Lump Sum / LBJ: (\$

ASS, REG. BY:					
	ASSIGNMENT	22			
From: Date:	Veh No: SW9	7857. Yr Regn: 2017, May.			
Estimated Cost:	Type: M.Car / M.Cycle / Bu	s / Van / Lorry / Taxi / Prime Mover /			
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	ics by return fortemation the			
	Make: Kia	Barens. c.o 1685			
To Inspect Vehicle No:	Colour BOAZ	A/C: Insured / Std / NI / NA			
at Workshop m/s	Sp.Reading 6636	T/Radio: Insured / Std / NI / NA			
of	Eng/No:				
Insured:		HU815VH718 2862			
Policy No.		Gen. Cond. Good) Fair / Poor / Burnt			
Claims No. Sum Insured: Excess:	Steering: Inorder Jamme	d / Leaked / Burnt or			
out moured.					
(Client's Record)					
Make of Veh:	Tyre Size: F: 205/55 R16				
(D. 1. O. v. 416 ap.)		1 2 1 5 - 011			
(Policy Condition) Remark: The veh had commenced its		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO/YOKO or				
	Front				
Bal. or Market Value: Consistent?: Yes or	/	mm R/Bal. 6 mm			
IDAC Accident reports		mm L/Bal. ob mm			
Boo . Voe o	GIA / PR Seen: D.O.I. 31/03/21				
2 Vol. Ves o		tin Huia.			
Lum Sum.		Rear / O/S / N/S / U/C / Rooftop or			
CA / REV / REP. / 24 HRS	/ehicle: IN / OUT	S NS.			
Date: Person Contacted:	The U/C / Chassis fr	ame / Body Structure affected due to collision.			
Date / Time Action / Instruction					
TP 1st Cap.					
mv :					
PV:					
Nett:					
Estimotism oc Thom					
Date/Time, File Pass to? : Preli. Report	Days Of Repair:				
: Final Report	Resurvey No. of Trip	Survey Fee:			
1) : Final Report Date/Time, File Return to?		Transportation:			
	Add Fee: : Site Insp (\$)s +Rs,si			
2)	: Interview (\$	Fhotos			
Francis Entitles :	: Tech. Invs (\$) Others			
Report Format :	:Weelend (\$				

TOTAL

SV0L213R0005 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRŸ DATE & TIME: 27/03/2021 11:56 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 1 (27/03/2021 11:56 (SGT))



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 <u>completed</u> by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 27/03/2021 11:56 (SGT) Date of Accident 26/03/2021 09:20 (SGT) **Exact Location of Accident** Singapore

Additional Location Information EXITING THE CENTURY SQUARE CARPARK

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SLN9785T

INSURED/POLICYHOLDER

Is company? No

ONG JULIANA Name Of Registered Owner NRIC No SXXXX165J onglaikui@gmail.com **Email Address** Mobile Phone No (Phone) +65-94524514

Alternative Phone No +65-94524514

VEHICLE PARTICULARS

Manufacturer

KIA / CARENS 1.7 DCT DIESEL 5DR FWD Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to No - Claiming third party

your vehicle? Vehicle Category Private car

Transmission Auto CC 1700

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Comprehensive Type of Coverage Fleet Policy No 5118352690 Policy Number

Cover Note Number

DRIVER

accident

ONG JULIANA Name of Driver NRIC No SXXXX165J

Accident report SV0L213R0005

Date Of Birth 30/05/1982 Occupation Indoor **Date Of Driving Pass** 30/05/2002 Driving experience 18 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-94524514 Alt. Phone Number +65-94524514 **Email Address** onglaikui@gmail.com Address 387 JOO CHIAT ROAD #02-02 THE MODULES Address complement Postcode 427623 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 Side Swipe 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) 4 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name TEO AI NGOH Gender Female PASSENGER 2 Name TAN EN XI ARABELLE Gender Female PASSENGER 3 Name TAN YUN XI ANNABETH Gender Female 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 ATTACHED; ATTACHMENT(S)

Yes

No

No

Was there any audio recorded?

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7126U
Vehicle Manufacturer	Daf
Vehicle Model	D.A.F. / FAT CF75.310
Vehicle Variant	-
Vehicle Colour	Communities =
Vehicle Category	Commercial vehicle
Name of Driver	LOW TONG HAI
NRIC No	SXXXX346I
Contact Number	Berning Committee
Address	migrature :
Address complement	-
Postcode	
Insurance Company Name	
Nature Of Damage	ormo: •
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 Formmust 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
- 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/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' law yers/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
- (ii) investigating the accident and/or my claims;
- (ii) 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 yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholde/s Signature / Date &

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

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sq

Witnessed by Reporting Centre

Sketch Plan

2 7 MAR 2021 carpark surrance / exit XD FIZEU LN4765T

Describe Circumstances of the Accident	
I was statingy in the yellow box coming out of a co	whoy Square
carpark, mainly in the yellow box because of red is	gut in front.
After a for nimber, I experienced a land bring. It go	mbage muck
had collided into my car shire exiting the chapping anter	- Ccentury
course) carpark.	
	-
2	

Declaration

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

Policyholder's Signature / Date &

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

2 7 MAR 2021

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	165J
Vehicle No.:	SLN9785T
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Mar 2021
Vehicle Make:	KIA
Vehicle Model:	CARENS 1.7 DCT DIESEL 5DR FWD
Primary Colour:	Brown
Manufacturing Year:	2017
Engine No.:	D4FDHH105687
Chassis No.:	KNAHU815VH7182862
Maximum Power Output:	104.0 kW (139 bhp)
Open Market Value:	\$20,474.00
Original Registration Date:	24 May 2017
First Registration Date:	24 May 2017
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$15,664.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 May 2027
PARF Rebate Amount: Intended COE Rebate Details	\$11,748.00
COE Expiry Date:	23 May 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,406.00
COE Rebate Amount:	\$33,448.00
Total Rebate Amount:	\$45,196.00

The information contained herein is correct as at 29 Mar 2021

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5G Motors Stared



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2017

Eng Cap

Mileage

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Veh Type

Available

✓ 20 results/page ✓

Search Selection

Kia Carens

Advertiser Login

Απγ \$76,800

\$10,480 /yr

08-Nov-2017

1,685 cc

65,000 km

MPV

Available

Kia Carens Diesel 1.7A Fuel Type: Diesel (Euro 5 Engine and Above)

Full Loan Available! We Are sgCarMart Premium Dealer! Buy With Confidence! In House Loan Or Bank Loan Available! Fast And Easy Loan Approval! All Our Vehicles Has Undergone A 120 Points Check At Top Gear Motor Works! Peace Of Mind! Accident-Free! No Worries! Wa...

88 Motor Trading

Posted: 28-Mar-2021 Tags: 2017 Kia Carens, Kia Carens, Kia, Carens



Kia Carens Diesel 1.7A EX

\$69,800

\$10,070 /yr

25-May-2017

1,685 cc

110,000 km

Available

Fuel Type: Diesel (Euro 5 Engine and Above)

Agent Unit! Beautiful Diesel Korean MPV For Sale! 2888 Number Plate Included! Accident And Damage Free. Servicing Records Available From C&C. Fuel Efficient And Economical, 10 Years Engine Warranty, 5 Years Warranty And 05 Years Servicing, Consignment Unit, Trad.

Posted: 11-Feb-2021 Tags: 2017 Kia Carens, Kia Carens, Kia, Carens

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Model

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Depreciation

Eng Cap

Mileage

Veh Type

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Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

27 Mar 2021 / 12:52:34

Receipt Date/Time: 27 Mar 2021 / 12:52:34

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210327-001024

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - XD7126U As at 26 Mar 2021/21:20:00 Insurance Co: MS FIRST CAPITAL INSURA	NCE LIMITED			
1 Insurance Enquiry - XD7126U Enquiry Fee 20210327125142108952		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	20210327125157196	Direct Debit: eNETS Debit (Internet Banking)		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.