

ASS. REC-BY: Sun Pin

REF:

CS/ASM 21001669/Gvf3**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.

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLB 188P Yr Regn: 10/08/2016Type: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

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

Make: Volvo XC90 T5 c.c. 1969Colour: Gold A/C: Insured / Std / NI / NASp. Reading: 80228 T/Radio: Insured / Std / NI / NA

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

C/No: YV1LF10ACH1109892Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: 235/55 R19R: 235/55 R19BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

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

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

R/Bal. 6 mm / R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 01/02/2021 D.O.I. 24/03/2021Survey held at Car Pro.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

MV: 150,000Pr: 88,132NV: 61,868.

Date/Time, File Pass to?

☐ : Preli. Report

1) \_\_\_\_\_

☐ : Final Report

Date/Time, File Return to?

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

Report 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 .....	02/02/2021 14:12 (SGT)
Date of Accident .....	01/02/2021 16:30 (SGT)
Exact Location of Accident .....	Cheong Chin Nam Rd, Singapore
Additional Location Information .....	OPEN SPACE CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLB188P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH KWEE BOON
NRIC No .....	SXXXX874E
Email Address .....	winson_tingwei@hotmail.com
Mobile Phone No .....	(Phone) +65-96540220
Alternative Phone No .....	+65-96540220

### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	Xc90
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 .....	2070128198
Cover Note Number .....	-

### DRIVER

Name of Driver .....	GOH KWEE BOON
NRIC No .....	SXXXX874E
Date Of Birth .....	12/01/1965
Occupation .....	Indoor

Date Of Driving Pass .....	25/04/2015
Driving experience .....	5 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96540220
Alt. Phone Number .....	+65-96540220
Email Address .....	winson_tingwei@hotmail.com
Address .....	188 VERDE CRESCENT
Address complement .....	-
Postcode .....	688508
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKC6639Y
Vehicle Manufacturer .....	Citroen
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	ABUL RAHMAN BIN BUJANG
NRIC No .....	SXXXX736A
Contact Number .....	(Phone) +65-96364159
Address .....	-
Address complement .....	BLK 305 BUKIT BATOK STREET 31 #11-87
Postcode .....	650305

Insurance Company Name .....	Axa
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)**

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:

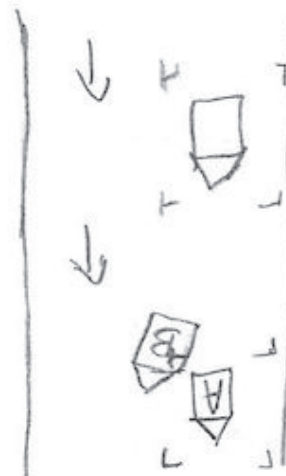
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



SKETCH PLAN

vehicle A SLB 188P  
vehicle B SKC 6639Y

CHONG CHIN NAM ROAD  
OPHI SPARK CARPARK




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/02/2021 about 16:30pm. My car was stationary parked  
at chong chin nam road parallel carpark lot. I was on my way back  
to collect my car and I saw vehicle B " SKC 6639Y " was doing  
a parallel parking into the parking lot which is behind my car and  
vehicle B " SKC 6639Y " collided onto my car rear right portion while  
he is <sup>doing</sup> parallel parking into the lot.

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:

 02/02/2021  
Reporting Centre Person's Signature  
Time:  
T.P.C. PIN No:

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## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	874E
<b>Vehicle Details</b>	
Vehicle No.:	SLB188P
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2021
Vehicle Make:	VOLVO
Vehicle Model:	XC90 T5 MOMENTUM (A) AWD
Primary Colour:	Gold
Manufacturing Year:	2016
Engine No.:	B4204T231655367
Chassis No.:	YV1LF10ACH1109892
Maximum Power Output:	187.0 kW (250 bhp)
Open Market Value:	\$57,802.00
Original Registration Date:	10 Aug 2016
First Registration Date:	10 Aug 2016
Transfer Count:	1
Actual ARF Paid:	\$76,044.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Aug 2026
PARF Rebate Amount:	\$57,033.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	09 Aug 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,903.00
COE Rebate Amount:	\$31,099.00
<b>Total Rebate Amount:</b>	<b>\$88,132.00</b>

The information contained herein is correct as at 26 Mar 2021

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volvo xc90

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	volvo xc90		Any	Any	2016	Any	Any	Any	Available
		Volvo XC90 T6 Momentum	\$148,000	\$23,000 /yr	18-Jan-2016	1,969 cc	96,800 km	SUV	Available
Fully Agent Serviced! Cheapest Unit But Highest Spec Of The Facelifted Xc90! Tip Top Condition! High Overtrade Available! Just Check At Agent! Condition Tip TOP!									
Auto Inn									
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