

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKU492Y

Yr Regn:

2015, June

Type: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mazda 3

C.C

1496.

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

87536

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JM6BM42A860310783

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60 R16.

R:

205/60 R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

12/05/21.

Survey held at

NHT.

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 uoi

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Week end (\$

S + RS. SI

Photos

Others

TOTAL

Report Format:

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

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	11/05/2021 13:39 (SGT)
Date of Accident	07/05/2021 18:50 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	SLIP RD TWDS BUKIT TIMAH 6TH AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU492Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIZLINK RENT-A-CAR PTE LTD
Company Reg No	2XXXXX911Z
Email Address	raymond@bizlinkgroup.com.sg
Mobile Phone No	(Phone) +65-96907548
Alternative Phone No	+65-96907548

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	999993796
Cover Note Number	-

DRIVER

Name of Driver	RAMAKRISHNAN THIRUGNANAM
NRIC No	SXXXX039A

Date Of Birth	27/03/1960
Occupation	Outdoor
Date Of Driving Pass	15/01/1996
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97824601
Alt. Phone Number	-
Email Address	thiru2010.sg@gmail.com
Address	262 JOO CHIAT PLACE #03-05
Address complement	-
Postcode	427944
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

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

PASSENGER 1

Name	KEN SIM
Gender	Male

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 WAS DRIVING STRAIGHT ALONG SLIP ROAD OF BUKIT TIMAH RD TWDS BUKIT TIMAH 6 AVE. THE TRAFFIC AT THAT POINT OF TIME WAS HEAVY. ALL VEHICLES IN FRONT OF ME WERE MOVING SLOWLY AND STOPPING INTERMITTENTLY. AS THE CAR IN FRONT OF ME HAD SLOWED DOWN AND STOPPED. I ALSO FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT FROM BEHIND. VEHICLE B COLLIDED ONTO THE REAR RH PORTION OF MY VEHICLE AND CAUSED DAMAGES.

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	SLT2395A
Vehicle Manufacturer	-
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)	-

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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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:

[Signature]

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

[Signature]

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

[Signature]



I authorized Sme to email GIA to admin@nhlmotor.com

22/06/2014 10:00:00 AM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along slip road of Bukit Timah Rd Towards Bukit Timah 6 Ave.

The traffic at that point of time was heavy, all vehicles in front of me were moving slowly and stopping intermittently.

As the car in front of me had slowed down and stopped, I also followed suit.

Suddenly, I felt an impact from behind. Vn "B" collided into the Rear RH portion of my vehicle and caused damages.

[Signature]

DECLARATION

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



[Signature]
Policyholder's Signature
Date & Time:

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

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

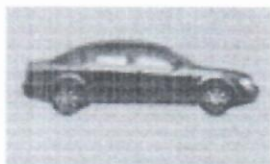
> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	911Z
Vehicle Details	
Vehicle No.:	SKU492Y
Vehicle to be Exported:	No
Intended Deregistration Date:	11 May 2021
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	P520285205
Chassis No.:	JM6BM42A8G0310783
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,317.00
Original Registration Date:	29 Jun 2015
First Registration Date:	29 Jun 2015
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2025
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jun 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$61,000.00
COE Rebate Amount:	\$25,196.00
Total Rebate Amount:	\$28,696.00

The information contained herein is correct as at 11 May 2021

OK



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



COMPUTERIZED ALIGNMENT SPECIALISTS

CUSTOMER	NEW HOCK TECK	DATE	May 11, 2021 3:18:50 PM
FIRST NAME			
LICENSE NO.	SKU 492 Y		
MILEAGE	87533		
MAKE	CUSTOM	MODEL	MAZDA 3 (BM)
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			-0.30				-0.30		
PARTIAL TOE	-0.50	0.00	0.50		-7.40		7.10		-0.70		0.30	
SET BACK	---	---	---			-0°34"				-0°34"		
CAMBER	-0°44"	0°00"	0°44"		-0°20"		-0°32" 0°10"		-0°22"		-0°28" 0°04"	
CASTER	5°00"	6°00"	7°00"		6°14"		5°52" 0°22"		6°14"		5°52" 0°22"	
KING-PIN	---	---	---		13°22"		12°54" 0°28"		13°22"		12°54" 0°28"	
INCL.ANGLE	---	---	---		13°00"		12°20"		13°00"		12°26"	
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	-1.10	1.10	3.40			-6.00				-6.00		
PARTIAL TOE	-0.50	0.50	1.70		1.10		-7.20		1.10		-7.20	
SET BACK	---	---	---			0°54"				0°54"		
CAMBER	-0°18"	0°00"	0°18"		-0°42"		-1°24" 0°42"		-0°42"		-1°24" 0°42"	
THRUST ANGLE	-0°08"	0.00	0°08"			0°40"				0°40"		