

ASS. REC. BY:

REF:

CS/EQI21005711/Aqf3

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. **DM21HO00730 / SL**

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: **3** 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: **SJD857E** Yr Regn: **2009 / August**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Kia Rio** C.C. **1399**Colour: **Black** A/C: **Insured / Std / NI / NA**Sp. Reading: **199759** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **KNADE24296521140**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: **Nil / S/Rim** / STD A/Rim orTyre Size: F: **185/65 R14**R: **185/65 R14**

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

TOYO / YOKO or **Neuton**

Front / Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **17/05/21**Survey held at **Modern**Des. of Damages: Frt / **Rear** / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP EQ.**COE Expiry: 31/05/24.**

19/05/21@1.43pm Informed Steve Lim, we are pending for estimate from repairer.

21/07/21@5.15pm revised to Steve Lim by email.

MV: **16K** Depreciation @ **5.5K x 3 = 16.5K**PV: **8.5K**Nett: **7.5K**

LS \$1400, 3 days (Red \$2802, 67%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 21/07 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: **TP**Lump Sum / **1400**

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	10/05/2021 12:43 (SGT)
Date of Accident	08/05/2021 15:30 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	BKE SLIP ROAD TO WOODLANDS AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD857E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG HER CHING
NRIC No	SXXXX821A
Email Address	HERCHINGONG123@GMAIL.COM
Mobile Phone No	(Phone) +65-96515695
Alternative Phone No	(Home) +65-96515695

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Rio
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	1399

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5066782620
Cover Note Number	-

DRIVER

Name of Driver	ONG HER CHING
NRIC No	SXXXX821A

Date Of Birth	04/02/1957
Occupation	Outdoor
Date Of Driving Pass	20/04/1977
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96515695
Alt. Phone Number	(Home) +65-96515695
Email Address	HERCHINGONG123@GMAIL.COM
Address	BLK 791 WOODLANDS AVE 6 #05-607
Address complement	-
Postcode	730791
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

I STOPPED DUE TO RED LIGHT AND NOTICED VEHICLE B WAS STOPPED BEHIND ME. SUDDENLY I FELT AN IMPACT FROM BEHIND AND WHEN I ALIGHT FROM MY CAR I REALISED THAT THERE WAS ANOTHER 3 VEHICLES INVOLVED IN THIS ACCIDENT.

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	SGP2178R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KHOO YONG CHING
Contact Number	(Phone) +65-91287522

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EJ3232R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEOW TECK SOON
Contact Number	(Phone) +65-96710547
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PA6637D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZAITON BINTE ISNIN
Contact Number	(Phone) +65-89211005
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

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:

10/5/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Diagram illustrating the accident scene layout on a grid background. The diagram shows a road intersection with 'Woodlands Ave 3' running vertically on the right. A horizontal road runs across the middle. A vehicle labeled 'BKE' is positioned on the horizontal road. A sequence of vehicles is shown moving from left to right: 'D', 'C', 'B', and 'A'. Arrows indicate the direction of travel. A small box labeled '60' is located near the intersection. A vertical line with arrows pointing up and down is labeled 'Woodlands Ave 3'.

A - STD 857E C = EJ 3232 R
B = SGP 2178R D = PA 6637D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped due to red light and noticed vehicle B was stopped behind me. Suddenly I felt an impact from behind and when I alight from my car, I realised that there was another 3 vehicles involved in this accident.

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

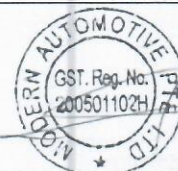
Date & Time: 10/5/21

(If driver is not the policyholder)

Date & Time:

Name: _____

NRIC/FIN No.:



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	821A
Vehicle Details	
Vehicle No.:	SJD857E
Vehicle to be Exported:	No
Intended Deregistration Date:	17 May 2021
Vehicle Make:	KIA
Vehicle Model:	RIO 1.4 MT 2WD 5DR
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	G4EE9H214990
Chassis No.:	KNADE241296521140
Maximum Power Output:	69.9 kW (93 bhp)
Open Market Value:	\$10,244.00
Original Registration Date:	13 Aug 2009
First Registration Date:	13 Aug 2009
Transfer Count:	1
Actual ARF Paid:	\$10,244.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$13,943.00
COE Rebate Amount:	\$8,470.00
Total Rebate Amount:	\$8,470.00
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 17 May 2021

OK