

S. REC. BY:

REF:

AIG/ 21002786 /Kt

## 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:

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

Modl: 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.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

9/4 11:58 AM 858000 Car

(Red: 16566.30 : 74%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐

: Prel. Report

☒

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

TP

58000



## 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	01/03/2021 16:00 (SGT)
Date of Accident	27/02/2021 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD OF KHEAM HOCK RD TOWARDS BT TIMAH RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCN3122C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YONG MUN KEITH
NRIC No	SXXXX619E
Email Address	keithorgmun@gmail.com
Mobile Phone No	(Phone) +65-96541318
Alternative Phone No	+65-96541318

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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	Comprehensive
Fleet Policy	No
Policy Number	5120527796
Cover Note Number	-

#### DRIVER

Name of Driver	YONG MUN KEITH
NRIC No	SXXXX619E
Date Of Birth	02/08/1984
Occupation	Indoor



Date Of Driving Pass	12/12/2003
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96541318
Alt. Phone Number	+65-96541318
Email Address	keithorgmun@gmail.com
Address	50 LORONG M TELOK KURAU #03-04
Address complement	-
Postcode	425342
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?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDG9720L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN LIN MEI
NRIC No	-1
Contact Number	(Phone) +65-96235091
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

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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.

CITY AUTO PTE LTD  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 4235 Fax: 6453 7944  
 (Claims Section)

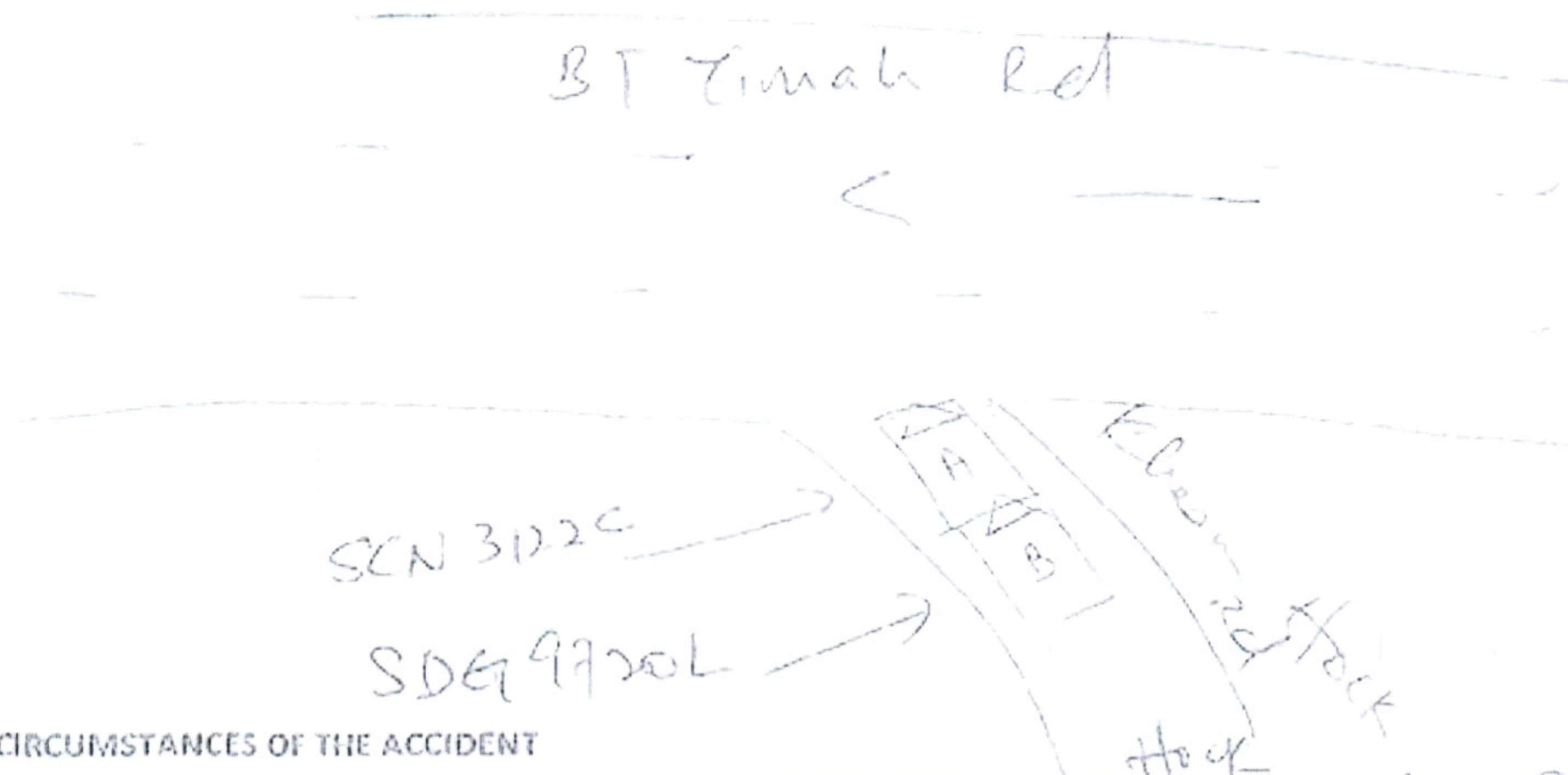
Policyholder's Signature  
 Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary along Kluang Rd looking out for oncoming vehicles on the main road when vehicle B suddenly came from behind and hit the rear portion of my vehicle.

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.

**CITY AUTO PTE LTD**

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 4233 Fax: 6453 7944

(Claims Section)



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 619E

### Vehicle Details

Vehicle No.: SCN3122C  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 02 Mar 2021  
Vehicle Make: B.M.W.  
Vehicle Model: 116D 5DR HATCHBACK DSC LED  
Primary Colour: Black  
Manufacturing Year: 2016  
Engine No.: 36729586B37D15A  
Chassis No.: WBA1V720905C07257  
Maximum Power Output: 85.0 kW (113 bhp)  
Open Market Value: \$23,904.00  
Original Registration Date: 28 Jul 2016  
First Registration Date: 28 Jul 2016  
Transfer Count: 1  
Actual ARF Paid: \$10,466.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 27 Jul 2026  
PARF Rebate Amount: \$7,849.00

### Intended COE Rebate Details

COE Expiry Date: 27 Jul 2026  
COE Category: E - Open Category  
COE Period(Years): 10  
QP Paid: \$57,501.00  
COE Rebate Amount: \$28,622.00  
**Total Rebate Amount: \$36,471.00**

The information contained herein is correct as at 02 Mar 2021

OK



Not Authorized  
 C1 Rep @ 5800h  
 Repair After Paint  
 5. day



# S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :  
 ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SDG9720L

## ESTIMATE REPORT 1st QUOTATION

### OWNER'S PARTICULAR

NAME : YONG MUN KEITH  
 ADDRESS :  
 LICENSE NO. : SCN3122C  
 MAKE / MODEL : BMW 116D  
 OWNER'S INSURER : NTUC  
 JOB-CODE : TP S/A :

JOB NO : \_\_\_\_\_

CONTACT :

CHASSIS NO : WBA1V720905C07257

ENGINE NO :

ACCIDENT DATE : 27-Feb-21

### CLAIM DETAIL

#### MATERIALS

		QTY	QUO-PRICE	DISC	DISC-PRICE	SUR	REV. PRICE
1	TAILGATE LAMP LH 450	CM	1.00	1494.00	10.00	1344.60	Y ✓
2	TAILGATE LAMP RH	SM	1.00	1494.00	10.00	1344.60	Y X
3	TAILGATE SIDE GARNISH COVER LH	SM	1.00	699.00	10.00	629.10	Y X
4	TAILGATE 1475.40	B	1.00	1980.00	10.00	1782.00	Y ✓
5	TAILGATE TRIMBOARD	SM	1.00	176.00	10.00	158.40	Y X
6	TAILGATE RUBBER BEADING	SM	1.00	389.00	10.00	350.10	Y X
7	TAILLAMP LH 615.	CM	1.00	850.00	10.00	765.00	Y ✓
8	TAILLAMP RH	SM	1.00	850.00	10.00	765.00	Y X
9	REVERSE SENSOR ASSY (1SET) @ 245.00	Short	1.00	1644.00	10.00	1479.60	Y 2x
10	REAR BUMPER 1015	Bur	1.00	1870.00	10.00	1683.00	Y ✓
11	REAR BUMPER REFLECTOR LH	SM	1.00	42.00	10.00	37.80	Y X
12	REAR BUMPER REFLECTOR RH	SM	1.00	42.00	10.00	37.80	Y X
13	REAR BUMER INNER FRAME PAD 313	CM	1.00	790.00	10.00	711.00	Y 2
14	REAR BUMPER REINFORCEMENT 615	B	1.00	623.00	10.00	560.70	Y 2
15	REAR BUMPER RETAINER LH 138.50	Dir	1.00	177.00	10.00	159.30	Y ✓
16	REAR BUMPER RETAINER RH	SM	1.00	177.00	10.00	159.30	Y X
17	KEYLESS SENSOR	SM	1.00	285.00	10.00	256.50	Y X
18	REAR BUMPER TOP BEAM LH	R	1.00	155.30	10.00	139.77	Y X
19	REAR BUMPER TOP BEAM RH	R	1.00	155.30	10.00	139.77	Y X
20	REAR END PANEL	B	1.00	1028.00	10.00	925.20	Y 2