

ASS. REC. BY: Sun Pin.

REF:

CS3/A/G 21002553/GTH.

* PRS.

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. _____

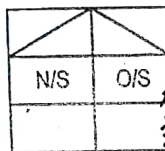
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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: SDJ 23J. Yr Regn: 07/01/1999Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Jaguar s-type 3.0 c.c. 2467.Colour: Red. A/C: Insured / Std / NI / NASp. Reading: 216022 T/Radio: Insured / Std / NI / NAEng/No: -C/No: SAJAC02E3XFL13699Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225 / 50 R17R: 225 / 50 R17

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

TOYO / YOKO or ContinentalFront 6 mm / Rear 6 mmR/Bal. 6 mm / L/Bal. 6 mmL/Bal. 6 mm / D.O.I. 24/02/2021D.O.A. 14/02/2021Survey held at Jas Auto.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

Repair day 5 days

MV: 65,000

PV: 28,958.

NV: 36,042

SUBMIT DAR REPORT

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L&L: (\$) _____

Days Of Repair: 5

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	22/02/2021 17:10 (SGT)
Date of Accident	19/02/2021 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF LYNWOOD GROVE & MUSWELL HILL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ23J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SONN SINGH S/O JAGINDAR SINGH
NRIC No	SXXXX166A
Email Address	Sonns@singnet.com
Mobile Phone No	(Phone) +65-97565768
Alternative Phone No	+65-97565768

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	S-type
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5120102066
Cover Note Number	-

DRIVER

Name of Driver	SONN SINGH S/O JAGINDAR SINGH
NRIC No	SXXXX166A
Date Of Birth	30/07/1960
Occupation	Indoor

Date Of Driving Pass	05/05/1978
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97565768
Alt. Phone Number	+65-97565768
Email Address	Sonns@singnet.com
Address	20 LYNWOOD GROVE
Address complement	-
Postcode	368664
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 - Major/Minor Rd
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

REFER TO SKETCH PLAN 2 .

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 1

Vehicle Registration Number	SMV4036B
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 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. 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 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.

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.

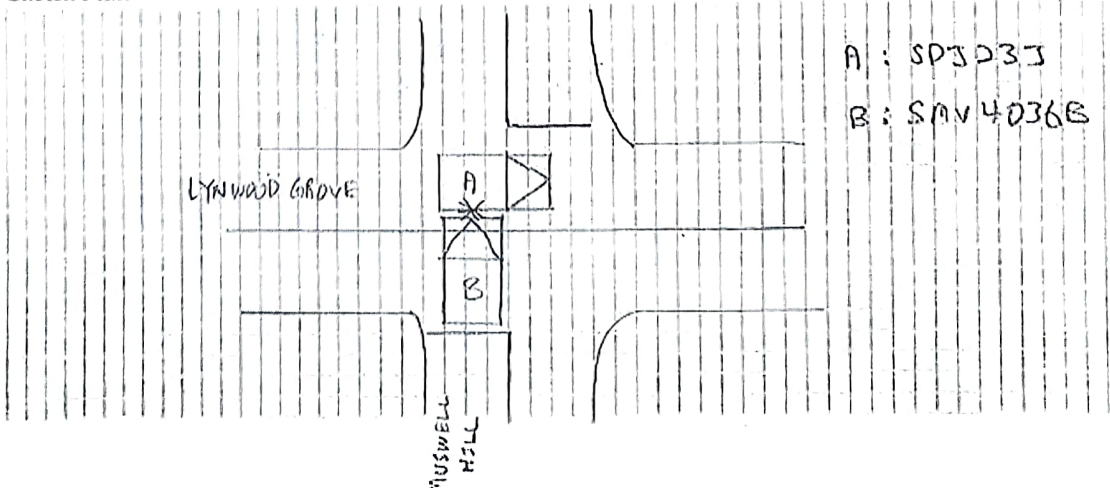
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2098 (3lines), Fax: 6219 2096

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

ON 19/2/2021, AT ABOUT 6.30PM, I WAS TRAVELLING IN MY
 VEHICLE SDJ233 ON LYNWOOD GROVE TOWARDS BRADDELL RD.
 AT THE JUNCTION OF ANSWELL HILL, AN IMPACT CAME UPON THE RIGHT
 SIDE OF MY VEHICLE.
 PICTURES AND A VIDEO INDICATES A VEHICLE SMV40363 COLLAPSED
 INTO MY RIGHT PORTION OF MY VEHICLE AT THE JUNCTION.

Declaration

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

 進成汽車服務私人有限公司
 QYS Automobile Services Pte Ltd
 38 Woodlands Industrial Park East 1
 #02-17 Admiralty Industrial Park
 Singapore 757700
 Tel: 6219 2098 (3lines) Fax: 6219 2096

 ESTHER Lim
 Witnessed by Reporting Centre
 Personnel

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	166A
Vehicle Details	
Vehicle No.:	SDJ23J
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Feb 2021
Vehicle Make:	JAGUAR
Vehicle Model:	S-TYPE 3.0
Primary Colour:	Red
Manufacturing Year:	1999
Engine No.:	015023360FC
Chassis No.:	SAJAC02E3XFL13699
Maximum Power Output:	-
Open Market Value:	\$63,230.00
Original Registration Date:	07 Jul 1999
First Registration Date:	07 Jul 1999
Transfer Count:	4
Actual ARF Paid:	\$88,522.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Apr 2029
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$35,411.00
COE Rebate Amount:	\$28,958.00
Total Rebate Amount:	\$28,958.00

The information contained herein is correct as at 26 Feb 2021

OK



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Direct Owner StarAd

ABWIN 論壇

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1 vehicles

Jaguar S-Type

Advanced Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Jaguar S-Type	Any	Any	> 10 year(s) old	Any	Any	Any	Available
	Jaguar S-Type 3.0SE (COE till 04/2029)	\$68,800	\$8,410 /yr	15-May-1999	2,967 cc	105,000 km	Luxury	Available
Recent Body Restoration. 100% Rust Free And Perfect Original Upholstery. Extremely Well Maintained For The Last 21 Years. Genuine Mileage, Free To Be Examined For Usage Credibility. Powerful And Reliable Engine, Fifth Car And Only Driven On Weekends. Done More...								
Posted: 29-Dec-2020 Tags: 1999 Jaguar S-Type, Jaguar S-Type, Jaguar, S-Type								

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
For old advertisements, view Expired ads								
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