

ASSIGNMENT

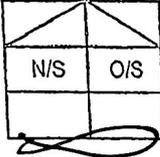
From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLW 6271G
 at Workshop m/s ONG AH PEE
 of BLK 1001, BUKIT MERAH LN 3 # 01-43
 Insured: CTI
 Policy No. DMHCSNA00004132000
 Claims No. SNM21D200051C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLW 6271G Yr Regn: 2018 / P60
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Subaru Impreza 502.0i c.c. 1995
 Colour Blue A/C: Insured / Std / NI / NA
 Sp. Reading 50504 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JF1GT7KLSJ6026825
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modif: Nil / SRM / STD A/Rim or _____
 Tyre Size: F: 215/45R17
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 03/01/2021 D.O.I. 06/01/2021
 Survey held at ONG AH PEE
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

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



Bal. or Market Value: 71K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	Repair limit - 30K
	ESTIMATE RANGE OF REPAIR / NO. OF DAYS (4K 5K) / 7 days
	Submit PRS.

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) 14/01 Typist Date/Time, File Return to?
 2) _____
 Rep. Format: MER-PRS
 Lump Sum / L.S. (\$) _____

Days Of Repair: 7
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____
 Survey Fee: _____
 Transportation: _____
 S + RS. 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	04/01/2021 17:12 (SGT)
Date of Accident	03/01/2021 20:30 (SGT)
Exact Location of Accident	Sengkang East Way, Singapore
Additional Location Information	JUNCTION OF SENGKANG EAST WAY / SENGKANG EAST DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6271G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM FOO SENG
NRIC No	SXXXX970B
Email Address	DEANLIMFEO@GMAIL.COM
Mobile Phone No	(Phone) +65-96259024
Alternative Phone No	+65-96259024

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Impreza
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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA448877
Cover Note Number	-

DRIVER

Name of Driver	LIM FOO SENG
NRIC No	SXXXX970B
Date Of Birth	04/02/1986

Occupation	Indoor
Date Of Driving Pass	31/03/2005
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96259024
Alt. Phone Number	+65-96259024
Email Address	DEANLIMFEO@GMAIL.COM
Address	BLK 70B TELOK BLANGAH HEIGHTS #22-523
Address complement	-
Postcode	102070
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	VENESSA TAN
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

REFER TO SKETCH PLAN

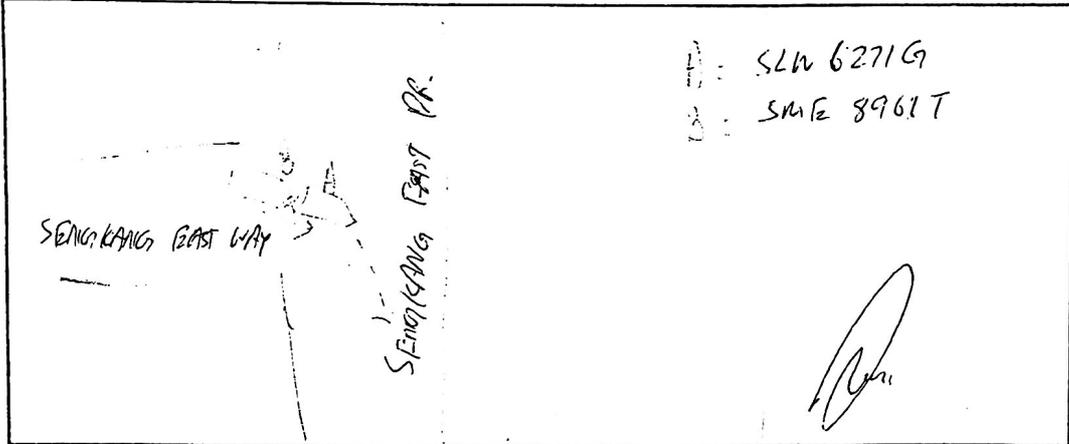
ATTACHMENT(S)

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:

Vehicle Registration Number	SME8961T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
NAME OF DRIVER	MANDY TEO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

3rd January 2021, at Sengkang East Cross junction, I stopped for pedestrian/cyclists to cross at the traffic light, as they have the right of way during the incident.

The car driver of SME 8961T, did not stop ~~at~~ in time and knocked into the side of my car, SLN 6271G.

Empty lined area for further details of the accident.

OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLY () OWN WORKSHOP ()

DECLARATION

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

Lim Po Seng
 Policyholder's Signature
 Date & Time: 4 Jan 2021
 1321

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

CHARN'S CUSTOMCRAFT
 Reporting Centre Personnel's Signature
 Name:
 NRIC/IN No.:

SKETCH PLAN

IMPORTANT NOTICE

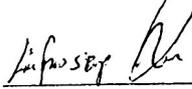
VEHICLE NO: SW6719
 ACCIDENT DATE: 03/01/2021 @ 10:30

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.

NOTE. DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.


 Policyholder's Signature
 Date & Time: 4 Jan 2021
1321.

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


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

AC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage

SXXXX544A
(Phone) +65-92365471

Details of property damaged in accident -
No. Of Passenger (Including Driver) -

> Back to OneMotoring

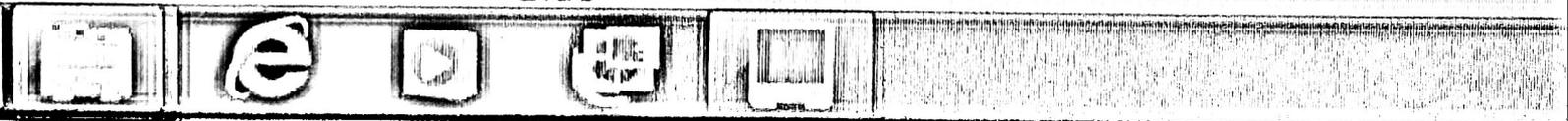
Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	970B
Vehicle No.:	SLW6271G
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jan 2021
Vehicle Make:	SUBARU
Vehicle Model:	IMPREZA 5D 2.0 I-S EYESIGHT AWD CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	FB20YC16767
Chassis No.:	JF1GT7KL5JG026825
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$14,407.00
Original Registration Date:	24 Feb 2018
First Registration Date:	24 Feb 2018
Transfer Count:	0
Actual ARF Paid:	\$14,407.00
PARF Eligibility	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Feb 2028
PARF Rebate Amount:	\$10,805.00
COE Information	
COE Expiry Date:	23 Feb 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,322.00
COE Rebate Amount:	\$30,184.00
Total Rebate Amount:	\$40,989.00

The information contained herein is correct as at 06 Jan 2021

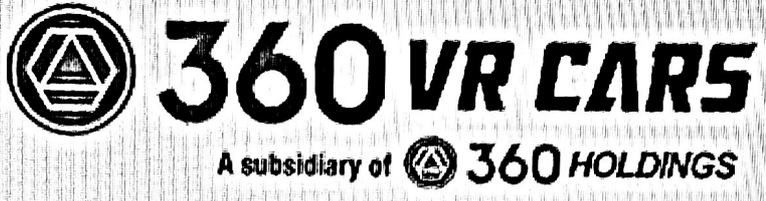
OK

Blue



Subaru Impreza 5D 2.0i-S EyeSight

- Overview
- Financial
- Accessories
- Similar
- Research
- Photos
- Map



Price	\$73,800		
Depreciation ⓘ	\$8,980 /yr View models with similar depre	Reg Date	30-May-2018 (7yrs 4mths 23days COE left)
Mileage	42,600 km (16.3k /yr)	Manufactured ⓘ	2017
Road Tax ⓘ	\$1,208 /yr	Transmission	Auto
Dereg Value ⓘ	\$39,166 as of today (change)	OMV ⓘ	\$14,753
COE ⓘ	\$37,989	ARF ⓘ	\$14,753
Engine Cap	1,995 cc	Power	115.0 kW (154 bhp)
Curb Weight ⓘ	1,438 kg	No. of Owners ⓘ	1
Type of Vehicle	Hatchback		

Features

4 Cylinders Inline 16 Valves DOHC Turbocharged Engine Producing 154Bhp, Keyless Entry. View specs of the Subaru Impreza 5D (2017-2019)

