| ' | 1 |
|--------------------------------------------------|---------------------------------------------------------------------|
| (08/11/13) wef. ASS. REC, BY: Marcus REF: CC6// | 1120012933/4693 |
| , | (GNMENT |
| <u> </u> | |
| From: Date: | Veh No: 53761 / Yr Regn: 106 |
| Estimated Cost: | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD (TP WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or CA |
| To Inspect Vehicle No: SOJ 6/9 | Make: N/SSan Sunny c.c. /S? 7 Colour Gold A/C: Insured/Std/NI/NA |
| at Workshop m/s 7 6/el | Colour 77/d A/C: Insured / Std / NI / NA |
| of | Sp.Reading \$7047 T/Radio: Insured / Std / NI / NA |
| Insured: SHC 1192C | Eng/No: |
| Policy No. | C/NO: JNICFAN 1620102173 |
| Claims No. | Gen. Cond: Good/ Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: Inprder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inocder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil Strim / STD A/Rim or |
| · | Tyre Size: F: /fc/65-265 |
| (Policy Condition) | R: |
| Remark: The veh had commenced its N/S O/S | BS (OUN) EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO/YOKO or |
| Bal. or Market Value: | Front Rear |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. 0 mm R/Bal. 0 mm |
| GIA / PR Seen: Consistent?: Yes or No | L/Bal. 6, mm L/Bal. 6 mm |
| Est. Repairs: days Res.: Yes or No | D.O.A. 2V/11/20 D.O.I. 24/11/20 |
| Lum Sum: % 3 Val.: Yes or No | Survey held at |
| CA / REV / REP. / 24 HRS $\gamma \gamma \psi A$ | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or |
| Vehicle: IN / OUT Date: Person Contacted: | for. |
| Date / Time Action / Instruction | The U/C / Chassis frame / Body Structure affected due to collision. |
| COE 31-5-2021 H7A \$2364 | |
| No sa or muts from matt? | 456 |
| 1 | |
| U(5 \$ 2200 | |
| | |
| | |
| | |
| | |
| Date/Time, File Pass to? : Preli. Report D | ays Of Repair: |
| 1) : Final Report R | esurvey No. of Trip: Survey Fee: |
| Date/Time, File Return to? | Transportation: |
| 2) Add Fee: | : Site Insp (\$) _s+RS,si |
| | : Interview (\$) Photos |
| Report Format : | : Tech. Invs (\$) Others |
| Lump Sum / I.B.I: (\$ | : Weekend (\$ |
| | TOTAL |

MSME20104180 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 23/11/2020 17:18 SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

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

 7. By the Indexagent of this report to the second of the second

| ENGLY SECTION OF THE PROPERTY. | ACCIDENT STATEMENT |
|---------------------------------------------------------------------------|----------------------------------------------------|
| Date Of Report | 23/11/2020 17:18 |
| Date Of Accident | 22/11/2020 13:55 |
| Exact Location Of Accident | NORTHVALE CONDO |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SBJ61Y |
| Insured/Policyholder | |
| Name Of Registered Owner | CAROL ATHENA QUEK |
| NRIC No | SXXXX274A |
| Email Address | QUEKCAROL@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-98799222 |
| Alternative Phone No | OFFICE-98799222 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | SUNNY |
| Exact Purpose for which vehicle was being us time of accident | eed at |
| Are you claiming under your own insurance por for repair to your vehicle? | ^{olicy} NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | P10409516R00 |
| Cover Note Number | |
| Driver | |
| Name of Driver | KHOO PEI SEE TRESIS |
| NRIC No | SXXXX507E |
| Date Of Birth | 27/07/1994 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/01/2013 |
| Driving Experience | 7 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97312502 |
| Fax Number | |
| Contact Number | |

TRESIS_KHOO@HOTMAIL.COM

Address

BLK 210 PETIR ROAD #06-479

Postcode

670210

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

RELATIVE

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

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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

MY VEHICLE WAS STATIONARY. VEHICLE B REVERSED HIS VEHICLE WITHOUT CHECKING AND HIT ONTO MY FRONT.

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

SHC1192L

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- 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.
- 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.
- 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, 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:
 - 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.

ler's Signature

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

LEE BROTHERS

GIZ FIAC StetchPlanForm, YE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type: | Singapore NRIC |
|---------------------------------------------|---------------------------------------------------------------------------------------------------|
| Owner ID: | 274A |
| Vehicle Details | |
| Vehicle No.: | SBJ61Y |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 24 Nov 2020 |
| Vehicle Make: | NISSAN |
| Vehicle Model: | SUNNY 1.6EXA |
| Primary Colour: | Beige |
| Manufacturing Year: | 2006 |
| Engine No.: | QG16410288 |
| Chassis No.: | JN1CFAN16Z0102173 |
| Maximum Power Output: | 81.0 kW (108 bhp) |
| Open Market Value: | \$12,403.00 |
| Original Registration Date: | 18 Jul 2006 |
| First Registration Date: | 18 Jul 2006 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$13,644.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | _ |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 31 May 2021 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 5 |
| PQP Paid: | \$22,789.00 |
| COE Rebate Amount: | \$2,364.00 |
| Total Rebate Amount: Message | \$2,364.00 |
| Please note that the 5-year COE for this ve | chicle cannot be further renewed. The vehicle when the vehicle reaches its statutory lifespan (if |

The information contained herein is correct as at 24 Nov 2020