

# 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 willful 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	28/01/2021 16:27 (SGT)
Date of Accident	26/01/2021 18:07 (SGT)
Exact Location of Accident	Queen St, Singapore
Additional Location Information	QUEEN ST ERA CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS7413S

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO GUI SHENG ALVIN
NRIC No	SXXXX314G
Email Address	alvin.teoguisheng@gmail.com
Mobile Phone No	(Phone) +65-97630286
Alternative Phone No	+65-97630286

### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Is300
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	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 29143440 AL2
Cover Note Number	-

### DRIVER

Name of Driver	TEO GUI SHENG ALVIN
NRIC No	SXXXX314G
Date Of Birth	19/12/1985
Occupation	Indoor

State Of Driving Pass	09/07/2004
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97630286
Alt. Phone Number	+65-97630286
Email Address	alvin.teoguisheng@gmail.com
Address	BLK 293B BUKIT BATOK STREET 21
Address complement	#17-518
Postcode	652293
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED STATEMENT AND POLICE REPORT.

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	GBF5497L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NA
Contact Number	(Phone) +65-90211528

Address -  
Address complement -  
Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) -

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)
  - 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 purposes 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/mall 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/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
      - (i) this 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

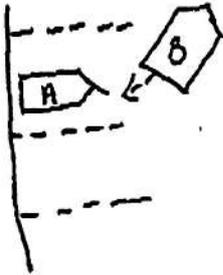
  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time

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

SKETCH PLAN #2

SKETCH PLAN

A = SMS 7413S  
B = GBF 5497L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car was parked stationary a lorry reverse into my vehicle and  
drove off without alighting.

DECLARATION

We declare the foregoing particulars are true in every respect.

*[Signature]*  
 Reporting Centre Person's Signature  
 Name & Title

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time

*[Signature]*  
 Reporting Centre Person's Signature  
 Name:  
 NRIC PIN No.





POLICE FORCE

T/20210127/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No, T/20210127/7014

CONTINUATION OF REPORT

<b>Details of Person Involved:</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owners:</b>			
Name	TEO GUI SHENG ALVIN	ID No.	S8541314G
Related Vehicle	NIL	Contact No.	97630286
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I have video as supporting. MP4 format not able to be uploaded. (5MB)



**POLICE FORCE**

T/20210127/7014

**Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000**

**3 of 3  
Report No. T/20210127/7014**

**CONTINUATION OF REPORT**

**Sketch Plan**

**Informant is not able to provide sketch**

<b>Signature Of Officer Recording The Report:</b> Not applicable
<b>Signature Of Interpreter:</b> Not applicable
<b>Officer In Charge Of Case:</b> TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368
<b>Authentication Stamp</b> NP168

<b>Signature Of Informant:</b> The identity of the person making this report has been authenticated by SingPass. No signature is required.
<b>Date/Time:</b> 27/01/2021 12:54
<b>Classification Of Case:</b>

> **Back to OneMotoring**

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	314G

Vehicle No.:	SM574135
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS IS300 4DR SEDAN (AT) (2WD) EXE
Primary Colour:	Grey
Manufacturing Year:	2020
Engine No.:	8ARZ205922
Chassis No.:	JTHBA1D2905105113
Maximum Power Output:	180.0 kW (241 bhp)
Open Market Value:	\$39,331.00
Original Registration Date:	12 Mar 2020
First Registration Date:	12 Mar 2020
Transfer Count:	0
Actual ARF Paid:	\$47,064.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Mar 2030
PARF Rebate Amount:	\$35,298.00

COE Expiry Date:	11 Mar 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,801.00
COE Rebate Amount:	\$29,891.00
<b>Total Rebate Amount:</b>	<b>\$65,189.00</b>

The information contained herein is correct as at 31 Jan 2021

OK

Grey



## ▶ Lexus IS300 Executive

- Overview**
- Financial
- Accessories
- Similar
- Research
- Photos
- Map

<b>Price</b>	<b>\$159,880</b>		
<b>Depreciation</b> ⓘ	\$14,900 /yr View models with similar depre	<b>Reg Date</b>	25-Mar-2020 (9yrs 1mth 21days COE left)
<b>Mileage</b>	8,300 km	<b>Manufactured</b> ⓘ	2019
<b>Road Tax</b> ⓘ	\$1,210 /yr	<b>Transmission</b> ⓘ	Auto
<b>Dereg Value</b> ⓘ	\$62,753 as of today (change)	<b>OMV</b> ⓘ	\$39,331
<b>COE</b> ⓘ	\$30,012	<b>ARF</b> ⓘ	\$47,064
<b>Engine Cap</b>	1,998 cc	<b>Power</b>	180.0 kW (241 bhp)
<b>Curb Weight</b> ⓘ	1,620 kg	<b>No. of Owners</b> ⓘ	1
<b>Type of Vehicle</b>	Luxury Sedan		

### Features

4 Cylinders Inline 16 Valve DOHC Twin-Scroll Turbocharged Dual VVT-iW, 8 Speed Automatic With Paddle Shifter, 241Bhp 350Nm, LED Daylights. View specs of the Lexus IS 300 (2016-2020)

### Accessories

Cruise Control, Paddle Shift, Apple CarPlay, Reverse Camera, LED Headlamps, Keyless Entry/Start, Electric Ventilated Seats, Auto Climate Control, Navi

ASS. REC. BY: Rozul

REF: CS/CTI 21001396/RITd3

3146

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SMS 7413S

at Workshop m/s KOK WANG

of 1, SORN IRE ST #06-40

Insured: CTI

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 type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 159K

IDAC Accident Rport: \_\_\_\_\_ 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: SMS 7413S Yr Regn: 2020 MAR

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

Truck / Trailer or

Make: TOYOTA LEXUS IS 300 40 SEDAN c.c 1998

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 8191 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTHBA1D2905105113

Gen. Cond: Good / FA / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R17

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

U/Bal. 6 mm

D.O.A. 26/01/2021 D.O.I. 29/01/2021

Survey held at KOK WANG

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
	<u>Repair limit - 93K</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (5K-6K) / 7 days</u>

Date/Time, File Pass to?  : Prel. Report  : Final Report

Date/Time, File Return to?

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

Report Format: \_\_\_\_\_  
Lump Sum / I.C.K. (%) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
\$ + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____