

ASS. REC. BY:

PES

REF:

CS3/MSG 20014293/Rvd3

7683

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMP 38792at Workshop m/s KOK WANG CARof 1, Snn Lee St #06-40Insured: MSH

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 61K

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: SMP 38792 Yr Regn: 2016 OCTType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA COROLLA ALTIS 1.6 CVT c.c. 1598Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 54955 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR653 REH 104556374

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 215/452R17

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. 19/12/2020D.O.I. 23/12/2020

Survey held at

KOK WANG

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

O/S REAR

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

Date / Time

Action / Instruction

Repair limit - 16KESTIMATE RANGE OF REPAIR / NO. OF DAYS - 3K-4K / 7 days

Date/Time, File Pass to?



Prel. Report



Final Report

1)

Date/Time, File Return to?

2) 24/12/20-Typist

Report Format: Merimen

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

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

SA0A20CL0001 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 22/12/2020 05:30 (SGT)
SUBMITTED BY: Saiful
VERSION: 1 (22/12/2020 05:30 (SGT))

Your NCD will be affected due to late reporting

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	22/12/2020 05:30 (SGT)
Date of Accident	19/12/2020 22:00 (SGT)
Exact Location of Accident	Sengkang, Singapore
Additional Location Information	SENGKANG EAST WAY TOWARDS FERNVALE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3879Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG FOOK SENG
NRIC No	SXXXX768J
Email Address	tang_kaili@hotmail.com
Mobile Phone No	(Phone) +65-96638631
Alternative Phone No	+65-96638631

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	10992205
Cover Note Number	-

DRIVER

Name of Driver	TANG KAI LI
NRIC No	SXXXX822B
Date Of Birth	03/10/1994
Occupation	Indoor

Date Of Driving Pass 18/12/2017
 Driving experience 3 YEARS
 Gender Male
 Mobile Number
 Alt. Phone Number (Phone) +65-98638631
 Email Address
 Address tang_kaili@hotmail.com
 Address complement NA
 Postcode
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Parent
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name Ng menn yee - CHINESE
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Sengkang Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18003438999
 Alt. Police Station Phone No (Fax) +65-63438939
 Police Station Address 2 Sengkang Square #01-02
 Was notice of intended Prosecution given? No
 If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 19/12/2020 AT ABOUT 10.00PM, I WAS INSIDE MY VEHICLE SMP3879Z AT THE CROSS JUNCTION ALONG SENGKANG EAST WAY TOWARDS FERNVALE, IN FRONT OF SENGKANG NEIGHBOURHOOD POLICE CENTRE WAITING FOR THE RED LIGHT FROM MY DIRECTION TO TURN GREEN. I WAS ON THE MIDDLE LANE OF THERE LANE ROAD. WHILE I WAS WAITING, I FELT AN IMPACT COMING FROM THE REAR RIGHT OF MY VEHICLE. THIS VEHICLE SJF7599T HAD BRUSHED PAST VEHICLES AND SBS BUS NEAR ME BEFORE HITTING ONTO THE REAR RIGHT OF MY VEHICLE. THE IMPACT HAD RESULTED MY VEHICLE TO MOVE FORWARD. MY WIFE, NAMELY NG MENN YEE, FIN NMBER G8535092M, CONTACT 97222327 WAS TOGETHER WITH ME SEATED AT THE FRONT PASSENGER SEAT AT THE POINT OF ACCIDENT. SHORTLY, POLICE OFFICERS AND PARAMEDICS ARRIVED AT MY INCIDENT. I HAVE EXCHANGED PARTICULARS WITH DRIVER OF SJF7599T. AFTER WHICH, I SEEK APPROVAL FROM THE POLICE OFFICERS AT SCENE TO LEAVE. I THEN LEFT THE INCIDENT LOCATION TOGETHER WITH MY WIFE TO HEAD HOME. WHEN MY WIFE AND I WAS ON OUR WAY BACK HOME, WE FELT UNWELL AND PAIN AT THE BACK OF OUR NECK, SHOLDER AND BACK AREA. AS SUCH, WE PROCEEDED TO FARRER PARK HOSPITAL TO SEEK MEDICAL TREATMENT. WE WERE ADMITTED IN THE HOSPITAL FROM 12.23AM TILL 5.00PM. MY WIFE AND I WERE BOTH GIVEN SIXTY DAYS OF HOSPITALIZATION LEAVE (20/12/2020 TO 17/02/2020) BY THE DOCTOR FROM FARRER PARK HOSPITAL. ON 20/12/2020 AFTER I WAS DISCHARGED FROM THE HOSPITAL, I PROCEEDED TO SENGKANG NEIGHBOURHOOD POLICE CENTRE TO LODGE A TRAFFIC ACCIDENT REPORT REFERENCE TO THE ACCIDENT TOGETHER WITH MY WIFE. I WOULD LIKE TO STATE THAT I HAVE INSTALLED IN-CAR CAMERA (FRONT AND REAR) IN MY VEHICLE AND THE RECORDINGS OF THE ACCIDENT ARE WITH ME.

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

Vehicle Registration Number	SJF7599T
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOO TIN YOUNG
NRIC No	SXXXX883D
Contact Number	(Phone) +65-98391090
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TANG KAI LI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP3879Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG MENN YEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP3879Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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
MOHAMED SHARIL BIN SATAR

Policyholder's Signature
Date & Time:

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

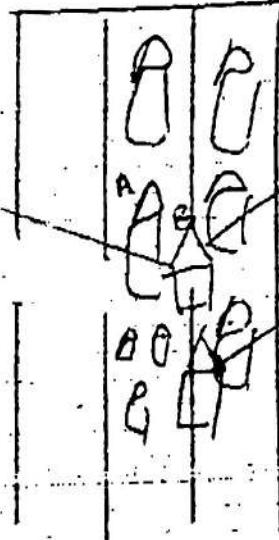
Reporting Centre Personnel's Signature
Name:
NRUC/FIN No.:

ATCH PLAN

A-SMP 3879 Z

B-SJF 7597T

2ND
CONTACT



3RD
CONTACT

1ST
CONTACT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.



SINGAPORE POLICE FORCE



T/20201220/2066

2 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20201220/2066

CONTINUATION OF REPORT

Driver				
Name	LOO TIN YOUNG		ID No.	S1493883D
Related Vehicle	SJF7599T (Car)		Contact No.	98391090
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TANG KAI LI		ID No.	S9470822B
Related Vehicle	SMP3879Z (Car)		Contact No.	96638631
Hospital/Clinic	FARRER PARK HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/12/2020		Date Discharge	20/12/2020
No. of Days granted Medical Leave	60		Degree of Injury	NIL

Brief Details.

On 19/12/2020 at about 10.00pm, I was inside my vehicle SMP3879Z at the cross junction along Sengkang East Way towards Fernvale, in front of Sengkang Neighbourhood Police Centre waiting for the red light from my direction to turn green. I was on the middle lane of the three lane road. While I was waiting, I felt an impact coming from the rear right of my vehicle. This vehicle SJF7599T had brushed past vehicles and SBS bus near me before hitting onto the rear right of my vehicle. The impact had resulted my vehicle to move forward. My wife, namely Ng Menn Yee, Fin number G8535092M, contact 97222327 was together with me seated at the front passenger seat at the point of accident.

Shortly, Police Officers and Paramedics arrived at my incident. I have exchanged particulars with driver of SJF7599T. After which, I seek approval from the Police Officers at scene to leave. I then left the incident location together with my wife to head home.

When my wife and I was on our way back home, we felt unwell and pain at the back of our neck, shoulder and back area. As such, we proceeded to Farrer Park Hospital to seek medical treatment. We were admitted in the hospital from 12.23am till 5.00pm. My wife and I were both given sixty days of Hospitalization Leave (20/12/2020 to 17/02/2020) by the doctor from Farrer Park Hospital.

On 20/12/2020 after I was discharged from the hospital, I proceeded to Sengkang Neighbourhood Police Centre to lodge a Traffic Accident Report reference to the accident together with my wife. I would like to state that I have installed In-Car Camera (front and rear) in my vehicle and the recordings of the accident are with me.



SINGAPORE POLICE FORCE



T/20201220/2066

4 of 4

Report No. T/20201220/2066

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:

F /

Staff Sgt LOI WEE LONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STER

Contact No.: 65476414

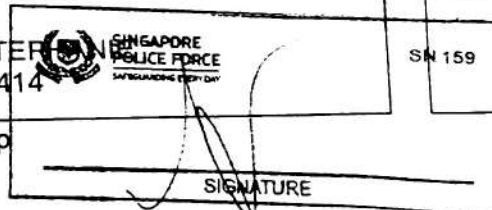
Authentication Stamp
NP168

Signature Of Informant:

*

Date/Time:
20/12/2020 18:16

Classification Of Case:





SINGAPORE POLICE FORCE



T/20201220/2066

1 of 4

Report No. T/20201220/2066

Police Station Of Origin:
Sengkang N.P.C
Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2020 18:16	Vide Report No.:	Station Diary No.: 93
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Name of Informant: TANG KAI LI		Address: APT BLK 333D ANCHORVALE LINK #08-302 SINGAPORE 544333	
ID Type / ID No.: NRIC NO / S9470822B		Contact No.: Home/Office: Mobile: 96638631	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 03/10/1994	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 3 Date of Expiry:	

Details of Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2020 22:00	Type of Location: X-Junction
Location: SENGKANG EAST WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicles Involved						No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	
SJF7599T	Car					0
SMP3879Z	Car					1

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	768J
Vehicle No.:	SMP3879Z
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1ZRY326536
Chassis No.:	MR053REH104556374
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,990.00
Original Registration Date:	24 Oct 2016
First Registration Date:	24 Oct 2016
Transfer Count:	1
Actual ARF Paid:	\$19,990.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Oct 2026
PARF Rebate Amount:	\$14,992.00
COE Expiry Date:	23 Oct 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,507.00
COE Rebate Amount:	\$30,020.00
Total Rebate Amount:	\$45,012.00

The information contained herein is correct as at 24 Dec 2020

OK

White

► Toyota Corolla Altis 1.6A

Overview

Financial

Accessories

Similar

Research

Photos

Map

CARRO

SOUTHEAST ASIA'S LARGEST CAR MARKETPLACE

Price	\$58,088		
Depreciation ⓘ	\$8,950 /yr View models with similar depre	Reg Date	18-May-2016 (5yrs 4mths 23days COE left)
Mileage	N.A.	Manufactured ⓘ	2015
Road Tax ⓘ	\$742 /yr	Transmission	Auto
Dereg Value ⓘ	\$40,539 as of today (change)	OMV ⓘ	\$19,589
COE ⓘ	\$47,889	ARF ⓘ	\$19,589
Engine Cap	1,598 cc	Power	90.0 kW (120 bhp)
Curb Weight ⓘ	1,205 kg	No. of Owners ⓘ	1
Type of Vehicle	Mid-Sized Sedan		

Features

View specs of the Toyota Corolla Altis (2014-2019)

D