# ASSIGNMENT

From: Date:	Veh No: SLE468R. Yr Regn: 2007 / Dec
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Tojota Vias- c.c 1497
at Workshop m/s	Make: Toyota Vios- c.c 1497 Colour While A/C: Insured/Std/NI/NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MRO\$3HY9305041AS6.
Claims No.	Gen. Cond. Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering Inorder ) Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
CDE Gardon - B. Carolinio Autor	Tyre Size: F: 205/55R/6-
(Policy Condition)	R: 205/55R16
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO LYOKO or
Bal, or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. /4/04/21
Lum Sum: % 3 Val.: Yes or No	Survey held at
A DELLA DED. L. SALIDE	Des. of Damages : Frt   Rear   O/S   N/S   U/C   Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: I	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	COE Expin : 26/12/22
TPAII	CVP FX///
MV : 141c	
PV: 7.3K	
Nett: 67K	
tine old passages quit as the fall of the	
The Secretary Des	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	→ Transportation:
	dd Fee: : Site Insp (\$ )s+Rssi
-/	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (%	:Westend (\$
Fittib contribution for	70741

SS1Y274D000P / SME MOTOR PTE LTD ENTRY DATE & TIME: 13/04/2021 17:45 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (13/04/2021 17:45 (SGT))



# SINGAPORE ACCIDENT STATEMENT

Adrian Let

#### 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 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

13/04/2021 17:45 (SGT) 13/04/2021 13:40 (SGT) Central Blvd, Singapore Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLE468R

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

PLATINUM RENTALS PTE LTD 2XXXXX221K supercars88@hotmail.com (Phone) +65-98785544 +65-98785544

## VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Private hire

Toyota

Vios

No - Claiming third party Private car Auto 1500

# INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft No P2352383

## DRIVER

Name of Driver NRIC No

LIM LIAN CHYE SXXXX370Z

Date Of Birth 11/05/1959 Occupation Outdoor Date Of Driving Pass 04/10/1980

40 YEARS AND 6 MONTHS Driving experience Gender

(Phone) +65-82189511 Mobile Number Alt. Phone Number

**Email Address** limlianchye1@gmail.com

BLK 446 CHOA CHU KANG AVE 4 #15-293 Address Address complement

680446 Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer

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

Collision - Head to Rear Type of Accident

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? No

Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

KARAN BHATIA Name

Male Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes

Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No

10 Ubi Avenue 3 Singapore 408865 Police Station Address

Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210413/7019.

ATTACHMENT(S)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLZ1793J Vehicle Registration Number

Vehicle Manufacturer



Page 2 of 19

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident
 VEHICLE B

 No. Of Passenger (Including Driver)

# **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

LIM LIAN CHYE
SLE468R
SLE468R
Yes
No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 7 This form must be sempleted by the Policyholder and/or the Authorised Driver
- information provided must be as <u>trythful and accurate as possible</u>. Any wilful intereor epentation or withholding of material facts may allow injurance companies to reputiate policy lightiful.
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- 5. Any false reporting may be referred to the Police for Investigation.
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- 2 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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 assurer(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 :
  - 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 mo 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"]
- 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.
- (c) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law gaforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with equirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is hot the policyholder) Date & Youds Reporting Centro Personnel's Signifiate # Name: NBIC/FIN No.:

I authorized since to sman

eman GIA report to admin entitlesty com.

RENTAL OF THE PROPERTY OF THE

KETCH PLAN		
		0 21717933
		Comiral Elvol
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	rè	
Reter police report no: 7	W71841	13/7019 Whl.
We declare the foregoing particulars are true in every re	espect Q	
13/1	rer's Signature Iriver is not the o	Reporting Centre Personnel's Signatu policyholder) Name:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210413/7019

### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 13/04/2021 15:17		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	265公司第7年三年3月3日日本	MARIN AND PARTY OF THE PARTY.
Name of LIM LIAN	Informant: N CHYE		Address: 446 CHOA CHU KANG AVEN 680446	NUE 4 #15-293 SINGAPORE
	/ ID No.: D / S13883	70Z	Contact No.: Home/Office: Mobile: 82189511	
Nationali	ity: ORE CITIZ	'EN	Email: Limlianchye1@gmail.com	
Sex: Male	Age: 61	Date of Birth: 11/05/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2021 13:40	Type of Location Straight Road
STRAITS BC (ENTRAL) Weather: Clear	7	Road Surface:		Road Speed Limit:
Traffic Flow: Tr		Traffic Control:		Traffic Volume: Moderate
Traffic Flow: One Way		Not Controlled		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE468R	Car				Seriously Damaged	1
SLZ1793J	Car				Slightly Damaged	0



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20210413/7019

CONTINUATION OF REPORT

Any Pedestrian II	nvolved: No				
No. of Pedestrians Injured: NIL Use of		Use of Per	Pedestrian Crossing: NA		
Driver	DESCRIPTION OF STREET	DESCRIPTION OF		Baldy of	
Name	LIM LIAN CHYE			ID No.	S1388370Z
Related Vehicle	SLE468R (Car)			Contact 1	No. 82189511
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/04/2021		Date	13	3/04/2021
No. of Days gran	of Days granted Medical Leave 04 Degree		Degree of	Se	erious

#### Brief Details.

On the above stated date, time and location, i was driving vehicle bearing plate number SLE468R approaching the junction ywhen the vehicle in front slowed down to a complete stop and i followed suit. Suddenly i felt a huge impact from the rear. I alighted to check and realised vehicle bearing plate number SLZ1793J has collided onto the rear of my vehicle.

I experienced headache and pain in my neck, shoulders and lower back after the accident so i went to see medical attention and was given 4 days of MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20210413/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABOUL WAHID ALHINDUAN Contact No.: 65476404 Authentication Stamp

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

13/04/2021 15:17

Classification Of Case:

NP168

# > Back to OneMotoring

Vehicle Owner Particulars

# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	221K
Vehicle Details	
Vehicle No:	SI F468R

Vehicle to be Exported: Yes 13 Apr 2021 Intended Deregistration Date:

TOYOTA Vehicle Make: Vehicle Model: **VIOSE AUTO** White Primary Colour: Manufacturing Year: 2007

1NZX666833 Engine No.: MR053HY9305041456

Chassis No.: Maximum Power Output: 80.0 kW (107 bhp) \$12,498.00 Open Market Value: 27 Dec 2007 Original Registration Date:

27 Dec 2007 First Registration Date:

Transfer Count:

\$13,748.00 Actual ARF Paid:

Intended PARF Rebate Details Forfeited PARF Eligibility:

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

Intended COE Rebate Details

26 Dec 2022 COE Expiry Date:

A - Car (1600cc & below) COE Category:

COE Period(Years): \$21,349.00 PQP Paid:

\$7,265.00 COE Rebate Amount: \$7,265.00 **Total Rebate Amount:** 

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 13 Apr 2021



# BIGGEST











Car Search

Posted: 18-Feb-2021 Tags: 2008 Toyota Vios, Toyota Vios, Toyota, Vios