	R1qf3
ASS MEC. BY: Colon MEF: CS/4012001:	2468 Rights 1 2822
T. January and J. Jan	COMENT
From: Date:	Veh No: SLL7967) Yr Regn: 2017 / MARL
From: Date:	Type: M.Cary M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OB TTP I WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No: 54_19673	Make: MINI COUPER SOR PWD . C.C 1499
at Workshop m/s Eulo Kaps	Colour BLUE A/C: Insured / Std / NI / NA
of 27, Lend Kee RD	Sp.Reading 34435 T/Radlo: Insured / Std / NI / NA
	Eng/No:
Insured: WO (C/No: WMWXSX20302F21220.
Claims No. M12D14242011	Gen. Cond: Good / Fals/ Poor / Burnt
Sum Insured: Excess: 500	Steering: Inorder! Jainmed ! Leaked! Burnt or
	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Modi: Nil / \$/Rim / STD A/Rim or
Make Of Vert.	2 0/11/2/2
(Policy Condition) Remark: The yeh had commenced Its N/S O/S	R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced Its N/S O/S repair at the time of inspection.	TOYO / YOKO Or. CONTINUATE
911/	
Bal. or Market Value:	Front Rear R/Bal / mm R/Bal. / mm
IDAC Accident Rport Consistent? : Yes or No	100di
GIA / PR Seen: Consistent? : Yes or No	11.5/
Est. Repairs: 14 days Res.: Yes or No	D.O.A. 07 11 200 D.O.I. 13 11 200
Lum Sum: % · 3 Val.: Yes or No	Survey held at CWOKAN
CA I REV I REP. I 24 HRS	Des. of Damages FR Rear 1 O/S I N/S I U/C I Rooftop or
Vehicle: IN / OU Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
	The U/C I Ghassis frame I Body Structure affected due to comsion.
Date / Time Action / Instruction	
18/11/20 revert to Josephine Wong by email	(nending estimate)/hy Vyonne)
23/11/20@2.44pm 2nd revert to Josephine V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ong by email. (repairer able to repair within \$37K)
24/11/20@3.26pm Josephine informed C/A &	
	re than \$37K or whichever lower and ex:\$500 by email
	a final fig \$31430.35, 14 days (Red \$5075.25, 14%)
4.	·
Dale/Time, File Pass to? Preli. Report	Days Of Repair: 14
Common	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add I	President of the control of the cont
	Parties .
Revid Former: OD	
50 Color of St. Co	: Tech, Invs (\$) others
Lump Sam (18.1: (\$ 31430.35)	: Westend (\$)
	YOTAL

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 10/11/2020 10:53

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.

By the lodgement of this report to the insurers, you aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT CONTROL OF THE CO
Date Of Report	10/11/2020 10:29
Date Of Accident	07/11/2020 07:50
Exact Location Of Accident	ALONG ALJUNIED ROAD
Country/State of Loss	SINGAPORE
nava attenderen han billio den er i internacio	CONTROL DETAILS OF OWN VEHICLE CONTROL
Vehicle Registration Number	SLL7967J
Insured/Policyholder	
Name Of Registered Owner	MRS SIA LU-MING EUGENIE
NRIC No	SXXXX282I
Email Address	EUGENIESIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97771494
Alternative Phone No	OTHERS-97771494

Vehicle Particulars

Manufacturer	MINI
Model	COOPER

Exact Purpose for which vehicle was being used at	COING TO OL LOS
time of accident	GOING TO CLASS

Are you claiming under your own insurance policy	YES
for repair to your vehicle?	ILS

If No. Please state action to be taken

Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
---------------------------	-------------------------------

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

DHOM120040291900 Policy Number

Cover Note Number

Driver

Name of Driver MRS SIA LU-MING EUGENIE

NRIC No SXXXX282I Date Of Birth 11/11/1970 Occupation INDOOR Date Of Driving Pass 21/10/1991

Driving Experience 29 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97771494

Fax Number

Contact Number OTHERS-97771494

EMail Address EUGENIESIA@GMAIL.COM

152K TEMBELING ROAD Address #03-01 423480 Postcode Was driver an employee of the Insured's Company NO OWNER If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident FLOOD Weather Conditions RAINING Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 1 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? NO I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : SR SEOW LEE HUAN THERESA 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**

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO NO

Details of Witness 1

Name

SR SEOW LEE HUAN THERESA

Phone Number

97100467

Email Address

Accident Sketch Plan

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.
- 5. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singepore (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 Art (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 passessed 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) frivolved 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
 - tell investigating the accident and/or my claims:
 - full 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 rould involve disclosure of certain personal data about me to bring about delivery of the same on 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")
- (h) 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 Purpotes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents fincluding their lawyers haw firms), which may be used 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 to 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 reason ably required for the purposes stated, or

(ii) for complying with requirements under any regulations, taws or court orders.

New mil

43 U. 680

, fil driver is not the policyholder)

Date & Tane.

Reporting Centre Personner's Signature

Name

NAICHIN No

Individual Statement

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gger.	M. IKIN ALTONIA	<i>f</i> -4.
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	Fig. 1. man of the second stage of the second state of the second	
DECLARATION /We declare the foregoing part	ticulars are true in every respect.	
1 1		
Policyholder's Signature Date & time 15 ACM	and the same of th	- hym 10/1, 100
Date & Time 15 file 1	Oriver's Signature (If griver is not the policyholder)	Reporting Centre Personnel's Signature Name
a 4500	Date & Time:	MHICZEIN NO.



Listation Number: \$70412821

Name:

SIA LU-MING EUGENIE

Birth Date: 11 Nov 1970

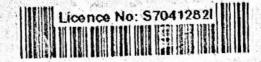
Issue Date: 10 Aug 2004



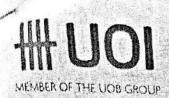
PASS DATE

Motor Cars of unleden weight not exceeding 2000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

21 Oct 1991



NP 428A



Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

United Overseas Insurance Limited

3 Anson Road #28-01 Springleaf Toker Singapore 079909

Tel (65) 6722 2731 Fax (65) 6327 3869 / 6327 3870 Email ContactUs@ool.com.sg volcoms

Ca Reg. No. 1971001528

ORIGINAL

CERTIFICATE NO.

DHOM120040291900

Excess:

\$1500/-OTHERS

Type of Cover

COMPREHENSIVE

\$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM

Vehicle Number

SLL7967J

\$500/-NAMED DRIVERS

Name of Insured

SIA LU MING EUGENIE

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 10 March 2019 to 9 March 2021

Engine#

33479862B3BA15A Chassis# WMWXS520302F21270

Hire Purchase

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]
AUTHORISED DRIVER

(1) The Insured
(2) Any other person who is driving on the Insured's order or with his permission
(3) In the event of the death of the Insured
(a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and (b) any other person who has been given permission to drive the vehicle prior to the death and such

permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business THE POLICY DOES NOT COVER

THE POLICY DOES NOT COVER
Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods Use for hire or reward or racing page of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

Notor Trade
The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the The carriage of passengers pursuant to be passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor

*Limitation rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

IWE HEREBY CERTIFY that the Policy to which this Certificate relates is (seved in accordance with the provisions of the Motor Vehicles(Third-IWE HEREBY CERTIFY that the Policy to which this Certificate leads a accordance with the property of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

wner ID:	2821
	and the second s
ehicle No.1	SLL7967J
ehicle to be Exported:	No
ntended Deregistration Date:	16 Nov 2020
ehicle Make:	MINI
ehicle Model:	COOPER 5DR FWD LED ABS
rimary Colour:	Blue
Nanufacturing Year:	2017
ngine No.:	33479862B38A15A
hassis No.:	WMWX5520302F21270
Asximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$25,028.00
Original Registration Date:	10 Mar 2017
irst Registration Date:	10 Mar 2017
ransfer Count:	0
Actual ARF Paid:	\$17,040.00
nantana panakan katen kanakan ka	
ARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Mar 2027
PARF Rebate Amount:	\$12,780.00
र्गरे (संस्कृतिक (संस्कृतिक राम्ये (संस्कृतिक स्वार्थिक स्वार्थिक स्वार्थिक स्वार्थिक स्वार्थिक स्वार्थिक स्वार	1999 (salau juryan da da an da katan da) da su kahin da an da kanan da an da kanan d
OE Expiry Date:	09 Mar 2027
OE Category:	B - Car above 1600cc or 97kW (130bhp)
OE Period(Years):	10
QP Paid:	\$48,209.00
OE Rebate Amount:	\$30.419.00

OK



art.com/used_cars/info.php?ID=913241&DL=1220

MINI Cooper 1.5A

Financial

Accessories

Similar

Research

Photos

Map







OUR AWARDS



Price

\$81,800

Depreciation (2)

\$11,710 /yr

View models with similar depre

Reg Date

24-Mar-2017

(6yrs 4mths 7days COE left)

Mileage

55,000 km (15.1k /yr)

Manufactured (?)

2016

Road Tax

\$684 /yr

Transmission

Auto

Dereg Value

\$44,823 as of today (change)

OMV (1)

\$23,491

COE

\$53,001

ARF

\$14,888

Engine Cap

1,499 cc

Power

100.0 kW (134 bhp)

Curb Weight

1,115 kg

No. of Owners

1

Type of Vehicle

Hatchback

Features

Mini 1.5L Twin Scroll Turbo Charged Engine, Front Wheel Drive Train, Automatic Transmission With Steptronic Function, 3Dr Hatchback, SRS Airbag, ABS. View specs of the MINI Cooper (2014-2017)



