

08/11/13

wef

REF:

CS8/ASM 21063839/R19f3

616c

ASS. REC. BY:

ASSIGNMENT

CORP. IRM: 2022/011

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SBB 2227R

at Workshop m/s: PERFECT POWER PTE LTD

of 1, BUKIT BARUK CRESCENT (WILSON) #10-11

Insured: PM

Policy No. _____

Claims No. S1M0369M

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: 12K

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:

SBB 2227R

Yr Regn: 2008 / Jan

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA VIOS E Auto

c.c 1497

Colour:

GOLD

A/C: Insured / Std / NI / NA

Sp. Reading

164601

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MRO53HY930S033992

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

23/03/21

D.O.I.

28/03/21

Survey held at

PERFECT POWER

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

FRT O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Repair limit - 4K

ESTIMATE RANGE OF REPAIR / No. of days (4K-5K) / 8 days

29/03/21@2.44pm revised to Dominic Yu via Smart Claims.

29/03/21 Submit PRS.

Date/Time, File Pass to?



Preli. Report

Days Of Repair:

8

1) 29/03 Typist



Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format : SMART CLAIMS -PRS

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	24/03/2021 15:50 (SGT)
Date of Accident	23/03/2021 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST STREET 52 (OUTSIDE BLK 528)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBB2227R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VIVIEN NG JEOK YONG
NRIC No	SXXXX616C
Email Address	KOH_MISTY@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98627402
Alternative Phone No	(Home) +65-98365604

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5072372685-05 (DRIVO CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	VIVIEN NG JEOK YONG
NRIC No	SXXXX616C

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

28/05/1949
Indoor
13/09/1977
43 YEARS AND 6 MONTHS
Female
(Phone) +65-98627402
(Home) +65-98365604
KOH_MISTY@HOTMAIL.COM
APT BLK 408 JURONG WEST STREET 42 #10-679

640408

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Raining
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
2
Yes
No
Yes
3
No

PASSENGER 1

Name
Gender

REDUCA LIEZEL
Female

PASSENGER 2

Name
Gender

FAITH CHANG
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer

SHA4707T
Toyota

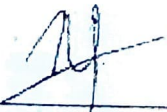
SKETCH PLAN

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 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. 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 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.



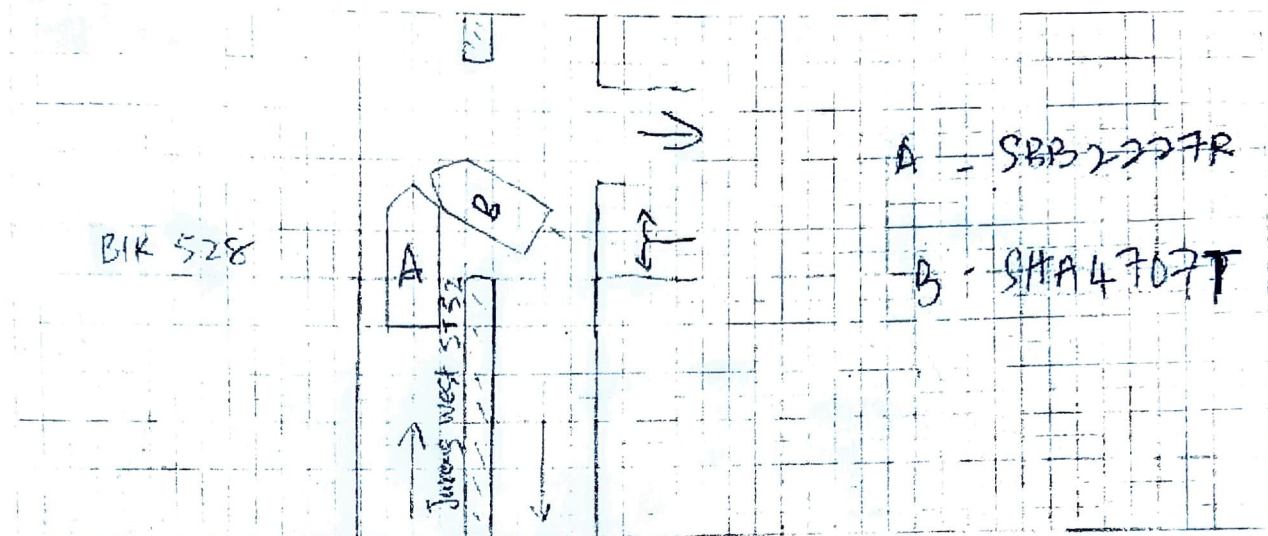
Policyholder's Signature
Date & Time:

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

I was Drive along Jurong West st 52, towards Jurong st 42, a taxi (SHA ~~4000~~) suddenly Turn out from the car park on my right, and knock into front right of my vehicle. It was heavy rain during the accident.

DECLARATION

I/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:

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

Toyota Vios 1.5A E (COE till 08/2023)

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

Price \$15,800

Depreciation ⓘ \$6,640 /yr

Reg Date 13-Aug-2008
(2yrs 4mths 17days COE left)

Mileage N.A.

Manufactured ⓘ 2008

Road Tax ⓘ \$889 /yr

Transmission Auto

Dereg Value ⓘ \$8,142 as of today (change)

OMV ⓘ \$11,834

COE ⓘ \$17,099

ARF ⓘ \$11,834

Engine Cap 1,497 cc

Power 80.0 kW (107 bhp)

Curb Weight ⓘ 1,095 kg

No. of Owners ⓘ 6

Type of Vehicle Mid-Sized Sedan

Features

1.5 Litre VVT-I 16 Valves Inline DOHC Engine, Auto Transmission, ABS. View specs of the Toyota Vios (2007-2013)

Accessories

Leather Seats, Fog Lights, Solar Film, Sport Rims, Reverse Sensors.

Description

Fuel Efficient 1.5L Japanese Sedan. Enjoy Great And Smooth Ride For Your Daily Commute. Ample Legroom And Spacious Boot For Comfortable Drive. Maintenance Is Easy On The Pocket. Flexible Loan And High Trade-In Available, Call Or Whatsapp For A Test Drive.

Category

COE Car

Status

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

Resources



Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



Car Valuation - Free

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

Posted on: 26-Jan-2021 | Last Updated on: 26-Jan-2021

SHORTLISTED

HISTORY

Up! Compare



» more Financial info



Price Chart



Click on the



Shortlist



More

Seller Info

Gran Tori

3 vehicles for

5 Soon La

Pioneer C

Search ca



Derrick