

ASS. REC. BY:

REF:

C8/ASM 21001739/R19f3

193M

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLZ 199STat Workshop m/s GOODFELLAS AUTO SVCof 7,800 LEE ST #01-37 3-SPACEInsured: AXA

Policy No. _____

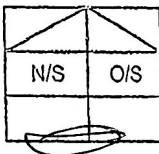
Claims No. S1M031VC

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: 48K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 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: SLZ 199ST Yr Regn: 2015 / JUNType: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: CITROEN GRAND C4 PICASSO 1.6 c.c 1560Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 173548 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF73A9HCBFJ635764

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ Rim / STD A/Rim orTyre Size: F: 215/55R17R: 215/55R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ☒ 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. 09/02/2021Survey held at GOODFELLASDes. 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
	Repair 1mt - 10K
	ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (4K-5K) / 5 days
18/02/21 @ 3.10pm	revised to Wee Fu via Smart Claims.
	Submit PRS.

Date/Time, File Pass to?



: Prel. Report

18/02 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Report Format: SMART CLAIMS -PRS

Lump Sum / L.S. (\$



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 13:18 (SGT)
Date of Accident	01/02/2021 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY (BEFORE PIE JURONG EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1995T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	I-SMILES SERVICES
Company Reg No	5XXXX193M
Email Address	JOHNNY@SMILESTRANSPORT.COM
Mobile Phone No	(Phone) +65-97885358
Alternative Phone No	(Office) +65-97885358

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 spacetourer
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5111935379-000009 (DRIVO CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	LEE YEE CHOON
NRIC No	SXXXX863J
Date Of Birth	07/10/1970
Occupation	Outdoor



Date Of Driving Pass	23/09/1995
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86001308
Alt. Phone Number	-
Email Address	YEECLEE@GMAIL.COM
Address	APT BLK 240 JURONG EAST STREET 21 #03-360
Address complement	-
Postcode	600240
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	GOJEK PASSENGER
Gender	Male

PASSENGER 2

Name	GOJEK PASSENGER
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

REFER TO STATEMENT ATTACH

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	SKG2164E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	OWYONG KE JUN AUBREY
NRIC No	SXXXX174F
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	LEE YEE CHOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ1995T
Were seat belts worn?	-
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 companies.
- 5 Any false reporting may be referred to the Police for investigation.
- 6 The report will be forwarded by the insurers of the GA 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.
- 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.



[Handwritten signature]

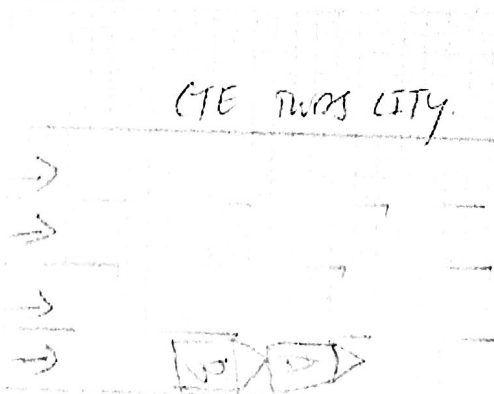
1000 North Bridge Road
Singapore 07010
Tel: 6522 2142 Fax: 6522 0722
Email: vacl@gaasg.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I'm travelling towards KK Hospital with 2 passengers (Gajek) around 11:45 am 1/2/2021 on CTE (City)

Location: just PIE (Changi) exit before PIE (Jurong) exit. Car in front jam brake & I braked too but car behind didn't manage to stop in time and hit the back of my car.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

NS Vong

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

WITNESSED BY REPORTING CENTRE PERSONNEL
 67115411 (Tel) / 67115412 (Fax)
 Email: vach@smiles.com.sg

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	193M
Vehicle No:	SLZ1995T
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Feb 2021
Vehicle Make:	CITROEN
Vehicle Model:	GRAND C4 PICASSO 1.6I EHDI ETG6 HALOGEN
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No:	10JBEX3056441
Chassis No:	VF73A9HC8FJ635764
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$25,524.00
Original Registration Date:	09 Jul 2015
First Registration Date:	09 Jul 2015
Transfer Count:	3
Actual ARF Paid:	\$12,734.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jul 2025
PARF Rebate Amount:	\$8,913.00

COE Expiry Date:	08 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$66,000.00
COE Rebate Amount:	\$29,108.00
Total Rebate Amount:	\$38,021.00

The information contained herein is correct as at 10 Feb 2021

OK

Grey



art.com/used_cars/info.php?ID=957473&DL=3626

Citroen Grand C4 Picasso Diesel 1.6A e-HDi

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$48,888	Fuel Type	Diesel (Euro 5 Engine and Above)
Depreciation ?	\$9,360 /yr View models with similar depre	Reg Date	21-Aug-2015 (4yrs 6mths 10days COE left)
Mileage	79,188 km (14.5k /yr)	Manufactured ?	2014
Road Tax ?	\$1,144 /yr	Transmission	Auto
Dereg Value ?	\$34,570 as of today (change)	OMV ?	\$25,744
COE ?	\$56,209	ARF ?	\$13,042
Engine Cap	1,560 cc	Power	85.0 kW (113 bhp)
Curb Weight ?	1,320 kg	No. of Owners ?	2
Type of Vehicle	MPV		

Features

1.6L BlueHDi Diesel Turbocharged 113Bhp. 6 Speed Fully Automatic Gearbox. Paddle Shifters. Keyless Entry/Start. ECO Start/Stop. View specs of the Citroen Grand C4 Picasso Diesel (2014-2017)

Accessories

Large Panoramic Glass Roof. LED DRL. Factory Fitted Navigation, Reverse Camera, Bluetooth, Cruise Control, Speed Limiter. Front/Back Cameras, Etc.

