

## ASSIGNMENT

From \_\_\_\_\_ Date \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

QD / 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: SJM4142K Tr Regn: 2009, Jan.  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Mit Lancer C.C. 1499  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp.Reading: 151226. T/Radio: Insured / Std / NI / NA  
 Eng/No:  
 C/No: JMYSR0Y2A94002691  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Model: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 215/45R17.  
 R: 215/45R17.  
 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.	11/11/20

Survey held at NIT

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 Allg.

COE Expiry: 01/01/24

MV : 21K.

PV: 8.2K

Nett: 12.8K

Date/Time: File Pass to:

☐ : Prel. Report

13

: Final Report

Date/Time: File Path:

31

Days Of Repair:

Resurvey No. of Trip:

Report Form:

$$E_{\text{eff}} = \frac{1}{2} \frac{E_0}{1 + \frac{1}{2} \frac{E_0}{E_0 + E_1}}$$
Add Fee:  : Site Insp (\$

□: Interview (3)

Tech. Inc. Co.

Map 200

Survey Fee:

Transportation

 $3 + PQ$ 

Fluorescence

$$e_1 = \frac{1}{\sqrt{2}} \begin{pmatrix} 1 \\ i \end{pmatrix} \in \mathbb{C}^2$$

P 334

Adnan  
LHC  
A15 - NPL

## 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	10/11/2020 16:12
Date Of Accident	10/11/2020 08:10
Exact Location Of Accident	PIE TWDS TUAS NEAR TO AYE EXIT 27
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4142K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SERENE SEAH
NRIC No	SXXXX521C
Email Address	SERENESEAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92718238
Alternative Phone No	OFFICE-92718238

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER

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

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA438877
Cover Note Number	

### Driver

Name of Driver	TANG WEE LEONG
NRIC No	SXXXX947J
Date Of Birth	23/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2019
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96207129
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 485 SEGAR ROAD #11-510
Postcode	670485
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20201110/2046.

#### 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	SMV6964J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE 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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJQ9255P  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE 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 INJURED PERSON 1

Name TANG WEE LEONG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJM4142K  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## SKETCH PLAN

Alh (NPL)  
Adnan Lkk

### 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. 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.
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.:



A: SJM 4142K  
B: SMV 6964J  
C: SJQ 9255P

PIE Towards Tuna near to NYE  
xx1 27

Refer police report no: T/2020110/2046 ~~PHH~~

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

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



Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/11/2020 12:34			Vide Report No.:		Station Diary No.: 52
<b>Name of Informant:</b> TANG WEE LEONG					
<b>Address:</b> APT BLK 485 SEGAR ROAD #11-510 SINGAPORE 670485					
<b>ID Type / ID No.:</b> NRIC NO / S9326947J			<b>Contact No.:</b> Home/Office: Mobile: 96207129		
<b>Nationality:</b> SINGAPORE CITIZEN			<b>Email:</b>		
<b>Sex:</b> Male	<b>Age:</b> 27	<b>Date of Birth:</b> 23/07/1993	<b>Type of Informant:</b> Driver		
<b>Race:</b> Chinese			<b>Language:</b>	<b>Institution / School Name:</b>	
<b>Occupation:</b> NAVY PERSONEL			<b>Driving Licence Information:</b> Class: Date of Expiry:		

<b>General Information of the Accident</b>				
<b>Type of Accident:</b>	<b>Injury Others</b>	<b>Drink Drive:</b> No	<b>Date/Time of Accident:</b> 10/11/2020 08:10	<b>Type of Location:</b> Flyover
<b>Location:</b> PAN-ISLAND EXPRESSWAY				
<b>Weather:</b> Drizzling		<b>Road Surface:</b> Wet		<b>Road Speed Limit:</b>
<b>Traffic Flow:</b> One Way		<b>Traffic Control:</b>		<b>Traffic Volume:</b> Heavy
<b>Type of Collision:</b> Between Moving Vehicles - Head To Rear				<b>Anyone conveyed by ambulance:</b> No

Vehicle No.	Type	Make	Model	Color	Condition	NO of Passengers
SJM4142K	Car				Slightly Damaged	0
SJQ9255P	Car				Slightly Damaged	0
SMV6964J	Car				Slightly Damaged	0

<b>Any Pedestrian Involved:</b> No	
<b>No. of Pedestrians Injured:</b> NIL	<b>Use of Pedestrian Crossing:</b> NA





Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

Name	TANG WEE LEONG		ID No.	S9326947J
Related Vehicle	SJM4142K (Car)		Contact No.	96207129
Hospital/Clinic	HEARTLAND HEALTH		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/11/2020	Date Discharge	10/11/2020	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	

**Brief Details.**

On 10/11/2020 at about 0810hrs, I was traveling along PIE (towards Tuas near to AYE Exit 27) in the extreme right lane of the expressway in my vehicle(SJM4142K). It was drizzling and the floor is wet. As the traffic is heavy, the vehicle in front of me then stop causing me to slow down my vehicle and stop in time and did not hit onto the vehicle in front. As I had stopped my vehicle, suddenly I felt an impact from the rear of my vehicle causing me to hit my head on the steering wheel and stayed in my vehicle for awhile. I came down from my vehicle to make a check and realized that I was involved in a chain collision with the vehicle behind me(SMV6964J) and another vehicle behind(SJQ9255P) it. I was informed by the driver behind me that the vehicle behind him(SJQ9255P) knocked onto him from behind causing his vehicle(SMV6964J) to move forward and knock onto me, however I wish to inform that I felt 2 impact instead. My vehicle suffered dents on the rear bumper and scratches on it.

I wish to inform that I did not require immediate medical assistance at that point of time. After the accident, I felt pain on my neck and back and went to HeartHealth Clinic and was given 3 days of MC. I am lodging this report for record purposes and for insurance claim.





Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

3 of 3

Report No. T/20201110/2046

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 3 JAVIN NG CHEN BOON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN RE  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
10/11/2020 12:34

Classification Of Case:

SIGNATURE

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 521C

### Vehicle Details

Vehicle No.: SJM4142K  
Vehicle to be Exported: No  
Intended Deregistration Date: 10 Nov 2020  
Vehicle Make: MITSUBISHI  
Vehicle Model: LANCER 1.5 MIVEC GLS 4A/T  
Primary Colour: White  
Manufacturing Year: 2008  
Engine No.: 4A910118084  
Chassis No.: JMYSRCY2A9U002691  
Maximum Power Output: 80.0 kW (107 bhp)  
Open Market Value: \$19,963.00  
Original Registration Date: 02 Jan 2009  
First Registration Date: 02 Jan 2009  
Transfer Count: 2  
Actual ARF Paid: \$9,170.00

### Intended PARF Rebate Details

PARF Eligibility: Forfeited  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 01 Jan 2024  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 5  
PQP Paid: \$13,024.00  
COE Rebate Amount: \$8,185.00  
**Total Rebate Amount: \$8,185.00**

### Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 10 Nov 2020

OK



