

ASS. REC. BY:

REF:

CS3/FCI 20013017/R14f3

9397

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKV 6650Mat Workshop m/s GOLD ANOMARK2of 48, POK GUM R2 EAST #01-119Insured: FCI

Policy No. _____

Claims No. _____

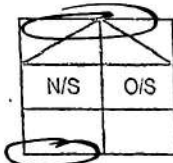
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 50k

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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: SKV 6650M Yr Regn: 2015 / SEPType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: KIA FORTE K31-6A SX SR c.c. 1591Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 59368 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFZ411MF5510122Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R17

R: _____

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

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 20/11/2020D.O.I. 26/11/2020Survey held at GOLD ANOMARK2

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

FRONT & REAR N/S

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

Date / Time Action / Instruction

ESTIMATE RANGE OF REPAIR / no. of days - (6k-7k) / 9 days

* Repair limit 10k

SUBMIT PRS REPORT

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Invs (\$ _____)



: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

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	20/11/2020 12:53
Date Of Accident	20/11/2020 09:10
Exact Location Of Accident	PIE > CHANGI BEFORE ENG NEO EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6650M
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD YUFBI BIN YAHYA
NRIC No	SXXXX939I
Email Address	YUFBI86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87926410
Alternative Phone No	OFFICE-87926410
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A SX S/R HID
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070101629
Cover Note Number	03/07/2020-28/09/2021
Driver	
Name of Driver	MOHAMAD YUFBI BIN YAHYA
NRIC No	SXXXX939I
Date Of Birth	27/03/1986
Occupation	INDOOR
Date Of Driving Pass	14/02/2007
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87926410
Fax Number	
Contact Number	OFFICE-87926410
Email Address	YUFBI86@GMAIL.COM

BLK 732 JURONG WEST ST 73 #04-36

Address
Postcode
Was driver an employee of the Insured's Company
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

640732
NO
OWNER
-
-
-

General Information of the Accident

Type Of Accident
Weather Conditions
Road Surface

CHAIN COLLISION
CLEAR
DRY

Other Information

Was any foreign vehicle involved in this accident?
Number of vehicles (including own vehicle) involved in the accident
Was any body injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver)
Passenger 1

NO
3
YES
NO
YES
NO
2

NAME: : SITI NORAISHAH BINTE MOHD YUSOF
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?
If Yes, Please state which Police Station
Was notice of intended Prosecution given?
If Yes, against whom?

NO

NO

Circumstances of Accident

KINDLY REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

YES
YES
NO

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SHB2120T
HYUNDAI IONIQ

TAXI
AW HAI SWEE
SXXXX566A

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMC2699B
Vehicle Make/Model/Colour MAZDA
Details Of Properties
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 MOHAMAD YUFBI BIN YAHYA
Approximate Age
Injuries Sustain BACK PAIN AND DIZZY
Injured person in which vehicle? SKV6650M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SITI NORAISHAH BINTE MOHD YUSOF
Approximate Age
Injuries Sustain BACK PAIN AND DIZZY
Injured person in which vehicle? SKV6650M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN


IMPORTANT NOTICE

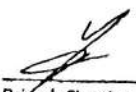
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.


8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

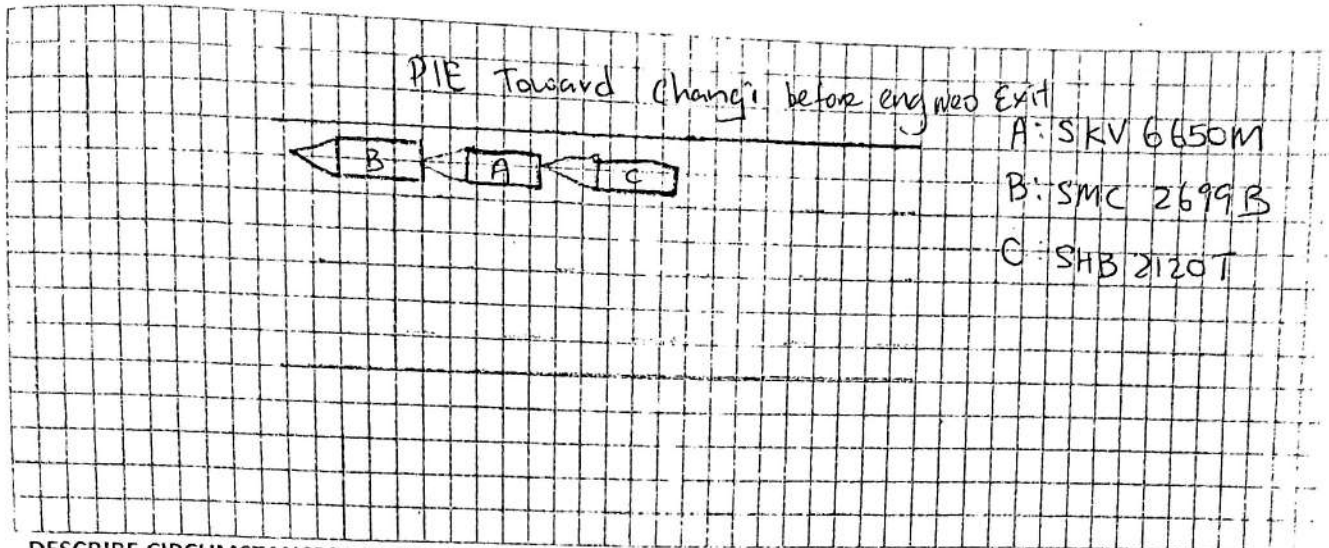
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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: Rakeshwaran Arind
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

20/11/2020 at 9:10am. I was traveling on PIE toward Changi before ENG NEO Exit. Traffic was slow on the road and coming to a stop. Suddenly a Yellow SHB2120T taxi hit my rear and push my car to go front and touch the Madaz SMC 2699B rear bumper abit. lucky my foot still on my brake. Both my wife and me got pain on the back, neck and feeling dizzy.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD / TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name: Rakeshwarin, Anur,
Nric/Fin No.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	939I
Vehicle No.:	SKV6650M
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Nov 2020
Vehicle Make:	KIA
Vehicle Model:	FORTE K3 1.6A SX S/R HID
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	G4FGFH794412
Chassis No.:	KNAFZ411MF5510122
Maximum Power Output:	95.3kW (127 bhp)
Open Market Value:	\$17,968.00
Original Registration Date:	29 Sep 2015
First Registration Date:	29 Sep 2015
Transfer Count:	1
Actual ARF Paid:	\$17,968.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Sep 2025
PARF Rebate Amount:	\$12,577.00

COE Expiry Date:	28 Sep 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,399.00
COE Rebate Amount:	\$26,806.00
Total Rebate Amount:	\$39,383.00

The information contained herein is correct as at 26 Nov 2020

OK

White



Merimen e-Claims



Used 2015 Kia Cerato K3 1.6A S



WhatsApp

mart.com/used_cars/info.php?ID=930611&DL=3074

► Kia Cerato K3 1.6A SX Sunroof

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price

\$50,800

Depreciation ?

\$8,670 /yr

View models with similar depre

Reg Date

22-Sep-2015

(4yrs 9mths 26days COE left)

Mileage

67,940 km (13.1k /yr)

Manufactured ?

2015

Road Tax ?

\$738 /yr

Transmission

Auto

Dereg Value ?

\$40,100 as of today (change)

OMV ?

\$17,960

COE ?

\$57,089

ARF ?

\$17,960

Engine Cap

1,591 cc

Power

95.3 kW (127 bhp)

Curb Weight ?

1,295 kg

No. of Owners ?

2

Type of Vehicle

Mid-Sized Sedan

Features

Inline 4 Cylinder, DOHC Dual CVT Engine. 6 Speed Auto Transmission. 127BHP. Fuel Efficient And Reliable, Front Wheel Drive. View specs of the Kia Cerato

Accessories

Sunroof, Sports Rims. Factory Audio System Aux And USB Port. Keyless Start/stop, Bluetooth Telephone. Reverse Camera. Multi Function Steering.

D

