

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: _____

(Policy Condition)

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

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKT2836G Yr Regn: 2015, May.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Subaru XV c.c. 1600Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 145856 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF16P3KCSFG151034Gen. 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: 225/55R17.R: 225/55R17.BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 22/12/20Survey held at TridentDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TPA19</u>
	<u>MV: 52K</u>
	<u>PV: 382K</u>
	<u>Nett: 138K</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / LBJ: \$ _____

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Insp (\$)

☐

: Weekend (\$)

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	21/12/2020 17:20 (SGT)
Date of Accident	18/12/2020 19:35 (SGT)
Exact Location of Accident	Shenton Way, Singapore
Additional Location Information	SHENTON WAY TWDS KEPPEL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2836G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZAITON JUHERMAN
NRIC No	SXXXX343A
Email Address	noemail@noemail.com
Mobile Phone No	(Phone) +65-90687084
Alternative Phone No	+65-90687084

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10268865R01
Cover Note Number	-

DRIVER

Name of Driver	JUHERMAN BIN ZAITON
NRIC No	SXXXX343A
Date Of Birth	03/03/1980
Occupation	Indoor

Date Of Driving Pass	02/06/1999
Driving experience	21 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90687084
Alt. Phone Number	-
Email Address	juhermanzaiton@gmail.com
Address	BLK 55 STIRLING ROAD #01-354
Address complement	-
Postcode	142055
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	FILDZA BINT MD ZIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20201220/7001.

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	SKT7637G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JUHERMAN BIN ZAITON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKT2836G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	FILDZA BINTE MD ZIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKT2836G
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.
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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.

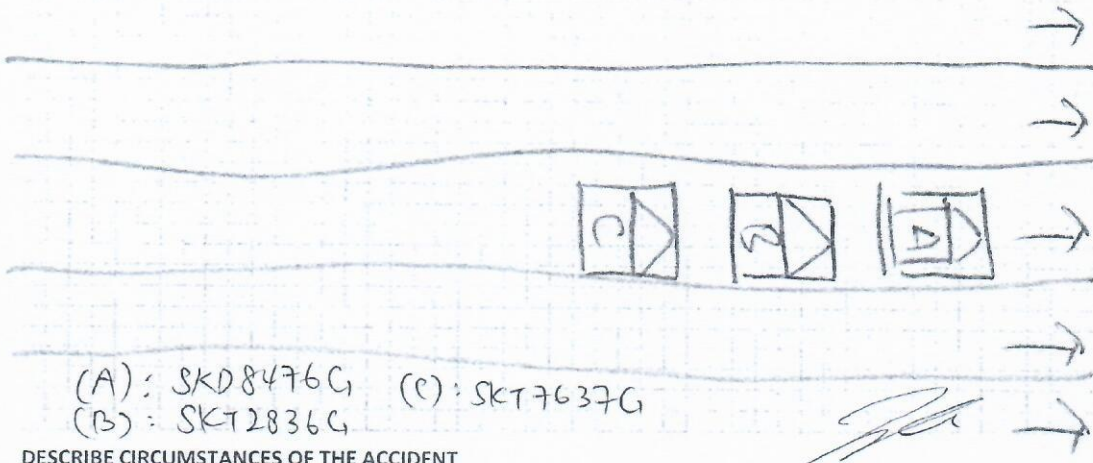

 Policyholder's Signature
 Date & Time: 21/12/2019 11:11am

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

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

SKETCH PLAN

Shenton Way towards Keppel Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time: 2/12/2011 11am

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

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

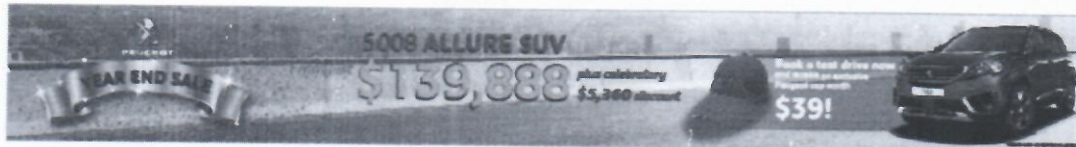
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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	343A
Vehicle Details	
Vehicle No.:	SKT2836G
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Dec 2020
Vehicle Make:	SUBARU
Vehicle Model:	SUBARU XV 1.6I-S AWD CVT
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	FB161645629
Chassis No.:	JF1GP3KC5FG151034
Maximum Power Output:	84.0 kW (112 bhp)
Open Market Value:	\$17,318.00
Original Registration Date:	29 May 2015
First Registration Date:	29 May 2015
Transfer Count:	1
Actual ARF Paid:	\$12,318.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 May 2025
PARF Rebate Amount:	\$8,622.00
Intended COE Rebate Details	
COE Expiry Date:	28 May 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$66,590.00
COE Rebate Amount:	\$29,500.00
Total Rebate Amount:	\$38,122.00

The information contained herein is correct as at 23 Dec 2020

OK



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 • Member of SVTA and hire purchase association
 • 100% deposit refund for unapproved loan

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Subaru XV

Advanced Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Subaru XV		Any	Any	2015	Any	Any	Any	Available
	Subaru XV 1.6A		\$47,800	\$10,070 /yr	14-Feb-2015	1,600 cc	78,600 km	SUV	Available
1.88% Financing Rate. Low Mileage Of 78,400km. Reliable Japanese SUV With Full STI Aero Kit Equipped With A 1.6L DOHC Engine Mated To A CVT Gearbox Ensuring You A Fun Drive On The Move And Superb Stability From Its Legendary Symmetrical AWD! Buy With...									
Roadlink Auto Pte Ltd									
Posted: 18-Dec-2020 Tags: 2015 Subaru XV, Subaru XV, Subaru, XV									
	Subaru XV 1.6A		\$54,800	\$11,010 /yr	19-May-2015	1,600 cc	52,059 km	SUV	Available
Very Well Maintained! The Condition Looks New! Serviced Regularly! Aircon, Radio, And Battery Changed Not Too Long Ago! Low Maintenance Cost, Excellent Family Vehicle. Trade-In And High Financing Available! Call/Whatsapp Now To Arrange For Appointment.									
Monster Motors Pte Ltd									
Posted: 02-Dec-2020 Tags: 2015 Subaru XV, Subaru XV, Subaru, XV									
	Subaru XV 1.6i-S		\$54,888	\$9,430 /yr	30-Oct-2015	1,600 cc	70,000 km	SUV	Available
1 Owner. Original Paintwork! Clean And Comfortable Interior! Fuel-Efficient And Ideal For Daily Drive! Spacious Boot! Showroom Condition! Come With New 3 Digit Nice Number Plate. Please Contact Us For A Viewing Appointment. Trade-In Welcome!									
Posted: 18-Dec-2020 Tags: 2015 Subaru XV, Subaru XV, Subaru, XV									

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