

(08/11/13) wef

ASS. REC. BY: PR

REF:

CS3/ASM 21003587/RIV/3

945J

COR XPIRY: 2028/FEB

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SJC 3679Mat Workshop m/s MASTER CAR SPRAYof 40,704 HUMAN RO POST #01-67

Insured:

AXA

Policy No.

Claims No.

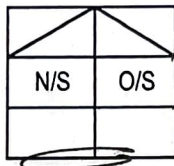
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

after 3pmRemark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

65K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJC 3679MYr Regn: 2008 / FEBType: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA ESTIMA ACARY 2.4A c.c. 2362

Colour

WHITEA/C: Insured / Std / NI / NA

Sp. Reading

219264T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACR50005 7496Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / 8/Rim / STD A/Rim or

Tyre Size:

F:

215/55ZR17

R:

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

TOYO / YOKO or

KAPSEN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

11/03/21

D.O.I.

19/03/21

Survey held at

MASTER CAR SPRAYDes. 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 Init - 30KESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 4 days

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS, SI☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

Report Format :

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

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	12/03/2021 16:12 (SGT)
Date of Accident	11/03/2021 15:20 (SGT)
Exact Location of Accident	Goldhill Ave, Singapore
Additional Location Information	ALONG GOLDHILL AVENUE HEADING TO KKH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC3679M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SHAFIQ BIN SAMSUDIN
NRIC No	SXXXX949J
Email Address	shafiq_shell@hotmail.com
Mobile Phone No	(Phone) +65-92378992
Alternative Phone No	(Office) +65-92378992

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119949866
Cover Note Number	-

DRIVER

Name of Driver	NURUL AMEERA BINTE SAMSUDIN
NRIC No	SXXXX147A
Date Of Birth	25/06/1994
Occupation	Indoor

Date Of Driving Pass	01/07/2016
Driving experience	4 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92707150
Alt. Phone Number	-
Email Address	nameeraa05@gmail.com
Address	APT BLOCK 465 CHOA CHU KANG AVENUE 4 #06-13
Address complement	-
Postcode	680465
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SARINAH BINTE JUMAAT
Gender	Female

PASSENGER 2

Name	NURUL ASYIQIN BTE SAMSUDIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED AND POLICE REPORT ; REMARKS : TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

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	SHB4079S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	TAN THIAN THOE
NRIC No	SXXXX438G
Contact Number	(Phone) +65-90688920
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	REFER TO ATTACHED AND POLICE REPORT
No. Of Passenger (Including Driver)	REFER TO ATTACHED AND POLICE REPORT
	-

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 regulate 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 lodging 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 insurers' 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/IN No.:

VEHICLE R: BLUE COMFORT DELGRO
SHB 4079S

Refer to police report T/20210311/2149

h. We declare the foregoing particulars are true in every respect.

Driver's Signature _____

Reporting Centre Personnel's Signature _____



SINGAPORE POLICE FORCE



T/20210311/2149

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20210311/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2021 22:22		Vide Report No.: E/20210311/0085		Station Diary No.: 125	
Name of Informant: NURUL AMEERA BINTE SAMSUDIN			Address: APT BLK 465 CHOA CHU KANG AVENUE 4 #06-13 SINGAPORE 680465		
ID Type / ID No.: NRIC NO / S9422147A			Contact No.: Home/Office: Mobile: 92707150		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 25/06/1994	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: NURSE			Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/03/2021 15:20	Type of Location: Straight Road
Location: GOLDHILL AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Stationary vehicle and moving vehicle				Anyone conveyed by ambulance: No

SHB4079S	Car				Slightly Damaged	0
SJC3679M	Car				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210311/2149

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20210311/2149

CONTINUATION OF REPORT

Brief Details.

On 11/03/2021 at about 1520hrs, I was driving my vehicle with license plate number: SJC3679M, together with my mother and sister, proceeding to Arab Street. Upon driving at the Gold Hill Avenue, the traffic light turn red. Hence, I stopped my vehicle and it was stationary. Subsequently, I heard a "Thud" sound coming from the back and my vehicle inch forward. I managed to stop my vehicle and it did not collide to the front vehicle.

I then came out of my vehicle and spotted a blue comfort taxi with license plate number: SHB4079S collided to my vehicle. I did not managed to take a photo of the Collision. I then approached the driver and he informed me to move my vehicle forward. I then followed his instruction and move my vehicle forward. Subsequently, I spotted some scratches at the rear of my vehicle. The taxi driver insisted that he did not collide to my vehicle, and refuse private settlement. He then continued to call for police assistance.

With the assistance of the police, I managed to get his particular:

Taxi Driver namely: Tan Thian Thoe

NRIC: S1137438G

Handphone: 90688920

Vehicle number: SHB4079S

I have in-car camera in my vehicle. However, I have not view the footage. Prior to the incident, my 2 passengers and myself is not injured. I wish to state that prior to the Collision, The Taxi Driver was actually changing from Lane 2 to Lane 1 repeatedly.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 669286
Tel No: 1800-7659999



T/20210311/2149

3 of 3

Report No: T/20210311/2149

CONTINUATION OF REPORT

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:

J/

Sgt 2 TAN YIP CHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/03/2021 22:22

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAH
ALHABSHEE

Contact No.: 85476214

Authentication Stamp



**SINGAPORE
POLICE FORCE**

Classification Of Case:



Tel: (65) 6224 0030 Fax: (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
URS: 566500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS22213C0001 Vehicle Registration No: SJC 3679 M
Name (as shown in NRIC): NURUL AMEERA BINTE SAMSUDIN NRIC/FIN/Passport No: Sxxxx 147A
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: APT Block 465 CHON CHU KANG AVE 4 #06-13 Singapore 680465
Contact (Tel): 9237 8992 Mobile No.: 9270 7150 DRIVER
Email Address: NAMEERAA050@gmail.com
Date of Accident: 11.03.2021 Time of Accident: 15:20hr.
Place of Accident: ALONG GOLDHILL AVE TOWARDS KKH
Insurance Company: NIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Third party car plate to SHB 4079S instead
of SHD 4079S

Policyholder / Driver's Signature
Date:

IDAC - BOON LAY
STA Inspection Pte Ltd
249 Jalan Boon Lay
Singapore 619523
Tel: 6555 6111
Fax: 6515 5215
Reporting Centre Personnel's Signature
Name: KERIN TANG
NRIC/FIN No: Sxxxx 874I

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	949J

Vehicle No.:	SJC3679M
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	ESTIMA AERAS 2.4 A
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	2AZF107720
Chassis No.:	ACR500057496
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$30,593.00
Original Registration Date:	14 Feb 2008
First Registration Date:	14 Feb 2008
Transfer Count:	2
Actual ARF Paid:	\$33,653.00

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	13 Feb 2028
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$50,578.00
COE Rebate Amount:	\$34,872.00
Total Rebate Amount:	\$34,872.00

The information contained herein is correct as at 22 Mar 2021

OK

Toyota Estima 2.4A Aeras (COE till 04/2027)

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price \$58,800

Depreciation ⓘ \$9,620 /yr

Reg Date 07-Jun-2007
(6yrs 1mth 8days COE left)

Mileage N.A.

Manufactured ⓘ 2007

Road Tax ⓘ \$2,293 /yr

Transmission Auto

Dereg Value ⓘ \$31,775 as of today (change)

OMV ⓘ \$28,045

COE ⓘ \$52,008

ARF ⓘ \$30,850

Engine Cap 2,362 cc

Power 125.0 kW (167 bhp)

Curb Weight ⓘ 1,740 kg

No. of Owners ⓘ 3

Type of Vehicle MPV

Features

Standard Features. View specs of the Toyota Estima (2006-2010)

Accessories

Standard Accessories.

Description

7 Seater Model. Vehicle In Tip Top Showroom Condition. Viewing And Test Drive Strongly Encourage. Loan Available. Contact Us For Viewing.

Category

COE Car, Premium Ad Car

Status

Available for sale. Shortlist this car to get alerted whenever the price or availability changes.

Resources



Car Valuation - Free

Find out the market value of your existing car for free. Get started