

ASS. REC. BY: Sun Pm

REF:

CS/ASM 2100913/Gv F3.**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.

<input checked="" type="checkbox"/>	
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: SLC5430 B Yr Regn: 18/05/2016.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Mazda 6 C.C. 2488Colour: Red. A/C: Insured / Std / NI / NASp. Reading: - T/Radio: Insured / Std / NI / NAEng/No: -C/No: JM6GJ1072 G0232084Gen. 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: 205 / 60 R16R: 205 / 60 R16

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

YOYO YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 28/1/2020 D.O.I. 19/01/2021Survey held at Elite AutoDes. 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>: Insurance Assign to check.</u>
	<u>Left side Rear view mirror condition.</u>

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Rep. Format: \_\_\_\_\_

Lump Sum / L.B. (\$) \_\_\_\_\_

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 .....	29/12/2020 14:06 (SGT)
Date of Accident .....	28/12/2020 21:10 (SGT)
Exact Location of Accident .....	Bukit Batok, Singapore
Additional Location Information .....	BUKIT BATOK ST 25
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC5430B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GWEE PAI CHUNG
NRIC No .....	SXXXX342A
Email Address .....	pcgwee@hotmail.com
Mobile Phone No .....	(Phone) +65-96427458
Alternative Phone No .....	+65-96427458

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	6
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? .....	Yes
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	Axa
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	GA466966/1
Cover Note Number .....	-

### DRIVER

Name of Driver .....	GWEE PAI CHUNG
NRIC No .....	SXXXX342A
Date Of Birth .....	23/08/1975
Occupation .....	Indoor

Date Of Driving Pass .....	25/03/1995
Driving experience .....	25 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96427458
Alt. Phone Number .....	+65-96427458
Email Address .....	pcgwee@hotmail.com
Address .....	12C HOUGANG STREET 11
Address complement .....	#08-68
Postcode .....	534072
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED POLICE REPORT T/20201228/2162.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	UNKNOWN
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) ..... -

**SKETCH PLAN**

Bukit Batok St 25

Vehicle A: SLS430B  
B: Unknown

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to attached Police Report  
T/20201228/2162.

**DECLARATION**  
I/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:


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

CSA/RNC Standard Form 3/3

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.
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.

  
Policyholder's Signature  
Date & Time: \_\_\_\_\_

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

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

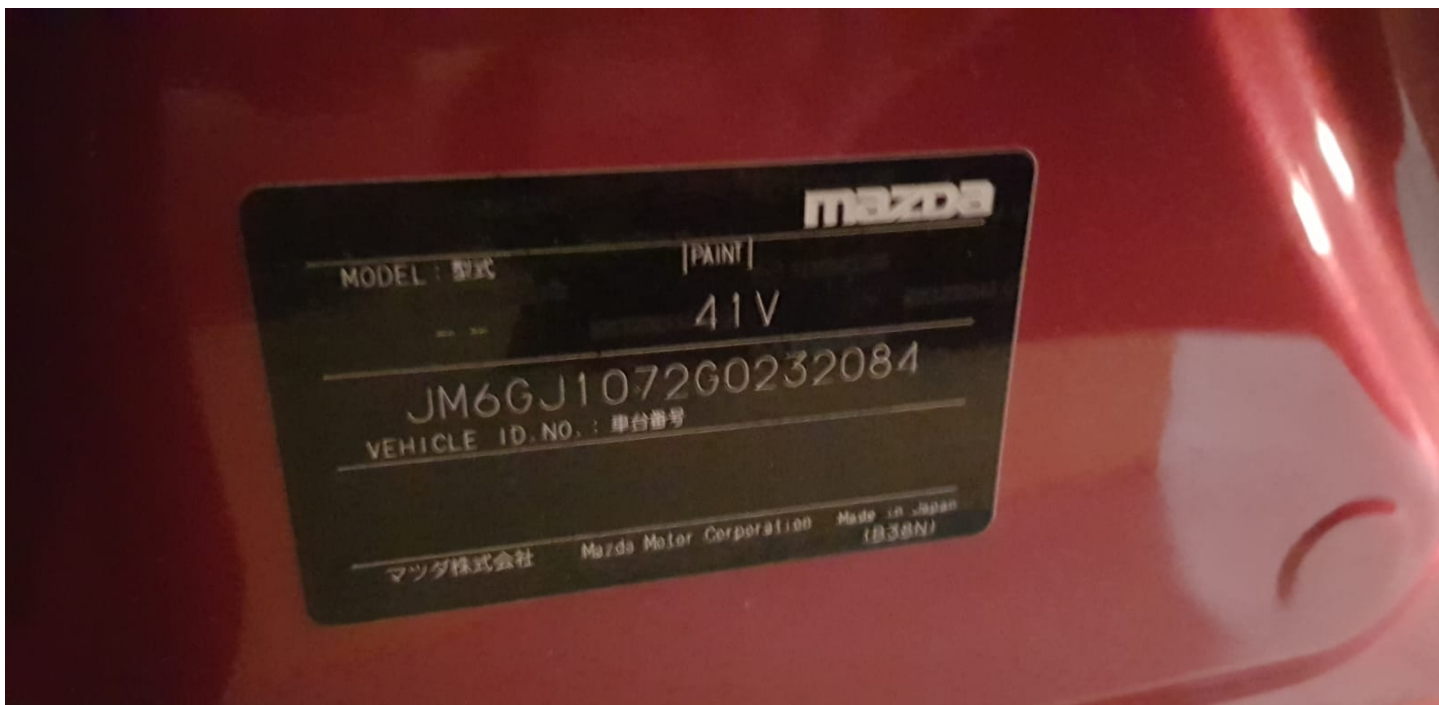
GIA/NAIC Sketch of Plan Form 1/3



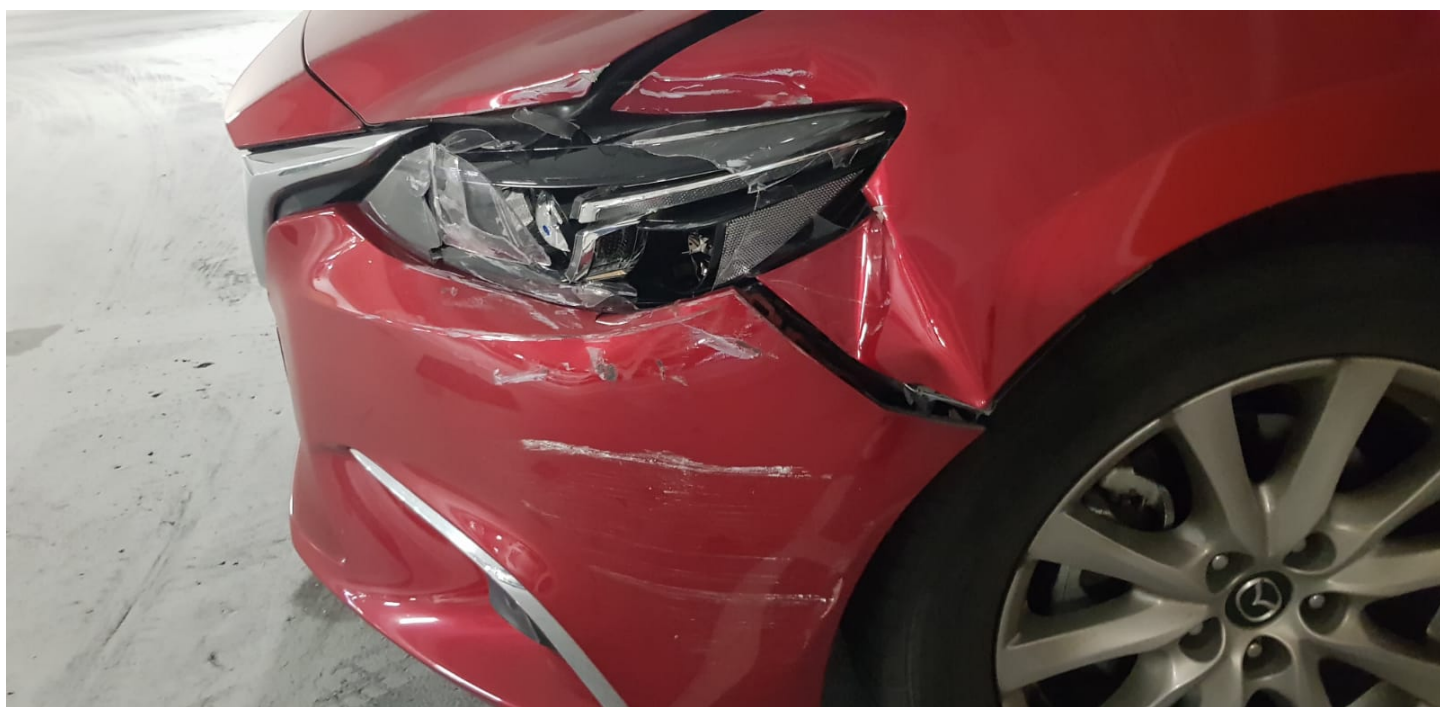
















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3  
Report No: T20201228/2162

CONTINUATION OF REPORT

**Sketch Plan**  
Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

<p>Signature Of Officer Recording The Report: J/ Sgt 2 SOO AU EN</p> <p>Signature Of Interpreter: Not applicable</p> <p>Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079 SINGAPORE Authentication Stamp</p>	<p>Signature Of Informant: </p> <p>Date/Time: 28/12/2020 22:40</p> <p>Classification Of Case:</p>
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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20201228/2162

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Report No. T/20201228/2162

## CONTINUATION OF REPORT

<b>Vehicle Owner</b>				
Name	GWEE PAI CHUNG		ID No.	S7524342A
Related Vehicle	SLC5430B (Car)		Contact No.	96427458
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 28/12/2020 at about 2110hrs, I was parking my car (SLC5430B) at Blk 289H Bukit Batok Street 25, MSCP, ground floor and everything was intact before I went to meet my friend. On the same day at about 2130hrs, I came back to my car (SLC5430B), I discovered my car (SLC5430B) front left side damage, left side head light shattered and left side bumper broken. I have no suspect in mind and there are CCTV around the vicinity. There is no vehicle parked beside or opposite of me when I was parking at the location and my in car camera is not working as the engine was off.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

T/20201228/2162  
1 of 3  
Report No. T/20201228/2162

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/12/2020 22:40      Vide Report No.:      Station Diary No.: 104

**Informant's Particulars**

Name of Informant: GWEE PAI CHUNG		Address: 12C HOUGANG STREET 11 #08-68 SINGAPORE 534072	
ID Type / ID No.: NRIC NO / S7524342A		Contact No.: Home/Office:      Mobile: 96427458	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 23/08/1975	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class:      Date of Expiry:	

**General Information of the Accident**


Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/12/2020 21:10	Type of Location: Car Park
Location: BUKIT BATOK STREET 25			
Weather:		Road Surface:	Road Speed Limit:
Traffic Flow:		Traffic Control:	Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC5430B	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**GENERAL  
INSURANCE  
ASSOCIATION**  
E-CARDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0080  
Operating Hours : Monday to Friday, 09:00 – 17:00  
LUN: 566500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Form.

### ADDENDUM


**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SE020CT0001 Vehicle Registration No: SLC 5430B  
Name(s) shown in NRIC : Gwee Pei Chung NRIC/FIN/Passport No : S75 24342A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 12C Hougang St 11 # 08-68 Singapore 534071  
Contact (Tel) : 96427458 Mobile No. : \_\_\_\_\_  
Email Address : pgwee@hotmail.com  
Date of Accident : 28/12/10 Time of Accident : 21:10  
Place of Accident : Bukit Batok St 25  
Insurance Company: AXA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information make the following amendments:

Change to Claiming Own Damage



Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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

01/01/2010 14:00:00 1/1

**redefining / insurance**

**AXA Insurance Pte Ltd**  
 1900 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

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## Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

account number  
**15277**

**Policy details**

Policyholder name	GWEE PAI CHUNG	Certificate number	GA466966 / 1
Cover	Comprehensive	Chassis number	JMRJ107200232064
Plan name	Essential+	Engine number	FE20745.116
NCD applicable	50%		
Vehicle registration number	SLC5-4308		
Period of insurance	from 18/06/2020 to 17/06/2021 (both dates inclusive)		
Finance loan company	Nil		

**Persons or classes of persons entitled to drive\***

(a) The Policyholder  
 (b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**Limitation as to use\***

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.  
 \* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS**      Windscreen Excess      **\$60 100.00**

An Additional Excess is applicable as follows:  
 1. \$8500 for unnamed Authorised Driver  
 2. \$8500 for declared Young and Inexperienced Driver  
 3. \$85,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$82,500 if you have chosen AXA Premium Workshops.

**Additional clauses & endorsements to your policy**

**Additional Class 1**  
 Loss of use benefit is amended to :  
 Daily transport allowance of \$50 for a maximum of ten (10) days

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

**AXA Insurance Pte Ltd**

Authorised signature

**Important note**

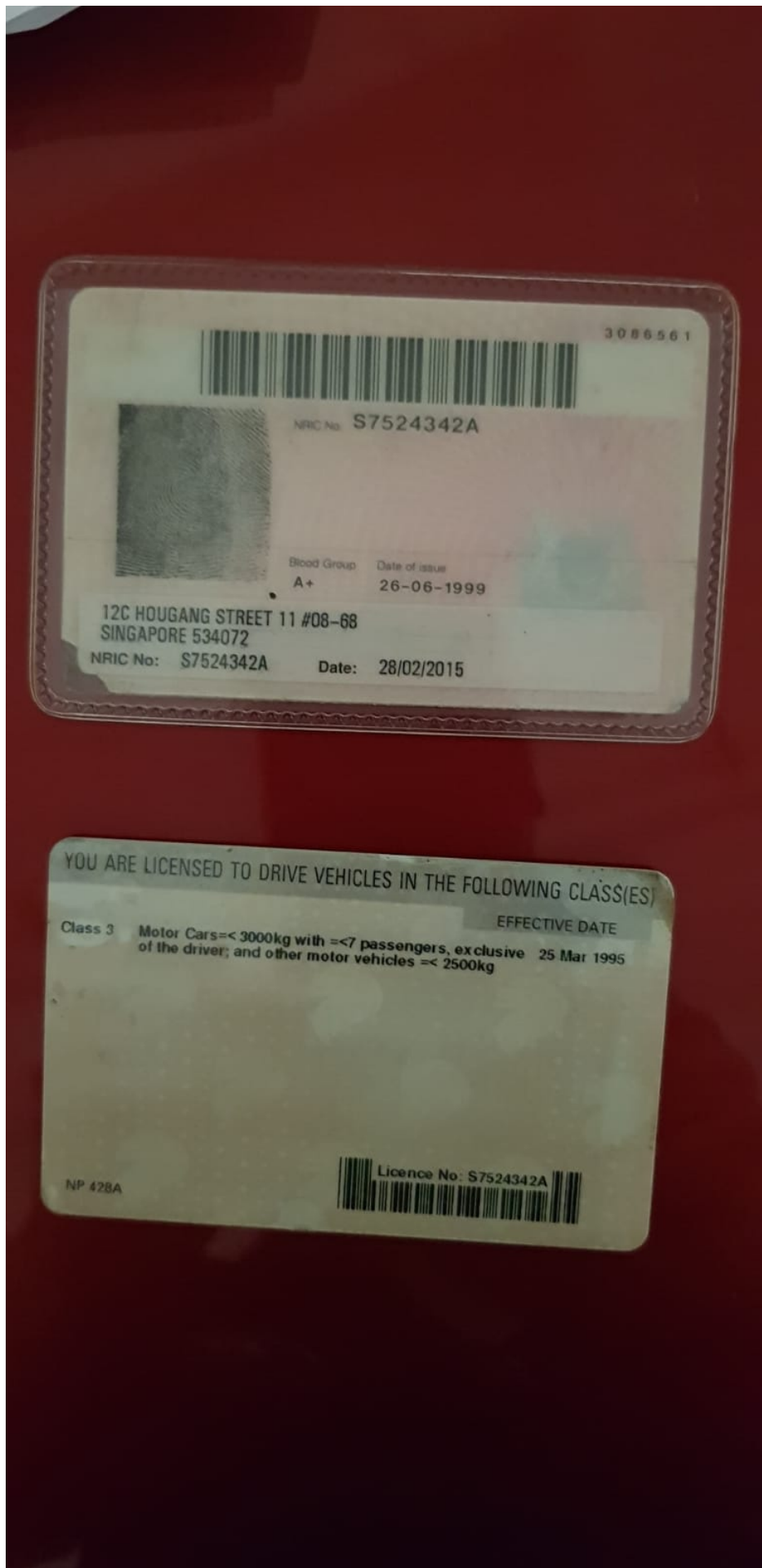
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).  
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068611  
 Customer Centre, #91-01

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[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	342A
<b>Vehicle Details</b>	
Vehicle No.:	SLC5430B
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Jan 2021
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	PE20748118
Chassis No.:	JM6GJ1072G0232084
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$21,553.00
Original Registration Date:	18 May 2016
First Registration Date:	18 May 2016
Transfer Count:	0
Actual ARF Paid:	\$22,175.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 May 2026
PARF Rebate Amount:	\$16,631.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	17 May 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$49,000.00
COE Rebate Amount:	\$26,085.00
<b>Total Rebate Amount:</b>	<b>\$42,716.00</b>

The information contained herein is correct as at 20 Jan 2021

OK