

ASS. REC. BY:

REF:

CS/ASM21000679/Rivf3

8724

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLG 8819Zat Workshop m/s V-TECHof 1/STON HSE ST #06-04/05Insured: AXA

Policy No. _____

Claims No. _____

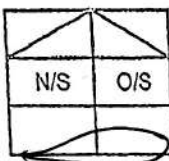
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 77K

IDAC Accident Report: _____ 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: SLG 8819Z Yr Regn: 2016 / 05Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: SUBARU LEVORG 1.6 GT c.c. 1600Colour BLACK A/C: Insured / Std / NI / NASp. Reading 078038 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3F1UM4K5569002581

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R18

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. 13/01/2021D.O.I. 14/01/2021Survey held at V-TECHDes. 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

Repair 1mt = 23KESTIMATE Repair Range / No. of days - (3K-6K / 8 days)

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

2)

Repair Format: _____

Lump Sum / L.S. (\$) _____

Days Of Repair: _____

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	14/01/2021 12:21 (SGT)
Date of Accident	13/01/2021 06:50 (SGT)
Exact Location of Accident	Near 415 Commonwealth Ave W, Block 415, Singapore 120415
Additional Location Information	CROSS JUNCTION COMMONWEALTH AVE WEST TO CLEMENTI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8819Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG YONG KWONG
NRIC No	SXXXX872G
Email Address	veronicateoys@gmail.com
Mobile Phone No	(Phone) +65-96681736
Alternative Phone No	+65-96681736

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	LEVORG 1.6GT-S AWD CVT
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	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100486215-04
Cover Note Number	

DRIVER

Name of Driver	TEO YUEN SAN
NRIC No	SXXXX389Z
Date Of Birth	29/04/1974



Occupation	Indoor
Date Of Driving Pass	23/09/1994
Driving experience	26 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96681736
Alt. Phone Number	-
Email Address	veronicateoys@gmail.com
Address	BLK 830A JURONG WEST ST 81 #07-266
Address complement	-
Postcode	S(641830)
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

KINDLY REFER TO SKETCH PLAN

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

Vehicle Registration Number	SLE5276U
Vehicle Manufacturer	Hyundai
Vehicle Model	Sonata
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FOOH CHOON HOCK
NRIC No	SXXXX666B
Contact Number	-
Address	-
Address complement	-

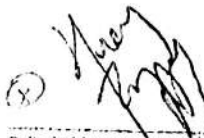
SKETCH PLAN


IMPORTANT NOTICE

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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.

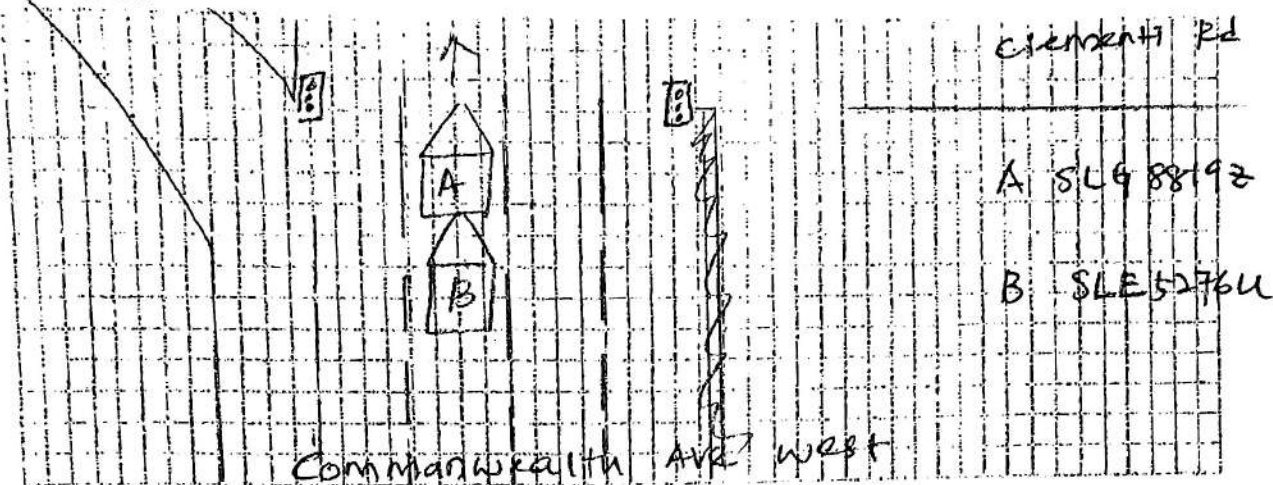

Policyholder's Signature
Date & Time: 14/1/2021
8am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/1/2021
8am


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

4 3 2 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/1/2021 6:50am I was driving my car along Commonwealth Ave West

While driving towards cross junction the traffic light start turning orange. so I make a stop.

Unfortunately, the car behind did not brake on time and hit onto my back of the car.

Two ambulance & police conveyed to the scene.

Important

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP SLE 5276U
- Claim OD/TP at other workshop



DECLARATION

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

Policyholder's signature

Date & Time 14/1/2021
8am

Driver's Signature

(If driver not the policyholder)
Date & Time 14/1/2021
8am

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

Vitech Auto Service

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	872G

Vehicle No.:	SLG8819Z
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Jan 2021
Vehicle Make:	SUBARU
Vehicle Model:	LEVORG 1.6GT-5 AWD CVT
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	FB16A935768
Chassis No.:	JF1VM4K55GG002581
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$27,710.00
Original Registration Date:	18 Oct 2016
First Registration Date:	18 Oct 2016
Transfer Count:	0
Actual ARF Paid:	\$30,794.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Oct 2026
PARF Rebate Amount:	\$23,095.00

Intended COE Rebate Details

COE Expiry Date:	17 Oct 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$30,504.00
Total Rebate Amount:	\$53,599.00

The information contained herein is correct as at 15 Jan 2021

OK

x Merimen e-Claims x

Used 2016 Subaru Levorg 1.6A G x

PARF/CO

art.com/used_cars/info.php?ID=948272&DL=1066

► Subaru Levorg 1.6A GT-S

Overview

Financial

Accessories

Similar

Research

Photos

Map



HUA YANG CREDIT PTE LTD



Price \$76,800

Depreciation ⓘ
\$10,790 /yr
View models with similar depre

Reg Date 29-Sep-2016
(5yrs 8mths 13days COE left)

Mileage 95,000 km (22.1k /yr)

Manufactured ⓘ 2016

Road Tax ⓘ \$744 /yr

Transmission Auto

Dereg Value ⓘ \$55,373 as of today (change)

OMV ⓘ \$27,484

COE ⓘ \$57,002

ARF ⓘ \$30,478

Engine Cap 1,600 cc

Power 125.0 kW (167 bhp)

Curb Weight ⓘ 1,630 kg

No. of Owners ⓘ 1

Type of Vehicle Stationwagon

Features

4 Cylinders 16 Valve Horizontally Opposed DOHC Turbocharged Engine Boasting 167BHP/250Nm Torque, Keyless Entry Start/Stop View specs of the Subaru Levorg (2015-2020)

