

ASS. REC. BY:

REF:

CC3/EQI21001205/Aqf3

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. **DM21HO00122/SG**

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: **8** 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: **SCF8896E** Yr Regn: **2016 Sept.**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Subaru Forester** c.c. **1998**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **93789** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JF/STGK85GG076472**Gen. 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: **225/55R18**R: **225/55R18**BS / DUN / EXNOVA / GY / FS / LIZA / **MITC** / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **22/01/21**Survey held at **CN**Des. 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

IP EQ.

25/01/21@12.09pm Email GIA report to EQI.

09/03/21@1.58pm revised to Janice Goh via Merimen.

MV:

PV:

Nett:

LS \$7600, 8 days (Red \$15076.30, 66%)

Date/Time, File Pass to?

☐

Preli. Report

1) 09/03 Typist

☐

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **8**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + PS. SI

Photos

Others

TOTAL

Report Format: **TP**Lump Sum **7600**

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

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	22/01/2021 09:47 (SGT)
Date of Accident	21/01/2021 08:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE CTE EXIT.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCF9896E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO KOK FAI PETER
NRIC No	SXXXX179B
Email Address	monachion@gmail.com
Mobile Phone No	(Phone) +65-96933169
Alternative Phone No	+65-96933169

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100483512
Cover Note Number	-

DRIVER

Name of Driver	TEO KOK FAI PETER
NRIC No	SXXXX179B
Date Of Birth	06/05/1968
Occupation	Indoor

Date Of Driving Pass	19/04/1990
Driving experience	30 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96933169
Alt. Phone Number	+65-96933169
Email Address	monachion@gmail.com
Address	BLK 94C BEDOK NTH AVE 4 #05-1399
Address complement	-
Postcode	462094
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BERNARD TEO HOCK HON
Gender	Male

PASSENGER 2

Name	ADELINA HO SI YING
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

I WAS DRIVING ALONG PIE TOWARDS TUAS BEFORE CTE EXIT AT THE EXTREME RIGHT LANE OF 4 LANES, THE TRAFFIC AT THAT POINT OF TIME WAS VERY HEAVY, VEHICLES WERE MOVING AND STOPPING INTERMITTENTLY. AS THE CAR INFRONT OF ME HAD SLOWED DOWN AND 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 DAMAGES.

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	SJR7336Y
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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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO KOK FAI PETER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCF9896E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	ADELINE HO SI YING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCF9896E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	BERNARD TEO HOCK HON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCF9896E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN


CN - EQ
Adrian LHC

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.:

SKETCH PLAN

47	48	49	50	51	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE towards Tuas Before CTE Exit at the extreme right lane of 5 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 slowed down and 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 damages.

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.:

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	179B
Vehicle Details	
Vehicle No.:	SCF9896E
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jan 2021
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0XT CVT AWD SR
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	FA20B800394
Chassis No.:	JF1SJGK85GG076472
Maximum Power Output:	177.0 kW (237 bhp)
Open Market Value:	\$20,746.00
Original Registration Date:	23 Sep 2016
First Registration Date:	23 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$21,045.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Sep 2026
PARF Rebate Amount:	\$15,783.00
Intended COE Rebate Details	
COE Expiry Date:	22 Sep 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,002.00
COE Rebate Amount:	\$32,316.00
Total Rebate Amount:	\$48,099.00

The information contained herein is correct as at 21 Jan 2021

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