

ASS. REC. BY:

REF:

CS/AIG21003796/Aqd3

## 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. **4988813498SG**

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: **8** 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: **SV910SM** Yr Regn: **2007, June**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Estima** C.C. **2362**Colour: **Grey** A/C: Insured / Std / NI / NASp. Reading: **130961** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **ACR500039120**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **225/50R18**R: **225/50R18**

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

TOYO / YOKO or **Continental**

Front / Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. \_\_\_\_\_ D.O.I. **24/03/21**Survey held at **Furnos Motor**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
	<b>TPAIG</b>
	<b>COE Expiry: 31/03/21</b>
	<b>LS \$8300, 8 days (Red \$10458.32, 56%)</b>
	<b>MV: 501C</b>
	<b>PV: 30.1K</b>
	<b>Nett: 19.91C</b>

Date/Time, File Pass to?

1) **10/05 Typist**

Date/Time, File Return to?

2) \_\_\_\_\_

☐: Preli. Report☐: Final ReportDays Of Repair: **8**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + PS. SI

Photos

Others

TOTAL

Add Fee: ☐: Site Insp (\$)☐: Interview (\$)☐: Tech. Insp (\$)☐: Weekend (\$)Report Format: **MER-TP**Lump Sum ~~MBL~~ (\$) **8300**



## 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	23/03/2021 16:22 (SGT)
Date of Accident	22/03/2021 10:55 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	JUNC OF YISHUN IND PARK A
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9105M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEH YEE CHUNG ANNA BEL (BAI YICHUAN)
NRIC No	SXXXX522J
Email Address	belle_licious21@icloud.com
Mobile Phone No	(Phone) +65-84682334
Alternative Phone No	+65-84682334

#### 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
Transmission	Auto
CC	2362

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120822278
Cover Note Number	-

#### DRIVER

Name of Driver	PEH YEE CHUNG ANNA BEL (BAI YICHUAN)
NRIC No	SXXXX522J





Date Of Birth	21/08/1987
Occupation	Indoor
Date Of Driving Pass	16/06/2014
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84682334
Alt. Phone Number	+65-84682334
Email Address	belle_licious21@icloud.com
Address	BLK 430 CLEMENTI AVE 3
Address complement	#02-386
Postcode	120430
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK4744K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG BAK HENG
NRIC No	SXXXX953Z
Contact Number	(Phone) +65-94883189

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	PEH YEE CHUNG ANNA BEL (BAI YICHUAN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SJV9105M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

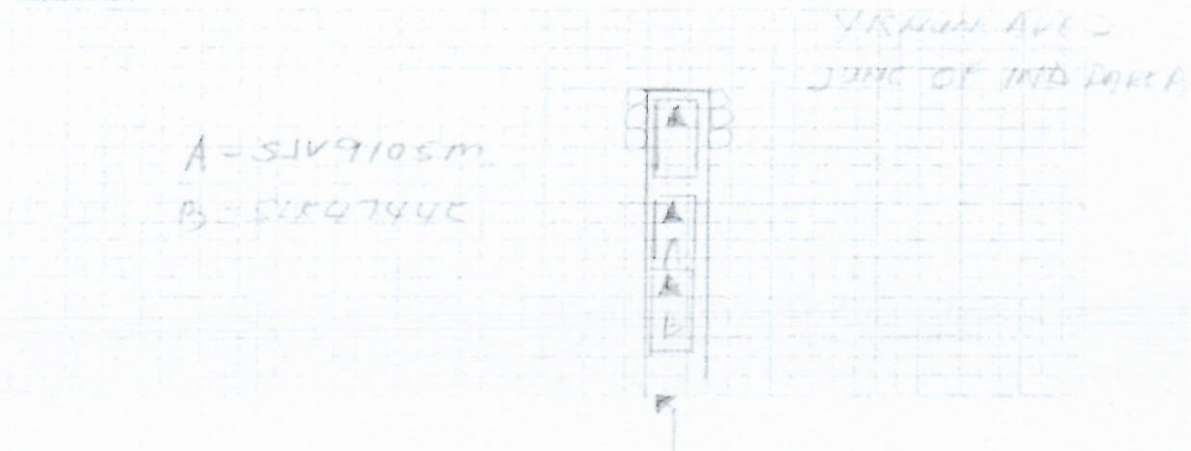
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
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 be 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' law firms/law firms, may be 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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

My veh was stationary at the red traffic light  
 of Yishu Ave. 2, Junction of Yishu Ind.  
 Part A. Suddenly I felt the impact repeatedly  
 from my rear vehicle B from behind hit  
 onto my rear portion of my vehicle. I was  
 5 mth pregnant and I have to observe  
 my pregnancy.

My veh. was stationary at the red traffic light  
 of Yishu Ave. 2, Junction of Yishu Ind.  
 Part A, Suddenly I felt the impact repeatedly  
 From my rear vehicle B from behind hit  
 onto my rear portion of my vehicle. I was  
 5 mth pregnant and I have to observe  
 my pregnancy.

Declaration

We declare the foregoing particulars are true in every respect.

23/3/21

Policyholder's Signature / Date & Time

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

23/03/21

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:		Singapore NRIC
Owner ID:		522J
Vehicle No.:		SJV9105M
Vehicle to be Exported:		No
Intended Deregistration Date:		25 Mar 2021
Vehicle Make:		TOYOTA
Vehicle Model:		ESTIMA AERAS 2.4 A
Primary Colour:		Silver
Manufacturing Year:		2007
Engine No.:		2AZF039584
Chassis No.:		ACR500039120
Maximum Power Output:		125.0 kW (167 bhp)
Open Market Value:		\$28,675.00
Original Registration Date:		26 Jun 2007
First Registration Date:		26 Jun 2007
Transfer Count:		3
Actual ARF Paid:		\$31,543.00
PARF Eligibility:		Forfeited
PARF Eligibility Expiry Date:		-
PARF Rebate Amount:		\$0.00
COE Expiry Date:		31 Mar 2027
COE Category:		B - Car (1601cc & above)
COE Period(Years):		10
PQP Paid:		\$50,347.00
COE Rebate Amount:		\$30,289.00
Total Rebate Amount:		\$30,289.00

The information contained herein is correct as at 25 Mar 2021

OK





Get a car loan before visiting the showroom

T&amp;Cs apply.

SEARCH

Estima

Price Range

Depreciation

&gt; 10 year(s)

Vehicle Type



Search

View All

Advanced Search

## Used Car Comparison

--- Comparing 4 Vehicles ---

Toyota Estima 2.4A (COE till 05/2027)



Clear All

Add all to Shortlist

Back to search result

Add to Shortlist

Toyota Estima 2.4A Moonroof (COE till 08/2027)



Add to Shortlist

Toyota Estima 2.4A Aeras (COE till 09/2027)



Add to Shortlist

Toyota Estima 2.4A X till 10/2027)



Add to Shortlist

## CAR DETAILS

Price	\$54,959	\$50,000	\$53,800	\$53,000
Instalment	N.A.	N.A.	N.A.	N.A.
Registration Date	07-Jun-2007	07-Aug-2007	26-Sep-2007	19-Oct-2007
Manufactured	2007	2007	2007	2007
Mileage	-	235,000 km	160,000 km	174,000 km
Transmission	Auto	Auto	Auto	Auto
Engine Cap	2,362 cc	2,362 cc	2,362 cc	2,362 cc
Road Tax	\$2,293 /yr	\$2,293 /yr	\$2,293 /yr	\$2,293 /yr
Power	125.0 kW (167 bhp)	125.0 kW (167 bhp)	125.0 kW (167 bhp)	125.0 kW (167 bhp)
Curb Weight	1,800 kg	1,730 kg	1,750 kg	1,700 kg
Features	-	Powerful And Responsive 2.4L, VVT-i DOHC, Fuel Efficiency, 7 Speed Super CVT Gearbox, Retractable Side Mirror, Push Start, Keyless Operation. 8 Seater	-	Rare 8 Seater, Nice Sliding Doors
Accessories	-	Leather Seats, Pioneer DVD Player/Roof Monitor/Reverse Camera/Sensors, Dual Auto Sliding Doors, Roof Mount TV.	-	New DVD Player, R Reverse Camera.
Description	Highest Spec Unit With 3rd Row Electric Seats And Auto Tail Gate	Meticulous Owner Who Takes Care Of Cars. Leather Seats As Good As New. Engine Has Been Overhauled And Gearbox Repaired With Receipts As Proof. Drive With A Peace Of Mind. Roof Mount TV In Pristine Condition. TV Screens Behind Front Seats For Children To Watch While Travelling In This Comfortable Spacious Car. Consignment Unit. Trade In And High Loan Available. Contact Me For Viewing Appointment.	Just Arrived! Well Maintained By Previous Owner! Loan With High Trade In Available. Price Negotiable. Call Now Or Visit Our Showroom Today.	Good Condition, Pc Starter, Price Nego 0088 Number Of O To Extend COE Wit Standard Practice / Transferred An Ext
COE	\$52,491	\$50,972	\$50,355	\$50,451
OMV	\$32,487	\$27,197	\$29,785	\$26,659
ARF	\$35,736	\$29,917	\$32,764	\$29,325
Depreciation	\$8,880 /yr	\$7,850 /yr	\$8,270 /yr	\$8,070 /yr
No. of Owners	6	4	5	4
Type of Vehicle	MPV	MPV	MPV	MPV
Category	COE Car	COE Car, Consignment Car	COE Car	COE Car, Direct Ov
Availability	Available	Available	Available	Available