HAND SIDE OF PASSENGER
& DRIVER DOOR AS WELL AS RIGHT BACK
PORTION OF SIDE. IT WAS RAINING LIGHTLY
AT THAT TIME.

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

Policyholder's Signature _____
Date & Time: _____

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 650545
Tel: 6567 9427 / 6500 3312
Fax: 6569 0722
Email: vacbu@singnet.com.sg
Reporting Centre Personnel's Signature: _____
Name: _____
NRIC/FIN No.: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	661Z
Vehicle No.:	SLE454E
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA 1.5G A
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	2NR8614025
Chassis No.:	NSP1707031493
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$20,163.00
Original Registration Date:	04 Jul 2016
First Registration Date:	04 Jul 2016
Transfer Count:	0
Actual ARF Paid:	\$10,229.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Jul 2026
PARF Rebate Amount:	\$7,671.00

COE Expiry Date:	03 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,694.00
COE Rebate Amount:	\$30,335.00
Total Rebate Amount:	\$38,006.00

The information contained herein is correct as at 09 Nov 2020

OK

Blue



Merimen e-Claims



Used 2016 Toyota Sienta 1.5A G



PARF/COE Re

armart.com/used_cars/info.php?ID=939866&DL=1001

▶ Toyota Sienta 1.5A G

Overview

Financial

Accessories

Similar

Research

Photos

Map



湖景

Lake View Credit Pte Ltd



Price \$59,800

Depreciation ⓘ \$9,150 /yr
View models with similar depreReg Date 12-Jul-2016
(5yrs 8mths 2days COE left)

Mileage 52,320 km (12.1k /yr)

Manufactured ⓘ 2015

Road Tax ⓘ \$682 /yr

Transmission Auto

Dereg Value ⓘ \$41,488 as of today (change)

OMV ⓘ \$20,549

COE ⓘ \$52,301

ARF ⓘ \$15,769

Engine Cap 1,496 cc

Power 80.0 kW (107 bhp)

Curb Weight ⓘ 1,320 kg

No. of Owners ⓘ 2

Type of Vehicle MPV

Features

1.5L VVT-i Engine, 107 BHP, Super CVT-i Automatic Transmission, ABS, Airbags, Traction Control, Keyless Entry/Start/Stop, Knockdown Rear Seats. View specs of the Toyota Sienta (2015)

