

REF:

CS3/ASM21006286/Atc

ASS. REC. BY:

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: S914M. Yr Regn: 2021 / April.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Altis. Hybrid c.c. 1798.Colour: Maroon. A/C: Insured / Std / NI / NASp. Reading: 3320. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2B238E000006947Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45 R17.R: 225/45 R17.BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front / Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 01/06/21.Survey held at Unimor.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 AXA PRS.

Repair range \$4k-\$4.5k

mv: 118PV: 60kNett: 58k

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.J: (\$ _____)

Days Of Repair: 6

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

____ S + PRS. ____ SI

Photos

Others

TOTAL

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	31/05/2021 11:04 (SGT)
Date of Accident	29/05/2021 17:40 (SGT)
Exact Location of Accident	Serangoon Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S914M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MR ONG KENG LEONG
NRIC No	SXXXX400E
Email Address	ongkl83@gmail.com
Mobile Phone No	(Phone) +65-93865048
Alternative Phone No	+65-93865048

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1800

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120059482100
Cover Note Number	-

DRIVER

Name of Driver	MR ONG KENG LEONG
NRIC No	SXXXX400E

Date Of Birth	20/03/1967
Occupation	Indoor
Date Of Driving Pass	28/09/1984
Driving experience	36 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93865048
Alt. Phone Number	+65-93865048
Email Address	ongkl83@gmail.com
Address	7 PARRY AVE
Address complement	-
Postcode	547230
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	MDM LIM PAULINE
Gender	Female

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

ON MENTIONED DATE AND TIME , I WAS DRIVING ALONG SERANGOON CENTRAL. THE FRONT VEHICLE SLOW DOWN AND I FOLLOW SUIT. AT THIS JUNCTURE, VEHICLE B COLLIDED AGAINST MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SJV4092Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD SEGAR ABDULLAH
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG KENG LEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	S914M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

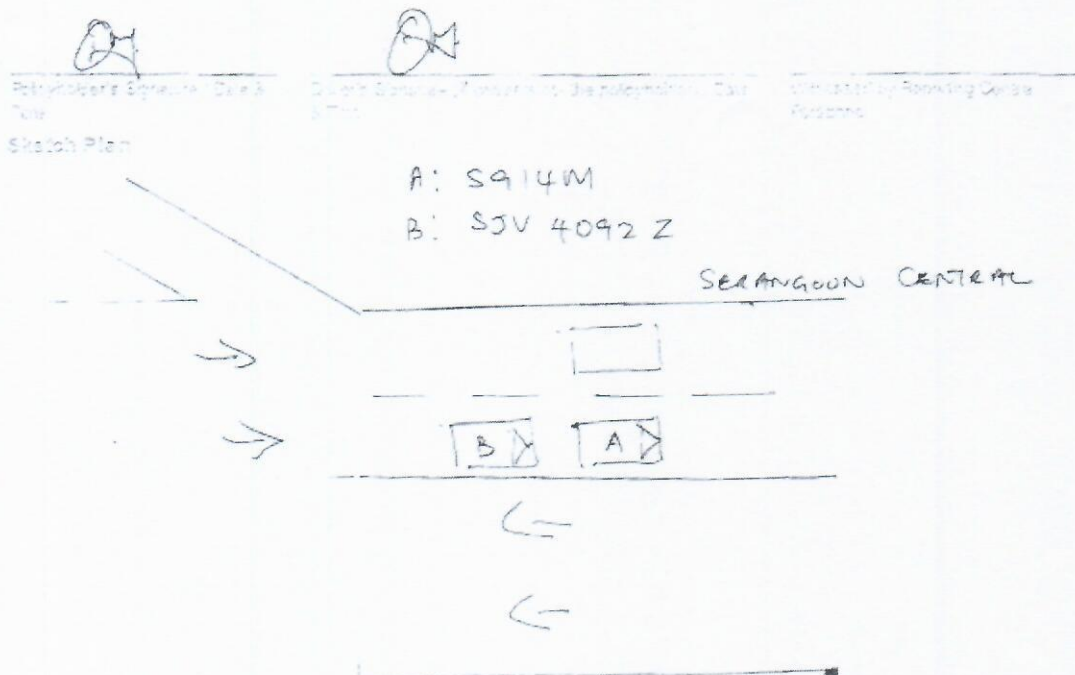
Name of injured person	MDM LIM PAULINE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	S914M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

SKETCH PLAN


IMPORTANT NOTICE

1. Please read carefully the terms and conditions of the insurance policy.
2. The Form and its contents are to be completed by the Policyholder and/or the Authority of Police.
3. Information provided in the form is to be used for the purpose of the insurance policy only. Any other use of the information provided is prohibited.
4. The use of the information in the form is to be used for the purpose of the insurance policy only. Any other use of the information provided is prohibited.
5. Any false information provided to the Police for investigation.
6. The report will be the property of the Police and will be used for the purpose of the insurance policy only. Any other use of the information provided is prohibited.
7. By the completion of the form, you are giving your consent to the use of the information in the form for the purpose of the insurance policy only.
8. Consent for the use of the form is given for the purpose of the insurance policy only.
9. Any information provided in the form is to be used for the purpose of the insurance policy only. Any other use of the information provided is prohibited.
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Describe Circumstances of the Accident:

On mentioned date and time, I was driving along Serangoon Central. The front vehicle slow down and I follow suit. At this juncture, vehicle B collided against my vehicle.

Email to workshop: unimotorco@singtel.com.sg


Declaration

I declare the foregoing particulars are true and correct.



Policyholder's Signature Date & Time



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

Witnessed by Reporting Centre Personnel

TP claim @ unimotor

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 400E

Vehicle Details

Vehicle No.: S914M
Vehicle to be Exported: No
Intended Deregistration Date: 01 Jun 2021
Vehicle Make: TOYOTA
Vehicle Model: COROLLA ALTIS HYBRID ELEGANCE(AUTO)(2WD)
Primary Colour: Brown
Manufacturing Year: 2020
Engine No.: 2ZRX715723
Chassis No.: MR2BZ3BE000006947
Maximum Power Output: 90.0 kW (120 bhp)
Open Market Value: \$29,487.00
Original Registration Date: 15 Apr 2021
First Registration Date: 15 Apr 2021
Transfer Count: 0
Actual ARF Paid: \$18,282.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 14 Apr 2031
PARF Rebate Amount: \$13,711.00

Intended COE Rebate Details

COE Expiry Date: 14 Apr 2031
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$47,001.00
COE Rebate Amount: \$46,387.00
Total Rebate Amount: \$60,098.00

The information contained herein is correct as at 01 Jun 2021

OK

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toyota altis hybrid

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