ASSIGNMENT

From: Date:	Veh No: SBM 9590L · Yr Regn: 2009 Mynt.
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 (amry . c.c 1998 Colour Gold . A/C: Insured/Std/NI/NA
at Workshop m/s	Colour 604 . A/C: Insured / Std / NI / NA
of	Sp.Reading 375117 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MR053BK4107046720
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: 215/60216
(Policy Condition)	R: 215/60216
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA MID / 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. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. OI 06 21.
Lum Sum: % 3 Val.: Yes or No	Survey held at S M.
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TR Ecgo.	COE Expiry: 02/08/29
/	
MV:	
Nett:	
7/611	
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 Fee	e: : Site Insp (\$)3+RSSI
	: Interview (\$) Fhotos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / LBJ: (3-	:Westend (\$
	TOTAL

\$\$1Y215R0009 / SME MOTOR PTE LTD ENTRY DATE & TIME: 27/05/2021 13:49 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (27/05/2021 13:49 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

Any false reporting may be referred to the Police for investigation.
 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.
 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

27/05/2021 13:49 (SGT) 26/05/2021 12:10 (SGT)

430 Upper Changi Rd, Singapore 487048

EAST VILLAGE SHOPPING MALL CARPARK JLN SIMPANG

BEDOK

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBM9590L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

YONG HOI LONG

SXXXX279H

hl.yong@yahoo.com

(Phone) +65-96639069

+65-96639069

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

Toyota

Camry

Private hire

No - Claiming third party

Private car

Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5111396925-01

DRIVER

Name of Driver

YONG HOI LONG

 NRIC No
 SXXXX279H

 Late Of Birth
 31/05/1966

 Occupation
 Outdoor

 Date Of Driving Pass
 22/03/1984

Driving experience 37 YEARS AND 2 MONTHS

Gender

Mobile Number (Phone) +65-96639069
Alt. Phone Number +65-96639069

Alt. Phone Number +65-96639069
Email Address hl.yong@yahoo.com

Address BLK 931 JURONG WEST ST 92 #11-215
Address complement -

Postcode 2264
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured -

Does Driver Own Other Vehicles?

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

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Yes
Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THE CARPARK OF EAST VILLAGE SHOPPING MALL ALONG JALAN SINPANG BEDOK. WHEN I SAW A PARKING LOT ON MY RIGHT, I THEREFORE STOP AND CHECK FOR THE VEHICLE BEHIND ME AND I ALSO NOTICED VEHICLE B (SCR9618D) WAS PARKED AT THE OPPOSITE LOT. AFTER ENSURING THAT IT WAS CLEAR, I SLOWLY REVERSED MY VEHICLE INTO THE PARKING LOT. WHILE MY VEHICLE WAS ENTERING THE PARKING LOT, SUDDENLY M/CAR B (SCR9618D) REVERSING HIS VEHICLE FROM THE OPPOSITE PARKING LOT AND THUS COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE. (REVERSING OF VEHICLE)

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCR9618D
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour -

Vehicle Category Private car SOON HONG TECK Tame of Driver NRIC No SXXXX384F (Phone) +65-91863203 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

MPORTANT NOTICE

- 1. Please report garrectly 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
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liabilities.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapone (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers "lawyers/kaw 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 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/faw 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:
 - 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

Oriver's Signature (If driver is not the policyholder) bate & Timer Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

I AUTHORIZED SINE TO EMAIL THE GIA REPORT TO SM- automotive @ hotmail-com

An

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	279H	
Vehicle No.:	SBM9590L	
Vehicle to be Exported:	No	
Intended Deregistration Date:	27 May 2021	
Vehicle Make:	TOYOTA	
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG	
Primary Colour:	Beige	
Manufacturing Year:	2009	
Engine No.:	1AZE139811	
Chassis No.:	MR053BK4107046720	
Maximum Power Output:	108.0 kW (144 bhp)	
Open Market Value:	\$26,727.00	
Original Registration Date:	03 Aug 2009	
First Registration Date:	03 Aug 2009	
Transfer Count:	4	
Actual ARF Paid: Intended PARF Rebate Details	\$26,727.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	02 Aug 2029	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	10	
PQP Paid:	\$39,936.00	
COE Rebate Amount:	\$32,678.00	
Total Rebate Amount:	\$32,678.00	

The information contained herein is correct as at 27 May 2021