

<b>ASSIGNMENT</b>			
<p>From: _____ Date: _____</p> <p>Estimated Cost: _____</p> <p><u>OD / TP / WS / TP RES / OD RES / EVA / INV / MV</u></p> <p>To Inspect Vehicle No: _____</p> <p>at Workshop m/s _____</p> <p>of _____</p> <p>Insured: _____</p> <p>Policy No. _____</p> <p>Claims No. _____</p> <p>Sum Insured: _____ Excess: _____</p> <p>(Client's Record)</p> <p>Make of Veh: _____</p> <p>(Policy Condition)</p> <p>Remark: The veh had commenced its repair at the time of inspection.</p> <p>Bal. or Market Value: _____</p> <p>IDAC Accident Rpt: _____ Consistent? : Yes or No</p> <p>GIA / PR Seen: _____ Consistent? : Yes or No</p> <p>Est. Repairs: _____ days Res.: Yes or No</p> <p>Lum Sum: _____ % 3 Val.: Yes or No</p> <p>CA / REV / REP. / 24 HRS</p> <p>Date: _____ Person Contacted: _____</p>	<p>Veh No: <u>SLG4251L</u> Yr Regn: <u>2016/Sept.</u></p> <p>Type: <u>M.Car</u> / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or</p> <p>Make: <u>Mazda 3</u> C.C. <u>1496</u></p> <p>Colour: <u>Bronze</u> A/C: Insured / Std / NI / NA</p> <p>Sp. Reading: <u>129889</u> T/Radio: Insured / Std / NI / NA</p> <p>Eng/No: _____</p> <p>C/No: <u>JM6BM42A8G0346316</u></p> <p>Gen. Cond: <u>Good</u> / Fair / Poor / Burnt</p> <p>Steering: <u>Inorder</u> / Jammed / Leaked / Burnt or</p> <p>Brake: <u>Inorder</u> / Jammed / Leaked / Burnt or</p> <p>Modi: Nil <u>S/Rim</u> / STD A/Rim or</p> <p>Tyre Size: F: <u>205/60R16</u> R: <u>205/60R16</u></p> <p>BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or <u>Nexen</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Front</p> <p>R/Bal. <u>06</u> mm</p> <p>L/Bal. <u>06</u> mm</p> <p>D.O.A. _____</p> </td> <td style="width: 50%;"> <p>Rear</p> <p>R/Bal. <u>06</u> mm</p> <p>L/Bal. <u>06</u> mm</p> <p>D.O.A. <u>26/11/20</u></p> </td> </tr> </table> <p>Survey held at <u>NHT</u></p> <p>Des. of Damages: Frt / Rear / O/S <u>N/S</u> / U/C / Rooftop or</p> <p>The U/C / Chassis frame / Body Structure affected due to collision</p>	<p>Front</p> <p>R/Bal. <u>06</u> mm</p> <p>L/Bal. <u>06</u> mm</p> <p>D.O.A. _____</p>	<p>Rear</p> <p>R/Bal. <u>06</u> mm</p> <p>L/Bal. <u>06</u> mm</p> <p>D.O.A. <u>26/11/20</u></p>
<p>Front</p> <p>R/Bal. <u>06</u> mm</p> <p>L/Bal. <u>06</u> mm</p> <p>D.O.A. _____</p>	<p>Rear</p> <p>R/Bal. <u>06</u> mm</p> <p>L/Bal. <u>06</u> mm</p> <p>D.O.A. <u>26/11/20</u></p>		

Date / Time	Action / Instruction
	TP onslg.
	lump sum \$2500, 5days (Red: 5533.90; 68%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to? ☐ : Preli. Report  
☐ : Final Report

1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Days Of Repair: 5

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

Arld Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Insp (\$ \_\_\_\_\_)  
☐ : Mast Serv (\$ \_\_\_\_\_)

Report Form # \_\_\_\_\_  
 Long Form # \_\_\_\_\_

Survey Fee: \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 \$ + PS \$ \_\_\_\_\_  
 Hours \_\_\_\_\_  
 Miles \_\_\_\_\_  
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## 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	25/11/2020 15:30
Date Of Accident	25/11/2020 07:45
Exact Location Of Accident	MOUNT ELIZABETH MEDICAL CENTRE PICKUP/ DROP OFF PO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4251L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	2XXXXX573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87818338

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116119231-000009
Cover Note Number	

### Driver

Name of Driver	SOH HANG SIAH
NRIC No	SXXXX164F
Date Of Birth	22/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1994
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91692222
Fax Number	
Contact Number	
EEmail Address	KENSOH22121970@GMAIL.COM



Address	BLK 446A JALAN KAYU #12-304
Postcode	791446
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS DRIVING STRAIGHT AT MOUNT ELIZABETH MEDICAL CENTRE OF PICK UP/ DROP OFF POINT TO EXIT. SUDDENLY, I FELT AN IMPACT. VEHICLE B PASSENGER SUDDENLY OPENED THE REAR RIGHT SIDE DOOR AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE AND CAUSED DAMAGES.

#### 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	SLT9045P
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)	

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.
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:

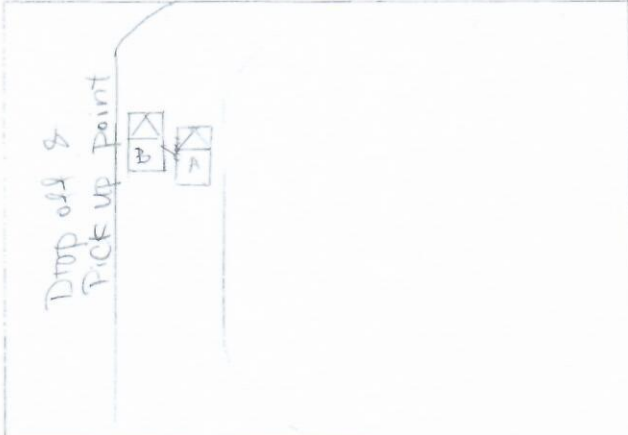
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

2018/01/10 10:00:00

NEW HOCK TBCR

# Sketch Plan #2 Pg. 1

## SKETCH PLAN

	<p>A: SLG 4251L</p> <p>B: SLT 9045P</p> <p>Mount Elizabeth Medical Centre of pickup / drop off point</p>
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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was driving straight at Mount Elizabeth Medical Centre of pickup / drop off point to exit.

Suddenly, I felt an impact. Veh "B" passenger suddenly opened the rear right side door and collided into the front left portion of my vehicle and caused damage.

## 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: Company

Owner ID: 573M

**Vehicle Details**

Vehicle No.: SLG4251L

Vehicle to be Exported: No

Intended Deregistration Date: 25 Nov 2020

Vehicle Make: MAZDA

Vehicle Model: MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

Primary Colour: Grey

Manufacturing Year: 2016

Engine No.: P520375064

Chassis No.: JM6BM42A8G0346316

Maximum Power Output: 88.0 kW (118 bhp)

Open Market Value: \$16,738.00

Original Registration Date: 29 Sep 2016

First Registration Date: 29 Sep 2016

Transfer Count: 2

Actual ARF Paid: \$11,738.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 28 Sep 2026

PARF Rebate Amount: \$8,803.00

**Intended COE Rebate Details**

COE Expiry Date: 28 Sep 2026

COE Category: A - Car up to 1600cc &amp; 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$53,334.00

COE Rebate Amount: \$31,155.00

**Total Rebate Amount: \$39,958.00**

The information contained herein is correct as at 25 Nov 2020

OK