ASS. REC. BY:	20013818/KV13
Kennerh	ASSIGNMENT (13
Date:	
Estimated Cost:	Veh No: SCB 4580 J Yr Regn: 04, 16  Type: M.Cari M.Cycle / Bus / Van / Lorry / Tayl / Day
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	
To hispect vehicle No:	Tailer Of
at Workshop m/s Chen, Her	Make: Ford Fairs 1801
Amk	White A/C: Insured / Std / MILLIA
Insured: FBN 600X	T/Radio: Insured to the
Policy No. MSD VMS 20-414123	
msc   20 -00087)	C/No: WI= 0 4 X X G C G 4 1= 2 48 753  Gen. Cond: Sood / Fair / Poor / Burnt
Sum Insured: Excess:	
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder/Jammed/Leaked/Burnt or
(D-11 C	- MI I S/RIM I STD A/RIM or
(Policy Condition)	105/85R17
Remark: The veh had commenced its repair at the time of inspection.	]
9	TOYO / YOKO OF
Bal. or Market Value:	Front Eront
IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent	R/Bal. Rear
Est Repaire: Yes or No	L/Bal. 7 mm R/Bal. 3 mm
Lum Sum: 2 days Res.: Yes or No	D.O.A. 9 /12/20 UBal. 3 Imm
3 Val.: Yes or No	Survey held at D.O.I. 5/2/2021
CA / REV / REP. / 24 HRS	
Date: Person Contacted: Vehicle: IN / OUT	Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
2/2 7/0 000	anacted due to collision.
3/3 6/2 8 32501 Confin (Red 1	242.40, 27%)
	212.10, 2.70
Onte/Time, File Pass to?	
: Prell. Report Days	Of Repair: 4
Oute/Firms, File Return to?	IVEY NO. of Tales 2
2) 5/7/21-Typist	Transaction
Add Fee:	Site Insp (\$
Report Format : Merimen	: Interview (\$
Lump Sum / <del>I.B.I.</del> (\$ 3250	Tech Invs (\$ ) Others
	Weekend (\$
	10TAL
	/

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	131F
Vehicle Details Vehicle No.:	SLB4590J
Vehicle to be Exported:	No .
Intended Deregistration Date:	14 Dec 2020
Vehicle Make:	FORD
Vehicle Model:	FOCUS 4DR TITANIUM 1.6 TI-VCT A/T
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	FL48755
Chassis No.:	WF04XXGCC4FL48755
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$17,425.00
Original Registration Date:	08 Apr 2016
First Registration Date:	08 Apr 2016
Transfer Count:	1
Actual ARF Paid: ntended PARF Rebate Details	\$17,425.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Apr 2026
PARF Rebate Amount: ntended COE Rebate Details	\$13,068.00
COE Expiry Date:	07 Apr 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,009.00
COE Rebate Amount:	\$24,454.00
Total Rebate Amount:	\$37,522.00

The information contained herein is correct as at 14 Dec 2020

# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 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 .... 10/12/2020 17:47 (SGT) Date of Accident 09/12/2020 08:45 (SGT) Exact Location of Accident Singapore Additional Location Information **KPE** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLB4590J

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JEYAMARY D/O ANTHONYSAMY NRIC No SXXXX131F Email Address ..... mary\_anthony@mas.gov.sg Mobile Phone No (Phone) +65-90093010 Alternative Phone No +65-90093010

#### VEHICLE PARTICULARS

Manufacturer Ford Model Focus Variant Exact purpose for which vehicle was being used at time of Private use accident

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 China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Yes Policy Number DMPCSNW00088612000-000-001 Cover Note Number

#### DRIVER

Name of Driver RATNASABAPATHY NRIC No SXXXX988I Date Of Birth 26/07/1962 Occupation Indoor

Vehicle Colour	
Vehicle Category	Motorcycle
Name of Driver	LEE CHUN HENG JEFFREY
NRIC No	SXXXX247J
Contact Number	(Phone) +65-97272778
Address	-
Address complement	- Control of the cont
Postcode	
Insurance Company Name	-
Nature Of Damage	•
Details of property damaged in accident	The second secon
No. Of Passenger (Including Driver)	1 Channels of principal continuous persons are on implicate to

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LEE CHIN HENG JEFFREY
Address	
Address Complement Post Code	makeing at to plan
Approximate Age Years Old	The board to seed
Injuries Sustained	RIGHT LACERATION ON RIGHT LEG AND RIGHT ELBOW
Injured person in which vehicle?	FBN600X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

Date Of Driving Pass 28/09/1993 Driving experience 27 YEARS AND 3 MONTHS Male Mobile Number (Phone) +65-94892224 Alt. Phone Number Email Address r.arul@premiereco.com.sg Address ..... BLK 439 HOUGANG AVE 8 #03-1549 Address complement ..... Postcode 530439 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **JEYAMARY** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Clementi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008729999 Alt. Police Station Phone No (Fax) +65-68728039 Police Station Address No. Singapore 129858 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO: T/20201209/2062 & T/20201209/2096. 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 FBN600X Vehicle Manufacturer Vehicle Model

Vehicle Variant





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 3

Report No. T/20201209/2062

### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 09/12/2020 13:54		Vide Report No.:	Station Diary No.: 117	
Informa	nt's Partic	ulars			
	Informant: SABAPATH	Y ARULSELVAN	Address: APT BLK 439 HOUGAI 530439	NG AVENUE 8 #03-1549 SINGAPORE	
ID Type /	/ ID No.: D / S155798	881	Contact No.: Home/Office: Mobile: 94892224		
Nationali SINGAP	ty: ORE CITIZ	ΈN	Email:		
Sex: Male	Age: 58	Date of Birth: 26/07/1962			
Race: Ceylonese			Language:	Institution / School Name:	
Occupation:			Driving Licence Informa	ation:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2020 08:45	Type of Location: Straight Road
Weather:	YA LEBAR EXPRI	Road Surface:	R	oad Speed Limit:
Clear		Dry		raffic Volume:
Traffic Flow: One Way		Traffic Control: Not Controlled		loderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN600X	Motorcycle				Slightly Damaged	0
SLB4590J	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20201209/2062

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Driver					10	
Name	LEE CHIN HENG JEFFREY			ID No.		S1462247J
Related Vehicle	FBN600X (Motorcycle)			Contact No.		97272778
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis					
No. of Days granted Medical Leave NIL			Degree o	Degree of Injury   Slight		
Driver						
Name	RATNASABAPATHY ARULSELVAN			ID No		S1557988I
Related Vehicle	SLB4590J (Car)			Conta	ct No.	94892224
Hospital/Clinic	NIL	Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	charge	NIL	Accident
	ted Medical Leave	NIL	Degree o	of Injury	NIL	in the second se

## **Brief Details.**

On 09/12/2020 at about 0845hrs, I was driving my vehicle bearing SLB4590J along KPE towards town. I was on the right most lane. At the point of time, the road was dry and the traffic volume was moderate.

As I was driving on the first lane (After Paya lebar exit) when suddenly at motorcycle bearing the registration plate number FBN600X collided into my rear left of my vehicle and subsequently collided further against my vehicle left side mirror and fell. I immediately came to a stop and render assistance to the rider.

I noticed the rider suffered right laceration on his right leg and right elbow. I offered him to call for ambulance however the rider refused and rejected the offer. We had exchanged particulars and the rider left.

There are multiple scratches and dents on my left side mirror till the rear left of my vehicle. I do have a incar front camera installed in my vehicle. No Police or Ambulance came to scene.





Report No. T/20201209/2062

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

**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.

	10:
epoπ:	Signature Of Informant:
th	W
	Date/Time: 09/12/2020 13:54
	Classification Of Case:
8	77. 37
	eport:





Report No. T/20201209/2096

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

#### REPORT OF A TRAFFIC ACCIDENT

Tel No: 1800-8729999

Vide Report No.: Station Diary No.: Date/Time Report Made: T/20201209/2062 152 09/12/2020 16:30 Informant's Particulars Name of Informant: Address: APT BLK 439 HOUGANG AVENUE 8 #03-1549 SINGAPORE RATNASABAPATHY ARULSELVAN 530439 ID Type / ID No.: Contact No .: Mobile: 94892224 NRIC NO / S1557988I Home/Office: Nationality: Email: SINGAPORE CITIZEN Type of Informant: Sex: Date of Birth: Age: Driver Male 58 26/07/1962 Institution / School Name: Race: Language: Ceylonese Driving Licence Information: Occupation: Class: 3 Date of Expiry: SENIOR MANAGER

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2020 08:45	Type of Location Straight Road
Location: KALLANG PA	YA LEBAR EXPRE	ESSWAY		
Weather:	order and of economic	Road Surface:	Ro	ad Speed Limit:
		Troffic Combrell	Tra	affic Volume:
Traffic Flow: One Way		Traffic Control: Not Controlled	Mo	derate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN600X	Car				Slightly Damaged	0
SLB4590J	Car				Slightly Damaged	

Details of Person Involved	THE RESERVE OF THE PROPERTY OF THE PARTY OF
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20201209/2096

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

**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: D / Sgt 1 NG JIA HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2020 16:30
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	





Report No. T/20201209/2096

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Rider						
Name	LEE CHIN HENG JEFFREY		ID No.		S1462247J	
Related Vehicle	FBN600X (Car)		Contact No.		97272778	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver	Secretary and the second			and the contract of the contra		
Name	RATNASABAPATHY	ARULSELV	'AN	ID No		S1557988I
Related Vehicle	SLB4590J (Car)	2 25		Conta	ct No.	94892224
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

# **Brief Details.**

I wish to amend my facts as earlier I mention in report T/20201209/2062 that the motorcycle collided into my rear left first and then to my left side mirror, which was wrong.

I wish to state that, the motorcycle collided into my left side mirror first and fell against my vehicle thus causing the damaged from the front mirror to the rear of my vehicle.

That's all.

### SKETCH PLAN

# 1.VEHICLE NO.: SLB4590J 2.INSURER CO: Ching 3.ACCIDENT DATE & TIME: 19/12/2020 (20 084)

### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Signatu

Name: UNYN (AWK) 10/12/2

SKETCH PLAN		
		A: SIR 4590 7
		(W / Dygczda)
(8)		Passenger.
	HAM I	ya wayy - 7 )
		HILL
		B FBN 600X
		(glove)
		Lee Chin Hann Jett
		\$1462314
		977
		1727278
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	summer when the factor payment
Vehicle No, S	LB 4590J (China)	(I) Fill European Country and the Magnet A
Date & Time: 0	A	(clearldny)
	7	, ,
refer to Dolice	report no: 7/2020/20	19/2062 \$ 7/20201209/2096.
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	and related to	In the same of State of Land Company and Application
		- 1-17 of About believe to approximate (a)
		o programa (non a composition and an object of the
Note : Please note that yo	our insurer may have 14days Time	e Frame for you to submit an Own Damage Claim
		with your policy for more information.
DECLARATION		$\wedge$
I/We declare the foregoing part	iculars are true in every respect.	
	W/W-	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: (AMK)
GIARMC SketchPlanForm_V3 ( ) C	Date & Time: laim Own Policy Claim Third	NRIC/FIN No.: 1 / I Party ( ) Reporting Only
	Claim OD/TP at other workshop (	)

# **Cheng Hoe Motor Pte Ltd**

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg GST:201001158E RCB NO:201001158E

M/S: MSIG INSURANCE (S) PTE LTD (SGX)

16 RAFFLES QUAY

#24-01 HONG LEONG BUILDING

SINGAPORE 048581

68277660

FAX: 62257402

**Estimate No:** Date:

ES2190107/AMK

Policy No:

05 Feb 2021

DMPCSNW00088612000-

Veh Reg No:

**SLB4590J** 

Make/Model:

FORD FOCUS 1.6

ATTN: Motor Claim Department

TP/MSIG/AMK Not Northank Chassis No:

09/12/2020

Resumy After Paint Reg. Date: Third Party

WF04XXGCC4FL48755 FL48755

08/04/2016

Accident Date: TP Veh Reg No:

TEL:

WS Ref:

Claim Type:

FBN600X

Estimate Repair Cost to Vehicle No :SLB4590J

Description			<b>U/Price</b>	Quantity	List Price	Amount
•					S\$	<u>S\$</u>
List Price						-/
1 FRONT LH SI	DE MIRROR ASSY		1,260.00	1 PC	CM 1,260.00	2
REAR LH DO	OR		2,465.00	1 PC	2,465.00	
REAR LH DO	OR INNER RUBBER	Clovery type)	278.00	1 PC	M 278.00	50 (In 1)
		**			4,003.00	
				Less 20%	800.60	3,202.40
Labour						
	TS;KNOCKING & RE	IRROR, REAR LH DOOR & PAIR REAR LH FENDER &	400.00	1 LA		329
	SPRAY BOTH LH DOO R LH FENDER,REAR REAS		800.00	1 LA	800.00	604
	EFIX REAR LH DOOI RAL LOCKING	R WINDOW GLASS &	60.00	1 LA	60.00	
7 RUSTPROOFING		30.00	1 LA	30.00		
					1,290.00	1,290.00
					Total	S\$ 4,492.40
				Add (	GST @ 7%	314.47
				Total Amou	ınt Payable	S\$ 4,806.87

\* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

For Cheng Hoe Motor Pte Ltd

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before/after/spray painting

To display damaged part(s) during resurvey

- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Dorlyn bel AUTHORISED SIGNATURE