

ASS. REC. BY ADRIAN

REF: CS/CTI21006151/Auc

ASSIGNMENT

From _____ Date: _____

Estimated Cost: _____

OD / TP WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SJA 7391B

at Workshop m/s 1ST AUTO PRO

of _____

Insured: GZ 7547Z

Policy No. DMCVSNW00075442000

Claims No. SNM21D202975/C02

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: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJA7391B. Yr Regn: 2007 Dec

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

Truck / Trailer or

Make: Mit Colt Pullhart c.c. 1468

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 317076 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Z27A0500116

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/45R16.

R: 205/45R16.

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. 27/05/21

Survey held at 1st Auto Pro.

Des. of Damages: Frnt / 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 China.
	Confirmed L/S \$4400, 4 repair days
	(RED \$20040.20;
	MV: 14K (Depreciation @ 9.5K x 1.5yr = 14K.
	PV: 6.7K.
	Nett: 7.3K.

Date/Time, File Pass to?

☐ : Preli. Report

1) 16/12 TYPIST

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

____ S + RS. ____ SI

Photos

Others

TOTAL

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

Report Format: TP

Lump Sum / 1 Rpt \$4400



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	24/05/2021 16:55 (SGT)
Date of Accident	22/05/2021 13:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK EXIT AT 42 CIRCUIT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA7391B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG WEN FU
NRIC No	SXXXX705H
Email Address	iamjamisong@hotmail.com
Mobile Phone No	(Phone) +65-97310304
Alternative Phone No	+65-97310304

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Colt
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	Manual
CC	1468

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	ONG WEN FU
NRIC No	SXXXX705H



Date Of Birth	19/08/1994
Occupation	Indoor
Date Of Driving Pass	20/03/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97310304
Alt. Phone Number	+65-97310304
Email Address	iamjamisong@hotmail.com
Address	571C WOODLANDS AVE 1 #04-920 SPORE 733571
Address complement	-
Postcode	-
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	Collision - Head to Rear
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)	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 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	GZ7547Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

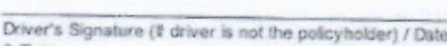
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

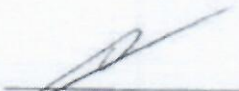
SKETCH PLAN

IMPORTANT NOTICE

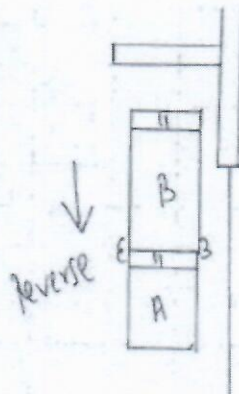
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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)**
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.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



A : SJA7391B

B : 627547E

Describe Circumstances of the Accident

I was travelling towards the exit of 42 Circuit Road
 Campsite. I was in a safety distance behind vehicle (B).
 Out of sudden, vehicle (B) started to reverse until he collided
 onto my vehicle front portion.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 705H

Vehicle Details

Vehicle No.: SJA7391B
Vehicle to be Exported: No
Intended Deregistration Date: 27 May 2021
Vehicle Make: MITSUBISHI
Vehicle Model: COLT RALLIART VERSION-R 1.5 M
Primary Colour: Grey
Manufacturing Year: 2007
Engine No.: 4G15JM3238
Chassis No.: Z27A0500116
Maximum Power Output: 113.0 kW (151 bhp)
Open Market Value: \$20,112.00
Original Registration Date: 19 Dec 2007
First Registration Date: 19 Dec 2007
Transfer Count: 7
Actual ARF Paid: \$22,124.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 18 Dec 2022
COE Category: A - Car (1600cc & below)
COE Period(Y:ars): 5
PQP Paid: \$21,349.00
COE Rebate Amount: \$6,646.00
Total Rebate Amount: \$6,646.00

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 27 May 2021

OK

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Version-R 1.5M (COE till
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\$8,870 /yr

01-Dec-2007

1,468 cc

Sports

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Dreams To Own This Turbocharged Unit But Affordable Insurance Premium. LTA Friendly Unit. View To Believe. Full Loan Available At At...

Posted: 12-May-2021 Tags: 2007 Mitsubishi Colt, Mitsubishi Colt, Mitsubishi, Colt

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