

ASS. REC. BY:

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / 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: _____

Veh No: SLS31966 Yr Regn: 2010 May
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Previa c.c. 2362
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 1440R1 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTEGD52M707087544
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 215/60R17
 R: 215/60R17

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

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

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

Front Rear
 R/Bal. 06 mm / R/Bal. 06 mm
 L/Bal. 06 mm / L/Bal. 06 mm
 D.O.A. _____ D.O.I. 07/12/20

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Survey held at DC
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TPAIG</u>
	<u>COE Expiry : 02/05/30</u>
	<u>MV : 58K</u>
	<u>PV : 31.6K</u>
	<u>Nett : 26.4K</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Report Format : _____
 Lump Sum / L.B.I. : _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee:	
Transportation:	
_____ S + PS _____ SI	
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 Submission	02/12/2020 14:42 (SGT)
Date of Accident	30/11/2020 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DAWSON RD OPEN CARPARK NO.Q30
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3196G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YONG CHIANG CHYE
NRIC No	SXXXX840A
Email Address	chiangchye@yahoo.com
Mobile Phone No	(Phone) +65-90669543
Alternative Phone No	+65-90669543

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Aviva
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	10989879
Cover Note Number	-

DRIVER

Name of Driver	YONG CHIANG CHYE
NRIC No	SXXXX840A
Date Of Birth	06/08/1973
Occupation	Indoor

Date Of Driving Pass 24/03/1993
 Driving experience 27 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90669543
 Alt. Phone Number +65-90669543
 Email Address chiangchye@yahoo.com
 Address NA
 Address complement -
 Postcode -
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured -
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name Yong Zhong Ming
 Gender Male

PASSENGER 2

Name Yong Hui Qi
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

I was in my vehicle and my engine was off .After I buckled up my two children at the child seat. Suddenly a vehicle appeared and hit directly onto my vehicle front left portion. Refer to video footage.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMV769X
 Vehicle Manufacturer Audi

SKETCH PLAN

IMPORTANT NOTICE

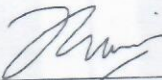
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN**

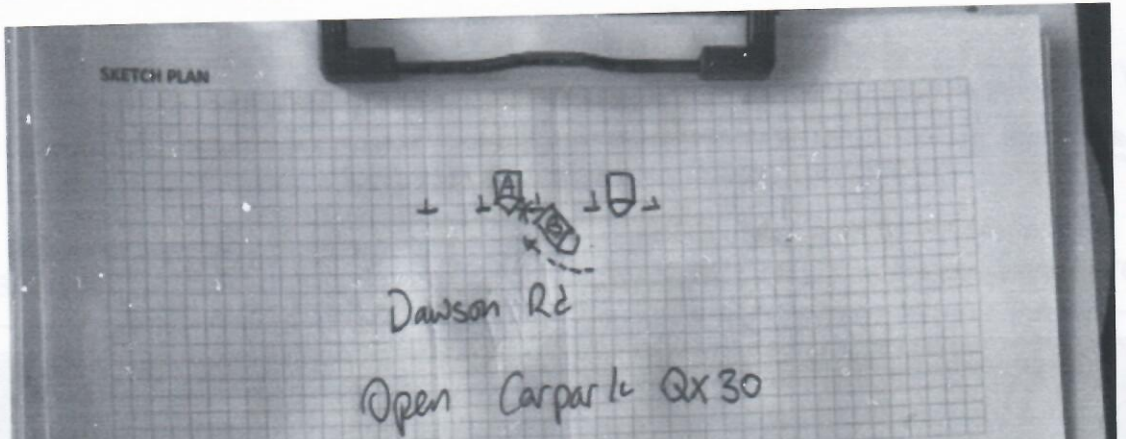
Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



Dawson Rd
Open Carpark Qx30

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
REFER TO ATTACHED STATEMENT.

A: SLS 3196G
B: SMV 76AX

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

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

2

ACCIDENT STATEMENT (2000 characters)

I was in my vehicle and my engine was off .After I buckled up my two children at the child seat. Suddenly a vehicle appeared and hit directly onto my vehicle front left portion. Refer to video footage.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

1 December 2020 at 4:00 PM

Date/Time:

1 December 2020 at 4:00 PM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	840A
Vehicle Details	
Vehicle No.:	SLS3196G
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PREVIA 8 SEATER
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	2AZH485228
Chassis No.:	JTEGD52M707087544
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$35,039.00
Original Registration Date:	03 May 2010
First Registration Date:	03 May 2010
Transfer Count:	1
Actual ARF Paid:	\$35,039.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 May 2030
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$33,568.00
COE Rebate Amount:	\$31,562.00
Total Rebate Amount:	\$31,562.00

The information contained herein is correct as at 07 Dec 2020

OK





Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD!

Date Of Registration: 23-March- 2017 Jaguar XE 2.0 D.



No Modifications. One Owner. Direct Owner

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Previa

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