

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: SJV1405A Yr Regn: 2010 / Jan.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Tucson c.c. 1998Colour: Black A/C: Insured / Std / NI / NASp. Reading: 90893 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHJ481BMBU021859Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/65R17.R: 225/65R17.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Habibead

Front _____ Rear _____

R/Bal. 06 mm / R/Bal. 06 mmL/Bal. 06 mm / L/Bal. 06 mmD.O.A. _____ D.O.I. 08/01/21Survey held at KNDes. 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>TP AIG</u>
	<u>COE Expiry: 12/01/25</u>
	<u>31,000.00</u>
	<u>MV: 30K (Depreciation @ 7.5K x 4 years = 30K)</u>
	<u>PV: 15.9K</u>
	<u>Nett: 14.1K 15,100.00</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. \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.I. \$ _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

CNI - AIG
Adrian Lall

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	08/01/2021 12:47 (SGT)
Date of Accident	08/01/2021 09:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	KALLANG WAY FLYOVER TOWARDS SIMS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1405A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHARTERED MOTOR PTE LTD
Company Reg No	2XXXXX206C
Email Address	aida@charteredmotor.com
Mobile Phone No	(Phone) +65-64400811
Alternative Phone No	+65-96978588

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Tucson
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	Liberty Insurance
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	SD20V04425/VPZ/R00
Cover Note Number	-

DRIVER

Name of Driver	EL-ANSARY HAYTHEM ALY
Passport No/FIN	GXXXX095K
Date Of Birth	05/08/1978
Occupation	Indoor

Date Of Driving Pass	14/04/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81269022
Alt. Phone Number	-
Email Address	helansary@gmail.com
Address	2 LORONG BUNGA
Address complement	-
Postcode	348701
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	ETHAN THOMAS EL-ANSARY
Gender	Male

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

I was driving straight along Kallang Way Flyover towards Sims Ave at the extreme right lane of 2 lanes.

The traffic at that point of time was very heavy, vehicles were moving and stopping intermittently.

As the car in front of me had stopped, I also followed suit.

Suddenly, I felt a huge Impact from behind. Vehicle B collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into vehicle C rear portion.

I alighted and realized there were a total of 3 vehicles involved.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF6580Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	-
Gender	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU665D
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	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	EL-ANSARY HAYTHEM ALY
Address	2 LORONG BUNGA
Address Complement	-
Post Code	348701
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV1405A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ETHAN THOMAS EL-ANSARY
Address	2 LORONG BUNGA
Address Complement	-
Post Code	348701
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV1405A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Kallang Way Flyover towards Sims Ave at the extreme right lane of 2 lanes.

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I alighted and realized there were a total of 3 vehicles involved.

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 8 JAN 21
11:40 AM

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:	Company
Owner ID:	206C

Vehicle Details

Vehicle No.:	SJV1405A
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jan 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	LM TUCSON 2.0L AUTO ABS D/AB 2WD 5DR
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	G4KD9A237349
Chassis No.:	KMHJU81BMBU021859
Maximum Power Output:	122.0 kW (163 bhp)
Open Market Value:	\$17,934.00
Original Registration Date:	13 Jan 2010
First Registration Date:	13 Jan 2010
Transfer Count:	3
Actual ARF Paid:	\$17,934.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	12 Jan 2025
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$19,732.00
COE Rebate Amount:	\$15,828.00
Total Rebate Amount:	\$15,828.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 08 Jan 2021

OK



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Search Selection Tucson Any Any > 10 year(s) old Any Any Any Available



☐ Hyundai Tucson 2.0A (COE till 07/2030) \$50,800 \$5,340 /yr 14-Jul-2010 1,998 cc 154,000 km SUV Available

Spacious, Comfortable And Popular Brand And SUV, Well Maintained And Taken Care Very Well By Owner, Regular Maintenance Done On Vehicle, Flexible Loan Scheme Available, 100% Loan Available, Owner Consignment Unit, Call Now For More Enquires.

☆ Posted: 21-Nov-2020 Tags: 2010 Hyundai Tucson, Hyundai Tucson, Hyundai, Tucson

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