CS3/11120014626/Qqd3. ASS. REC. BY: Sun Pin ASSIGNMENT SMC 1755 D Yr Regn: 27/06 / 20/8. Veh No: Date: From: Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV c.c 1797 Toyota C-HR Make: To Inspect Vehicle No: Insured / Std / NI / NA A/C: Colour at Workshop m/s T/Radio: Insured / Std / NI / NA 221142 Sp.Reading Eng/No: Insured: Z/X102112702 C/No: Policy No. Gen. Cond: Good (Fan / Poor / Burnt Claims No. Steering: In order / Jammed / Leaked / Burnt or Excess: Sum Insured: In order / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil (S/Rim / STD A/Rim or Make of Veh: 215/60 RIT Tyre Size: 215 / 60 RIT (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / 0/8 N/S Remark: The veh had commenced its TOYO / VOKO or repair at the time of inspection. Rear Front Bal. or Market Value: R/Bal. mm R/Bal. Consistent?: Yes or No mm IDAC Accident Rport: ∐Bal. mm ∐Bal. Consistent? : Yes or No GIA / PR Seen: D.O.I. 29/12/2020 D.O.A. 25/12/2020 Res.: Yes or No days Est. Repairs: AT Performance. Survey held at 3 Val.: Yes or No Lum Sum: Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date: Action / Instruction Date / Time Repair day 5 days Mv: 74,006 Repair Range. \$5,000 NV: 41,221 Submit PRS. Days Of Repair: Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: : Final Report 1) 04/01 Typist Transportation: Date/Time, File Return to? : Site Insp Add Fee: \_S + RS.\_\_SI : Interview (\$ Photos : Tech. Invs (\$ Officers Reper Format: MER-PRS Weel:end (\$ Lump Sum / LBJ: (% TOTAL

SS0220CS0001 / S & H Motor Pte Ltd ENTRY DATE & TIME: 28/12/2020 09:47 (SGT)
SUBMITTED BY: Cynthia Myint Myint Than VERSION: 1 (28/12/2020 09:47 (SGT))

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. 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

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.

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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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

28/12/2020 09:47 (SGT) 25/12/2020 00:15 (SGT) KPE, Singapore

KPE EXIT UPPER PAYA LEBAR

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMC1755D

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

**CHENG JING** SXXXX387I

CHRISTINEECHENG0914@GMAIL.COM

(Phone) +65-98383314

+65-98383314

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category

C-HR HYBRID 1.8S CVT

No - Claiming third party

Private hire

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

No

5117961748

CHENG JING

DRIVER

Name of Driver

NRIC No .....

Date Of Birth

Occupation

SXXXX387I 14/09/1972 Indoor

Accident report SS0220CS0001

Oate Of Driving Pass	23.77.0.222
Driving experience	01/11/1999
Gender Mobile Number	21 YEARS AND 1 MONTH
Mobile Number	Female
Alt Phone Number	(Phone) +65-98383314
Alt. Phone Number	+65-98383314
Email Address	CHRISTINEECHENG0914@GMAIL.COM
Addless	BLK 405A FERNVALE LANE
Address complement	#02-119
Postcode	791405
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	110
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)	4
Has the driver been approached by unknown person(s)	4
soliciting/offering accident claims assistance?	No
PASSENGER 1	
A Property of the Control of the Con	
Name	PASSENGER
Gender	Female
PASSENGER 2	
Nama	DAGGENGER
Name	PASSENGER
Gender	Female
PASSENGER 3	
Name	PASSENGER
Gender	Male
DETAILS OF POLICE ACTION	
DETAILS OF FOLIOL ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
AS PER ACCIDENT REPORT	
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	SHA6513Y
Vehicle Manufacturer	SHADSIST
Vehicle Model	Hyundai
150 To 1 100	_
Vehicle Variant	
Vehicle Colour	
Vehicle Category	-
	Taxi
Name of Driver	0,00000
Contact Number	
Address	-
* The state of the	-
Address complement	_
Postcode	
TOTAL TOTAL CONTRACTOR OF THE	7.5%
Insurance Company Name	1. <del></del>
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

## WITNESS DETAILS

## WITNESS 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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:

- 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 ikms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (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, involces, 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
  - 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
- 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.
- 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 dalms.
- 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 traud, 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)

Reporting Centre Personnel's Signature Name:

NRIC/FIN NO.

ovakova vienostifiai alta orti vii

LAN #2

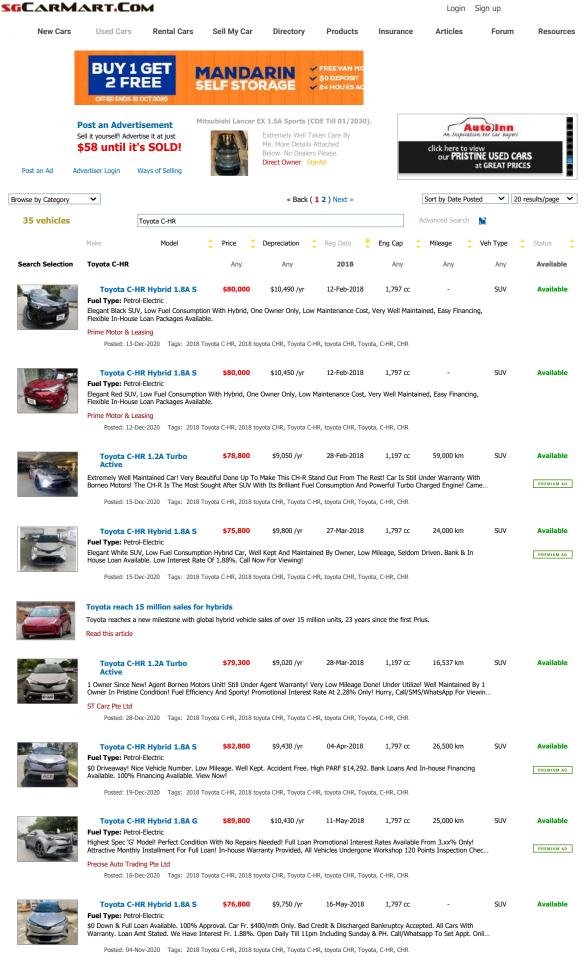
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1000		(B) 2H H F213
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	a de la companya de La companya de la co	
DESCRIBE CIRCUMSTANCES O		
DUITING 24W 1	FROM KAE PANA LEBAR	EXIT. A TAXE SHA GEL
WHICH WAS TRAI	ALLING ALONG, PAYA LE	RAR RD SUBBRADLY SUM
INTO MY LANK	AND HIT INTO MY CAR	QH SB C710XU
, j., j., i		
DECLARATION  I/We declare the foregoing particular	lars are true in every respect.	<u> </u>
I/We declare the loregoing parties		$f$ , $\mathbf{V}$ .
Itta		Show
Policyholder's Signature	Driver's Signature	Reporting dentre Rersonnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
pate a raine		
Graphic sentor historic vit		

# > Back to OneMotoring

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3871
Vehicle Details	
Vehicle No.:	SMC1755D
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	2ZR8405051
Chassis No.:	ZYX102112702
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,023.00
Original Registration Date:	27 Jun 2018
First Registration Date:	27 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$9,833.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2028
PARF Rebate Amount:	\$7,374.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jun 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,900.00
QP Paid: COE Rebate Amount:	\$33,900.00 \$25,405.00

The information contained herein is correct as at 29 Dec 2020



Compare