

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS3/SM02100162/UTd3

ASSIGNMENT

From:

Date:

Estimated Cost:

0 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.

Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Rear

R/Bal.

L/Bal.

D.O.I.

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

Dep 13k.

PRS wrap sticker
no settlement.

Leader \$1012.10, inner shield \$419.20 door 1460.10, mirror 1365.40

19/12/21 4-5lc. (Repair Range)

Submit PRS Report

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS) SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$)

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	01/02/2021 14:17 (SGT)
Date of Accident	01/02/2021 02:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 538 BEDOK NORTH ST 3 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR3153Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE YONG NEE
NRIC No	SXXXX695E
Email Address	hsjuzagame93@gmail.com
Mobile Phone No	(Phone) +65-96691464
Alternative Phone No	+65-96691464

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV0106813
Cover Note Number	-

DRIVER

Name of Driver	LEE YONG NEE
NRIC No	SXXXX695E
Date Of Birth	19/08/1968
Occupation	Indoor

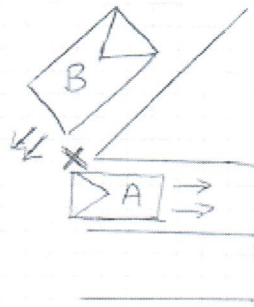
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE YONG NEE
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMR3153Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN



A: SMR3153Z

B: YP3609U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a reverse into a carpark. Vehicle B was stationary with hazard light on. After reversing more than half of my vehicle into the lot, vehicle B ~~st~~ suddenly reverse into my vehicle front right region. It was video captured.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

1/02/2021
1.55pm

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

01/02/2021
1:55pm

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:	695E
Vehicle Details	
Vehicle No.:	SMR3153Z
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER PREMIUM 2.0 TURBO CVT
Primary Colour:	Black
Secondary Colour:	Purple
Manufacturing Year:	2017
Engine No.:	8ARZ091401
Chassis No.:	ASU600004745
Maximum Power Output:	170.0 kW (227 bhp)
Open Market Value:	\$36,542.00
Original Registration Date:	30 Dec 2019
First Registration Date:	30 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$43,159.00 <i>21579</i>
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Dec 2029
PARF Rebate Amount:	\$32,369.00
Intended COE Rebate Details	
COE Expiry Date:	29 Dec 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,000.00
COE Rebate Amount:	\$32,041.00
Total Rebate Amount:	\$64,410.00

The information contained herein is correct as at 04 Feb 2021

OK