# ASSIGNMENT

From: Date:	Veh No: SINS 400D Yr Regn: 2009, Feb
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: Toyota Allion c.c 1496
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 22 9 37 6 . T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: NZT2603038851 *
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
	Tyre Size: F: 195/65R15
(Policy Condition)	R: 185/65R15.
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 / YOKO or
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 66 mm R/Bal. 66 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. 19/04/21.
Lum Sum: % 3 Val.: Yes or No	Survey held at MG Solution -
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	10 F F 0'5 1 21 12 23
17 Great America.	LOE Expiry: 31 12 23.
MV: 1910'	
PV: 7.5K	
Nett: 11.51	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	e: : Site Insp (\$ )3 + RSSI
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (3 ) Others
Lump Sum / LBJ: (\$	:Weet end (\$
	TOTAL

SV0M214G000A / VICOM LTD (VAC) - Sin Ming [575718] ENTRY DATE & TIME: 16/04/2021 16:10 (SGT) SUBMITTED BY: Zarifah Majeed VERSION: 1 (16/04/2021 16:10 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 16/04/2021 16:10 (SGT) Date of Accident 15/04/2021 15:30 (SGT) **Exact Location of Accident** Singapore

Marymount Road before Braddell Road Exit Additional Location Information

Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Private hire

Vehicle Registration Number SJN5400D

## INSURED/POLICYHOLDER

Is company? AW WEE SENG, ZART (HU WEIXING) Name Of Registered Owner NRIC No SXXXX976D **Email Address** zartaw88@gmail.com (Phone) +65-97616761

Mobile Phone No Alternative Phone No +65-97616761

## VEHICLE PARTICULARS

Manufacturer Toyota Allion 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 No - Claiming third party your vehicle?

Private hire Vehicle Category Transmission Auto

1496 CC

# INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company

Comprehensive Type of Coverage

Fleet Policy No

5106379145-02 (Classic) Policy Number

Cover Note Number

## DRIVER

AW WEE SENG, ZART (HU WEIXING) Name of Driver

SXXXX976D NRIC No

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? 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 Weather Conditions Road Surface

Collision - Head to Rear Raining Wet

27/11/1988

25/11/2011

+65-97616761

9 YEARS AND 5 MONTHS

Blk 694C Woodlands Drive 62 #11-50

(Phone) +65-97616761

zartaw88@gmail.com

Outdoor

Male

733694

Yes

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

# PASSENGER 1

Name Gender Chua Choon Hiang Female

## DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No. Alt. Police Station Phone No. Police Station Address Was notice of intended Prosecution given? If yes, against whom?

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No

# CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan

# ATTACHMENT(S)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer

YP3199K

Vehicle Model	
Vehicle Variant	4.5
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	_
Contact Number	-
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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)

l'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 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 malling 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.

1.		IDAC KAKI BUKIT (VICOM LTD)	
< pw		23 KAKI BUKIT AVENUE 4S(415933	
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel	
Sketch Plan			
	< Mary mount	Road ¿	
	To Braddell Road	(B) YP 3199 K	

olice Report
0 :-
7014
ne for you to submit an Own Damage Claim under your





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

1 of 3 Report No. T/20210416/7014

REPORT	TOFA	TRAFFIC	ACCIDENT

	me Report I 021 12:21	Made:	Vide Report No,:	Station Diary No.	
Informa	ant's Partic	ulars			
a canada a a a	f Informant E SENG, Z		Address: 694C WOODLANDS D	DRIVE 62 #11-50 SINGAPORE 733694	
	/ ID No.: O / S88489	76D	Contact No.: Home/Office: Mobile: 97616761		
National SINGAF	lity: PORE CITIZ	EN	Email: ZARTAW88@GMAIL,COM		
Sex: Male	Age: 32	Date of Birth: 27/11/1988	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: private hirer		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2021 15:30	Type of Location Straight Road
Marymount R	oad towards Marym	ount Flyover before Brad	dell Road exit	
Weather:		Road Surface:	Ro	-40
Raining		Wet		ad Speed Limit:
		Traffic Control: Not Controlled		affic Volume:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJN5400D	Car	TOYOTA	ALLION 1.5 A	Black		1
YP3199K	Lorry					0 .

Details of Vehicle Insura	ance		Both Chr.	Single Control
Vehicle No. Insurance C	Company	Insurance No	Effective	Expiry Date



T/20210415/7014

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

2 of 3 Report No. T/20210416/7014

CONTINUATION OF REPORT

	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
SJN5400D	NTUC Income Insurance Co-Operative Limited	5106379145-02	19/02/2021	18/02/2022

Details of Pers	on Involved			Polymers and Tolking
Any Pedestrian	Involved: No			
No. of Pedestria	ns Injured: NIL	Use of Pe	destrian Cros	sing: NA
Passenger			A 2 8 5 5 5 5 7 1 1 1	
Name	CHUA CHOON HIANG		ID No.	S9000595B
Related Vehicle	SJN5400D (Car)		Contact No	. 87200440
Hospital/Clinic	DRS, KOO & CHOO MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	16/04/2021	Date	NIL	
No. of Days gran	ted Medical Leave 05	Degree of	Serio	ous
Driver				ARTHORN SHEET HAVE A
Name	AW WEE SENG, ZART		ID No.	S8848976D
Related Vehicle	SJN5400D (Car)		Contact No.	97616761
Hospital/Clinic	DRS, KOO & CHOO MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	16/04/2021	Date	NIL	
No. of Days grant	ed Medical Leave 05	Degree of	Serio	US

# Brief Details.

On 15/04/2021 at about 1530hrs at along Marymount Road towards Marymount Flyover before Braddell Road exit. I was travelling on the centre lane and when my front vehicle slow down and stop hence I follow suit, suddenly I felt a great impact from the rear and when I alighted, I realized that it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle. I have 5 days MC from my injury.

Vehicle A: SJN5400D Vehicle B: YP3199K



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



3 of 3

Report No. T/20210416/7014

CONTINUATION OF REPORT

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0	DOTE LO	1 5	C113

Irriormant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/04/2021 12:21
Officer In Charge Of Case: TP / TPIB / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

NP168

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	976D	
Vanicio De cuis		
Vehicle No.:	SJN5400D	
Vehicle to be Exported:	No	
Intended Deregistration Date:	19 Apr 2021	
Vehicle Make:	TOYOTA	
Vehicle Model:	ALLION 1.5 A	
Primary Colour:	Black	
Manufacturing Year:	2008	
Engine No.:	1NZD307852	
Chassis No.:	NZT2603038851	
Maximum Power Output:	81.0 kW (108 bhp)	
Open Market Value:	\$19,297.00	
Original Registration Date:	19 Feb 2009	
First Registration Date:	19 Feb 2009	
Transfer Count:	3	
Actual ARF Paid:	\$19,297.00	
Interpreted PARE Rehate Details	中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount:	\$0.00	
Intended COERcions Details		U (C)
COE Expiry Date:	31 Dec 2023	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	5	
PQP Paid:	\$13,786.00	
COE Rebate Amount:	\$7,441.00	
Total Rebate Amount:	\$7,441.00	

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 19 Apr 2021

