SS. REC. BY: TAME CS MSG 210	00917/Rigd3 1 1908
(7)	GNMENT
From: Date:	Veh No: SLT 1755B Yr Regn: 2017 184
Eslimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD (TP) WS / TP RES / OD RES / EVA / INV / NIV	Truck / Trailer or
To Inspect Vehicle No: SLT 1735B	Make: NISSAN NOTE 1-2 CVT. C.C 1198
it Workshop m/s XINYUN AWV	Colour A/C: Insured / Std / NI / NA
1 8KM4 BUKIT ME 4 HOS - 23	Sp.Reading 42575 T/Radio: Insured / Std / NI / NA
nsured: MSIG	Eng/No:
Policy No. 30001623764	CNO: JNITAAEIJZ6980028 .
Claims No. 252285	Gen. Cond: Good / Fair) Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / Strim / STD A/Rim or
	Tyre Size: F: 185 65R15
(Policy Condition)	R:
Remark: The veh had commenced its . N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO I YOKO or .
Bal. or Market Value: 534	Fron
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	UBal. 6 mm
Est. Repairs: 9 days Res.: Yes or No	D.O.A. (8 01 2021 D.O.I. DO 01 122)
Lum Sum: % · 3 Val.: Yes or No	Survey held at XIN YUN
CA / REV / REP. / 24 HRS	Des. of Damages: Frt 1. Rear 1 O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	The 676 7 Glassis Halle 7 Body Glastare allocate allocates and to summer.
Roper 1 mit - 21K	
27/01/21 Informed Katherine Wong, we are	
23/02/21@5.30pm revised to Katherine Wor	- CAN COMPANY SAME AND A 1 1 1 1
22/02/21@3.27pm Rasul finalised with Yi Xi	in LS \$6100, 9 days. (Red \$18917.30, 76%)
	,
Dale/Time, File Pass to? : Pre N. Report	Days Of Repair: 9
: Prefit. Report	Resurvey No. of Trip: 1 Survey Fee:
Date/Tune, File Return to?	Resurvey No. Of Trip: 1 Survey ree:
2) Addi	
	: Interview (\$ )) Photos
Registrormat; MER-TP	: Tech, Invs (\$ ) Others
Lump Sum (+18-11-4; 6100 )	:Weelland (%
	YOTAL YOU



## 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 witholding of material facts may allow insurance companies to repudiate policy liability.

- 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.

#### ACCIDENTISTATEMENT

Date of Submission 19/01/2021 17:47 (SGT) Date of Accident 18/01/2021 18:18 (SGT) Exact Location of Accident Punggol, Singapore Additional Location Information PUNGGOL RD TWDS TPE Country/State of Loss Singapore

#### IDETAILS OF OWN VEHICLE

Private car

Vehicle Registration Number SLT1755B INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **NG PAULINE** NRIC No SXXXX190F Email Address ngpauline27@gmail.com Mobile Phone No (Phone) +65-98479733 Alternative Phone No +65-98479733

**VEHICLE PARTICULARS** 

Vehicle Category

**INSURANCE COMPANY** 

Manufacturer Nissan Model Note Variant

Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Name of Insurance Company Sompo Type of Coverage Comprehensive Fleet Policy Policy Number D20MTPV01014077 Cover Note Number

DRIVER

Name of Driver NG PAULINE NRIC No SXXXX190F Date Of Birth 02/07/1979 Occupation Indoor

of Driving Pass	20/01/2006
g experience	15 YEARS
der	Female
Aile Number	
<b>D</b>	(Phone) +65-98479733
Phone Number	+65-98479733
mail Address	ngpauline27@gmail.com
Address	BLK 411 PASIR RIS DRIVE 6 #05-385
Address complement	-
Postcode	510411
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
Insurance Company of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Briver	•
GENERAL INFORMATION OF THE ACCIDENT	
Time of Assidant	Oalitaian Haadaa Daga
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
constantly offering accident claims assistance:	NO
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
¿ Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-
1	-
OIDCUMOTANCES OF LOUIS TO T	
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT: G/20210119/7345.	
ATTACHMENT(S)	
Are accident photos available for attachment?  Was there any video captured by Car Company?	
Are accident photos available for attachment?	Yes
Most there are sudia was to to	No
Was there any audio recorded?	No
Manager Sandara William Control of Control o	
DETAILS OF OTHER	AV=H(OEEERODEERA)
Description of the second seco	THE STATE OF THE S
Vehicle Registration Number	
Vehicle Manufacturer	SLH5270U
	<u>.</u>
	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	•
Contact Number	•

Accident report SS1Y211J000B

	-
\$ ,	
s complement	-
ps complete	
ode	-
Company Name	_
rance Company Name	
rance Company Name ture Of Damage	-
fulle of Damage	VEHICLE B
tails of property damaged in accident	VEHICLE D
O. Of Passenger (Including Driver)	
10. Of Passenger (moldaling briver)	-

#### INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	NG PAULINE
Address	-
Address Complement	· ·
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SLT1755B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### 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
- 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
- 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 firms, 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, 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
- (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 (c) 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 claims.
- 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: 19/1/2021

**Driver's Signature** 

(If driver is not the policyholder)

Date & Time: 1

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KIN YOUN AUTO

CH PLAN		
		+  - - - - - - - - - - - - - - - - - - -
A: SLT1755B -		
B' SLH52704		
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
please refer	to police rejort.	
		11.00
		1 de .
DECLARATION		
DECLARATION  I/We declare the foregoing particular	s are true in every respect	
	- = 0 true in every respect.	
XX	()	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 19/1/2021	(if driver is not the policyholder)	





1 of 2

**POLICE REPORT (NP299)** 

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Report No. G/20210119/7345

Date/Time Report Made 19/01/2021 16:16	Vide Rep	ort No.		Station Diary No.
Name Of Informant				
	Address			
NG PAULINE	411 PAS	IR RIS DE	RIVE 6 #05-385 SI	NGAPORE 510411
ID Type / ID No.	Contact I			
NRIC NO / S7919190F	Home/Of	fice:	Mobile:	
			98479733	
Nationality	Email Address			
SINGAPORE CITIZEN	NGPAULINE27@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Administration manager	Female	41	02/07/1979	Chinese
Institution/School Name	Language English	)		
Date/Time Of Incident		Of Incident	•	
18/01/2021 18:20 - 18/01/2021 18:20			IVE 6 #05-385 SIN	GAPORE 510411
Brief details.				5. II 5. IL 010411

I was at Punggol Road (Punggol Feld) filter lane awaiting to move out towards TPE on 18/01/2020 at about 18:18pm.

The car was stationary awaiting to move out of the filter lane, rear vehicle (SLH 5270U) banged into the rear of my vehicle badly.

I was given 2 days of medical leave (19 to 20 Jan 2021) by Life Link Clinic & Surgery.

to do s

The identity of the person making this eport has been authenticated by SingPass. No signature is required. Date/Time:
Date/Time:
9/01/2021 16:16
Classification Of Case:





2 of 2

**POLICE REPORT (NP299)** 

### **CONTINUATION OF REPORT**

Report No. G/20210119/7345

RIC NO	ID No	000744005
1	1.0	S8974102E
ale		
G PAULINE		
RIC NO	ID No	S7919190F
emale	Age	41
hinese	Language	English
dministration manager	Address	411 PASIR RIS DRIVE 6 #05-
		385 SINGAPORE 510411
8479733	Is Informant A	Yes
	Victim?	
IG PAULINE (Informant)		
S F S F S	B PAULINE RIC NO male ninese dministration manager	B PAULINE RIC NO ID No male Age ninese Language dministration manager Address  8479733 Is Informant A Victim?

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/01/2021 16:16
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

# ➤ Back to OneMotoring Enquire PARF/COE Rebate for Registered Vehicle

Owner ID:	Singapore NRIC 190F
Vehicle No.	SLT17558
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jan 2021
Vehicle Make:	NISSAN
Vehicle Model:	NOTE 1.2 CVT
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No:	HR12266464B
Chassis No.:	JN1TAAE12Z0980028
Maximum Power Output:	58.0 kW (77 bhp)
Open Market Value:	<b>\$13,758.00</b>
Original Registration Date:	20 Oct 2017
First Registration Date:	20 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Ħŧĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	esserationella est per la material del control de la c
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Oct 2027
PARF Rebate Amount:	\$3,750.00
च (तृ\ (स)तृत्व(त्र) (ब ⊕) चा (त्ये क्ला) त्या विद्युम्त्र((- <del>व्यावस्थातस्य वर्षायस्य वर्षायस्य वर्</del> षायस्य कार्य	ingeningang, ang kangangangangangangangangangan ang sanggan ang sanggangang ang sanggang panggangangangang pan
COE Expiry Date:	19 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,761.00
COE Rebate Amount:	\$28,158.00
Total Rebate Amount:	\$31,908.00

ОК

