ASS, REC. BY:	
AS	SIGNMENT
From: Date:	Veh No: SJV 25634. Yr Regn: 2010/ Jan.
Estimated Cost:	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Wish. c.c 1987
at Workshop m/s	Colour Red . A/C: Insured / Std / NI / NA
of	Sp.Reading /84/25 / T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTDGJ20W905001825
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 195/65 R15.
(Policy Condition)	R: 195/65 R15
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA MICY OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. O6 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.I. 33/02/2/
Lum Sum: % 3 Val.: Yes or No	Survey held at Fong Molor. 1
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Action / Instruction	COE Expiry: 17/01/25.
d rica.	
mv:28/c.	
PV:15.4K	
Nett: 12.6K.	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	ee:: Site Insp (\$)s+Rssi
libre-mail operages positioned or confidenced informa-	: Interview (\$) Photos
Report Format:	: Tech. Invs (3) Others
Lump Sum / LBJ: (\$:Weetend (\$)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate
- 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

22/02/2021 18:17 (SGT) Date of Submission 22/02/2021 01:25 (SGT) Date of Accident **Exact Location of Accident** Singapore SEMBWANG ROAD Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SJV2563U Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? TAN CHIANG BENG Name Of Registered Owner SXXXX926E NRIC No OURVIP888@GMAIL.COM **Email Address** (Phone) +65-90050409 Mobile Phone No (Home) +65-90050409 Alternative Phone No

VEHICLE PARTICULARS

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

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5116279643-01 Policy Number Cover Note Number

DRIVER

TAN CHIANG BENG Name of Driver SXXXX926E NRIC No 12/11/1963 Date Of Birth Outdoor Occupation

Date Of Driving Pass	11/12/2009
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90050409
Alt. Phone Number	(Home) +65-90050409
Email Address	OURVIP888@GMAIL.COM
Address	BLK 170 LOR 2 TPY #05-553
Address complement	
Postcode	310175
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
	No
	140
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	Side Swipe
Type of Accident	Clear
Vication Containers	
Road Surface	Dry
OTHER INFORMATION	
	Ne
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)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
30-30-30-30-30-30-30-30-30-30-30-30-30-3	PASSENGER
Name	
Gender	Male
DETAILS OF POLICE ACTION	
	Ves
Was the accident reported to the police?	Yes Toa Payoh Neighbourhood Police Centre
Police Station Name	
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749 93 Toa Payoh Central Toa Payoh Community Building #01-02
Police Station Address	Singapore 319194
	and the second of the second o
Was notice of intended Prosecution given? If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
vvas tilete atty addio recorded.	
DETAILS OF OTHI	ER VEHICLE PROPERTY 1
	SHC1615J
Vehicle Registration Number Vehicle Manufacturer	SHC 10100
Vehicle Manufacturer	
VANICIA MODEL	

Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHAI HONG YAN
NRIC No	-1
Contact Number	(Phone) +65-84222691
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	TAN CHIANG BENG
Address	-
Address Complement	•
Post Code	•
Approximate Age Years Old	
Injuries Sustained	0. ■
Injured person in which vehicle?	SJV2563U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	***************************************	VVILLIAIVI
Phone		(Phone) +65-90065312
Email		-

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.
- 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.
- 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.
- 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)

lunderstand, 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 (af insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

Sketch Plan 321231

Sketch Plan 321231

(E)- SHC16157

SUDD HOUSE

	Attack	Police	beban us.	1/20710755/9000
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lon				
e the foregoing particulars ar	e true in every respi	BCI.		
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0				





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

Report No. T/20210222/2009

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV2563U	NTUC Income Insurance Co-Operative	5116279643-01	21/02/2021	17/01/2022

Details of Person	n Involved			17925		
Any Pedestrian In						
No. of Pedestrian	s Injured: NIL	1	Jse of Pec	lestrian	Cross	ing: NA
Driver						
Name	CHAI HONG YAN			ID No.		NIL
Related Vehicle	SHC1615J (Car)			Contact No.		84222691
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc		harge	NIL		
	ted Medical Leave NI	IL	Degree of	Injury	NIL	
Driver						
Name	TAN CHIANG BENG		ID No.		S1571926E	
Related Vehicle	SJV2563U (Car)		Contact No.		90050409	
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	22/02/2021		Date Disc	harge		2/2021
	ted Medical Leave 03	3	Degree of	Injury	NIL	

Brief Details.

On 22/02/2021 at about 0125hrs, I was driving my car (SJV2563U) along Sembawang Road towards Sembawang on the most left lane. I noticed that there was a guy at the pavement trying to flag of Taxl. To my surprise, a Blue colour Taxl (SHC1615J) that was travelling on the centre lane made a quick lane change to the left without checking his blindspot and collided onto the front right bumper of my car. I then alighted to make a check on my car and noticed that the front right headlight was broken, front right bumper had dents and scratched, the part above my front right tire was dented and I also suspect that my under carrier is damaged. Subsequently, I made a check on the taxi and noticed that the left rear door was dented and had scratches on it too. After the incident, I felt pain on my head. As such, I went to UNIHEALTH 24-HR CLINIC at Toa Payoh to make a check. I was then given a 3 days of Medical Leave from 22/02/2021 to 24/02/2021. I wish to state that the person who flagged for the taxi is willing to be my witness and his particulars name and contact number are as follows, William - +65 9006 5312. I also wish to state that I am lodging this report for record and claiming purposes.



Police Station Of Origin: Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



3 of 4 Report No. T/20210222/2009





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

4 of 4 Report No. T/20210222/2009

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 MUHAMMAD NAZRI BIN KAMARUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2021 04:08
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp SN 168	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	926E	
Vehicle Details		
Vehicle No.:	SJV2563U	
Vehicle to be Exported:	No	
Intended Deregistration Date:	23 Feb 2021	
Vehicle Make:	TOYOTA	
Vehicle Model:	WISH 2.0 AUTO	
Primary Colour:	Red	
Manufacturing Year:	2009	
Engine No.:	3ZRA437548	
Chassis No.:	JTDGJ20W905001825	
Maximum Power Output:	106.0 kW (142 bhp)	
Open Market Value:	\$22,003.00	
Original Registration Date:	18 Jan 2010	
First Registration Date:	18 Jan 2010	
Transfer Count:	2	
Actual ARF Paid:	\$22,003.00	
Intended PARE Rehate Details	Forfeited	
PARF Eligibility:	Torretted	
PARF Eligibility Expiry Date:	\$0.00	
PARF Rebate Amount:	ф0.00	
COE Expiry Date:	17 Jan 2025	
COE Category:	E - Open Category	
COE Period(Years):	5	
PQP Paid:	\$19,732.00	
COE Rebate Amount:	\$15,393.00	
Total Rebate Amount:	\$15,393.00	

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 23 Feb 2021

