

# 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: SMF 9471D yr Regn: 2018 / Nov  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or

Make: Skoda Octavia c.c. 999  
 Colour: Gold A/C: Insured / Std / NI / NA  
 Sp.Reading: 95510 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
 C/No: TMBBP7NE8J0320654

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 3 Rim / STD A/Rim or

Tyre Size: F: 225/45 R17

R: 225/45 R17

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

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

D.O.I. 10/11/20

Survey held at

CN

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

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

Date / Time \_\_\_\_\_ Action / Instruction  
TP Chimer

MV : LUMP SUM \$12500,10DAYS

PV : RED: 20984;62%

Nett:

Date/Time. File Pass to?

☐ : Preli. Report

Days Of Repair: 10

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time. File Return to?

2)

Arbit Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp. (\$

☐ : Med. Insp. (\$

Survey Fee:

Transportation:

\$ + PS \$

Phone:

Other:

D-3-1

Report Format:

Imp. Qm / U/C:

MSME20098427-01 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 07/11/2020 14:49  
SUBMITTED BY: Wen Ying

## 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	07/11/2020 14:49
Date Of Accident	06/11/2020 07:00
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD & GOMBAK DRIVE.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9471D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEK KARM YEW
NRIC No	SXXXX657J
Email Address	RONNIESEK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98634093
Alternative Phone No	OFFICE-98634093
<b>Vehicle Particulars</b>	
Manufacturer	SKODA
Model	OCTAVIA 1.0 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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105648767-01
Cover Note Number	

### Driver

Name of Driver	SEK KARM YEW
NRIC No	SXXXX657J
Date Of Birth	29/11/1954
Occupation	INDOOR
Date Of Driving Pass	12/08/1977
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98634093
Fax Number	
Contact Number	OFFICE-98634093
EMail Address	RONNIESEK@GMAIL.COM



Address	76 HOUGANG AVE 7 #07-18
Postcode	538807
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 - CHANGE/CROSS LANE
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	2
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)	2
Passenger 1	NAME: : LOH MENG YOKE
	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**

I WAS STOPPED STATIONARY AT UPPER BUKIT TIMAH ROAD & GOMBAK DR AT 2ND LANE OF 4 LANES AS TRAFFIC WAS RED. SUDDENLY, I FELT AN IMPACT, VEHICLE B COLLIDED INTO THE LH PORTION OF MY VEHICLE AND CAUSED DAMAGES, I ALIGHTED AND REALISED THERE WERE A TOTAL 4 VEHICLES INVOLVED. AFTER THE INCIDENT, I AND MY PASSENGER FELT DISCOMFORT AND WENT TO MOUNT ALVERNIA HOSPITAL TO SEEK MEDICAL TREATMENT AND WAS GIVEN 5 DAYS MC BY A DOCTOR FOR BOTH OF US.

**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	SMR8482R
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
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) 5

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKT6749Z

Vehicle Make/Model/Colour

Details Of Properties VEH C

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 3**

Vehicle Registration Number SGY863L

Vehicle Make/Model/Colour

Details Of Properties VEH D

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 INJURED PERSON 1**

Name SEK KARM YEW

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMF9471D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name LOH MENG YOKE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMF9471D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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.

Policyholder's Signature  
Date & Time:

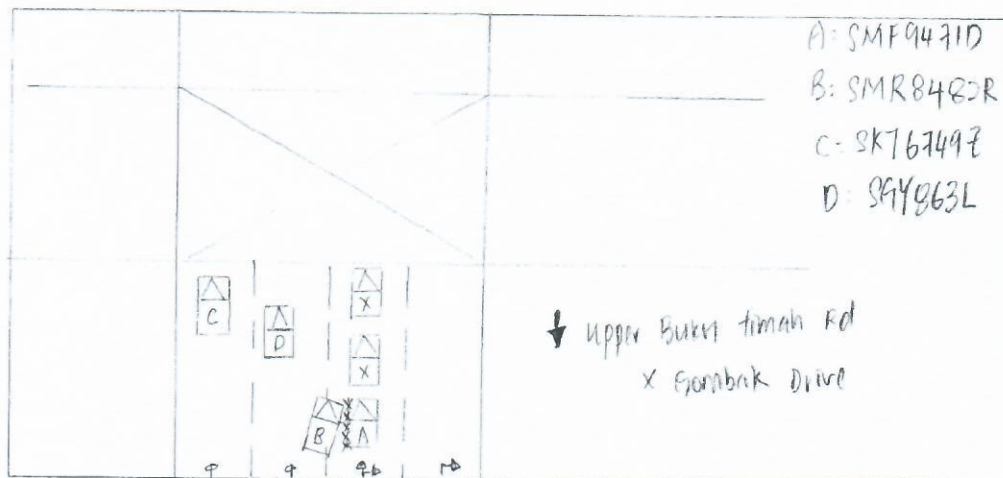
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped stationary at upper Bukit timah Road X Gombak Drive at 2nd lane of 4 lanes as traffic was red.

suddenly, I felt an impact. vehicle "B" collided into the LH portion of my vehicle and caused damages.

I alerted and realised there were a total 4 vehicles involved.

After the incident, I and my passenger felt discomfort and went to Mount Alvernia Hospital to seek medical treatment and was given 5 days MC by a doctor for both of us.

## 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:

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

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 657J

### Vehicle Details

Vehicle No.: SMF9471D  
Vehicle to be Exported: No  
Intended Deregistration Date: 07 Nov 2020  
Vehicle Make: SKODA  
Vehicle Model: OCTAVIA 1.0 TSI AMBITION PLUS (A)  
Primary Colour: Beige  
Manufacturing Year: 2018  
Engine No.: CHZ890700  
Chassis No.: TMBBP7NE8J0320654  
Maximum Power Output: 85.0 kW (113 bhp)  
Open Market Value: \$18,825.00  
Original Registration Date: 29 Nov 2018  
First Registration Date: 29 Nov 2018  
Transfer Count: 0  
Actual ARF Paid: \$18,825.00

### Intended PARF Rebate Details

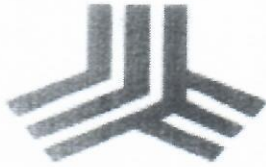
PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 28 Nov 2028  
PARF Rebate Amount: \$14,118.00

### Intended COE Rebate Details

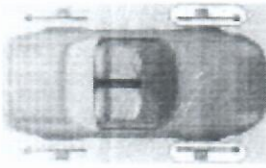
COE Expiry Date: 28 Nov 2028  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$25,000.00  
COE Rebate Amount: \$20,145.00  
**Total Rebate Amount: \$34,263.00**

The information contained herein is correct as at 07 Nov 2020

OK



PEOPLES AUTO TRADING  
BLK 3007 UBI ROAD 1 #01-400  
TEL 6741 4646



COMPUTERIZED ALIGNMENT SPECIALISTS

CUSTOMER	NEW HOCK TECK	DATE	Nov 7, 2020 1:54:45 PM
LICENSE NO.	SMF 9471 D		
MILEAGE	95506		
REFERENCE	CUSTOM	MODEL	SKODA OCTAVIA (BP7)

Front Wheel	SPECS				DIAGNOSIS				ADJUSTMEN			
	min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
TOTAL TOE	-1.00	0.00	1.00			-8.80				-8.90		
PARTIAL TOE	-0.50	0.00	0.50		-4.70		-4.00		-8.90		0.00	
SET BACK	---	---	---			-0°06"				-0°06"		
CAMBER	-0°44"	0°00"	0°44"		-1°26"		-0°56" 0°30"		-1°28"		-0°54" 0°32"	
CASTER	6°00"	7°00"	8°00"		7°12"		7°18" 0°06"		7°12"		7°18" 0°06"	
KING-PIN	---	---	---		14°10"		14°26" 0°16"		14°10"		14°26" 0°16"	
INCL ANGLE	---	---	---		12°42"		13°30"		12°40"		13°32"	
Toe-out on turns	---	---	---		---		---		---		---	
STEERING IN	---	---	---		---		---		---		---	
STEERING OUT	---	---	---		---		---		---		---	

Rear Wheel	SPECS				DIAGNOSIS				ADJUSTMEN			
	min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
TOTAL TOE	---	---	---			1.10				1.10		
PARTIAL TOE	---	---	---		1.20		0.00		1.20		0.00	
SET BACK	---	---	---			0°00"				0°00"		
CAMBER	---	---	---		-1°04"		-1°12" 0°06"		-1°04"		-1°12" 0°06"	
THRUST ANGLE	---	---	---			0°04"				0°04"		