

ASS. REC. BY:

REF:

## 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.

N/S	O/S

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

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMK2833M Yr Regn: 2019 AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda City. C.C. 1497Colour: Red. A/C: Insured / Std / NI / NASp. Reading: 28372 T/Radio: Insured / Std / NI / NA

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

C/No: MRHGM6670kT00214Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/65 R15.R: 175/65 R15.BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 07/04/21.Survey held at NAH T.

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

Front x/s.

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

Date / Time Action / Instruction

TP Budget Direct. (Independent)

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + PS. SI

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Report Format: \_\_\_\_\_

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

NPL - Budgetdirect  
(AGI).

SK0K213T000E-01 / KAH MOTOR CO SDN BHD [408610]  
ENTRY DATE & TIME: 29/03/2021 17:37 (SGT)  
SUBMITTED BY: JESHURUEBEN THOMAS  
VERSION: 2 (05/04/2021 14:04 (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 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	29/03/2021 17:37 (SGT)
Date of Accident	29/03/2021 13:16 (SGT)
Exact Location of Accident	399 Lor 2 Toa Payoh, Singapore
Additional Location Information	ESSO PETROL STATION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2833M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KIM CHUA
NRIC No	SXXXX235A
Email Address	ngkimchua@gmail.com
Mobile Phone No	(Phone) +65-97935658
Alternative Phone No	(Home) +65-97935658

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MS003290
Cover Note Number	-

#### DRIVER

Name of Driver	NG KIM CHUA
NRIC No	SXXXX235A



Date Of Birth	10/02/1970
Occupation	Indoor
Date Of Driving Pass	13/03/1999
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-97935658
Alt. Phone Number	(Home) +65-97935658
Email Address	ngkimchua@gmail.com
Address	APT BLK 249 KIM KEAT LINK
Address complement	#04-83
Postcode	310249
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	Raining
Road Surface	Wet

#### 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

REFER TO ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ1722A
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	JAMES PANG
Contact Number	(Phone) +65-81133311
Address	-
Address complement	-

Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
Auto & General Insurance (Singapore) Pte. Limited.  
-  
-  
-

Vehicle  
Number: SMK 2833 M

SKETCH PLAN

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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.

  
Policyholder's Signature  
Date & Time:

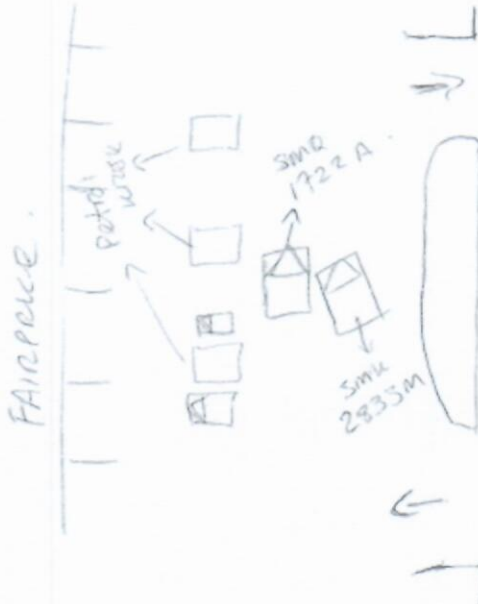
29/03/21  
11:37 pm

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

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

Vehicle Number: SMK 2833 M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going into the ESSO petrol station, the uncle showed hand signals to tell me to turn in to pump petrol at the petrol pt. He was trying to signal me to. Henie, as I was going to turn in, I tap the left signal to indicate to the drivers behind that I was going to turn in. I checked my blind spots before turning in as I moved really slowly to be extra sure there is no cars in front of me. Suddenly, the white car just sped past me and I felt the bump on the left side of my bumper. I was unable to press the horn in time to even react. This occurred in the petrol station.

DECLARATION

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

  
Policyholder's Signature

Date & Time:

29/03/21

4.37pm

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

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



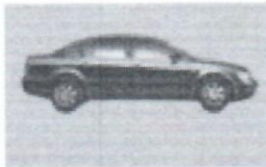
> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	235A
<b>Vehicle Details</b>	
Vehicle No.:	SMK2833M
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Apr 2021
Vehicle Make:	HONDA
Vehicle Model:	CITY 1.5 V CVT
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	L15Z16206842
Chassis No.:	MRHGM6670KT000214
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$16,209.00
Original Registration Date:	01 Apr 2019
First Registration Date:	01 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$16,209.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Mar 2029
PARF Rebate Amount:	\$12,156.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Mar 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$25,920.00
COE Rebate Amount:	\$20,701.00
<b>Total Rebate Amount:</b>	<b>\$32,857.00</b>

The information contained herein is correct as at 05 Apr 2021

OK



PEOPLES AUTO TRADING  
BLK 3007 UBI ROAD 1 #01-400  
TEL 6741 4646



COMPUTERIZED ALIGNMENT SPECIALISTS

CUSTOMER	NEW HOCK TECK	DATE	Apr 5, 2021 5:18:52 PM
FIRST NAME			
LICENSE NO.	SMK 2833 M		
MILEAGE	28368		
MAKE	CUSTOM	MODEL	HONDA CITY (GM)
NOTES			

Front Wheel	SPECS				DIAGNOSIS				ADJUSTMEN			
	min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
TOTAL TOE	-1.00	0.00	1.00			4.80				4.80		
PARTIAL TOE	-0.50	0.00	0.50		1.90		2.80		4.70		0.00	
SET BACK	---	---	---			0°22"				0°22"		
CAMBER	-1°00"	0°00"	1°00"		-0°54"		-0°12" 0°42"		-0°52"		-0°12" 0°38"	
CASTER	2°44"	3°44"	4°44"		4°34"		4°26" 0°06"		4°34"		4°26" 0°06"	
KING-PIN	---	---	---		11°20"		11°48" 0°28"		11°20"		11°48" 0°28"	
INCLANGLE	---	---	---		10°26"		11°36"		10°28"		11°34"	
Toe-out on turns	---	---	---		---		---		---		---	
STEERING IN	---	---	---		---		---		---		---	
STEERING OUT	---	---	---		---		---		---		---	

Rear Wheel	SPECS				DIAGNOSIS				ADJUSTMEN			
	min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
TOTAL TOE	---	---	---			2.70				2.70		
PARTIAL TOE	---	---	---		1.80		0.80		1.80		0.80	
SET BACK	---	---	---			-0°02"				-0°02"		
CAMBER	---	---	---		-1°36"		-1°24" 0°12"		-1°36"		-1°24" 0°12"	
THRUST ANGLE	-0°08"	0.00	0°08"			0°04"				0°04"		