CS/SMR21006454/Auf3

ASSIGNMENT

From: Date:	Veh No: SJF6162B, Yr Regn: 2008 / June.		
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: SJF 6162B	Make: Lexus 2x400. Mbrida.c 331)		
at Workshop m/s YSK AUTO	Colour Black . A/C: Insured / Std / NI / NA		
of	Sp.Reading /27902 T/Radio: Insured / Std / NI / NA		
Insured: SMB 1447Z	Eng/No:		
Policy No.	C/No: JTJHW3146028-56327.		
Claims No. BUS/06/21/5011	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: 235/55R18-		
(Policy Condition)	R: 235/55R18.		
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /		
repair at the time of inspection.	TOYO / YOKO or		
Bal. or Market Value:	<u>Front</u> <u>Rear</u>		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm		
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm		
Est. Repairs: 5 days Res.: Yes or No	D.O.A. D.O.I. 08/66/21.		
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at YSIC .		
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or		
Vehicle: IN / OUT	25 100 100 100 100 100 100 100 100 100 10		
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time Action / Instruction	COE Expiry: 24/06/28.		
TP SMRT.	, [
Confirmed final fig L/S \$6500, 5 repa	ıır days.		
(RED \$7551.80; 54%)	Parksing To a little of the li		
PV: 26.5K	HSURA (BURE)		
Nett: 25.5 K.			
parent range about	- 317		
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 5		
1) 22/6 TYPIST : Final Report	Resurvey No. of Trip: 2 Survey Fee:		
Date/Time, File Return to?	Transportation:		
2) Add Fee			
Vehicle German Provingstore	: Interview (\$) Photos		
Report Format: TP	: Tech. Invs (\$) Others		
Lump Sum (4.84) (1 \$6500	:Weetend (\$)		
	TOTAL		



SV0K21620004 / VICOM LTD (VAC) - Bukit Batok [659545] ENTRY DATE & TIME - 02/06/2021 10:48 (SGT) SUBMITTED BY Somanathan Thangavelloo VERSION: 1 (02/06/2021 10:48 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

02/06/2021 10:48 (SGT) 02/06/2021 08:43 (SGT) Singapore BALMORAL ROAD AND BUKIT TIMAH ROAD JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJF6162B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

WU AN YAN SXXXX425I STCKELVIN67@GMAIL.COM (Phone) +65-90299994 (Home) +65-90299994

VEHICLE PARTICULARS

Manufacturer Model Variant

Rx400h Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to vour vehicle? Vehicle Category Transmission

CC

Private use

Lexus

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5118866957

DRIVER

Name of Driver NRIC No

WU AN YAN SXXXX425I



Date Of Birth 06/12/1967 Indoor Occupation 11/10/1994 Date Of Driving Pass 26 YEARS AND 8 MONTHS Driving experience Gender (Phone) +65-90299994 Mobile Number (Home) +65-90299994 Alt. Phone Number STCKELVIN67@GMAIL.COM Email Address APT BLK 853 JURONG WEST STREET 81 #12-321 Address Address complement 640853 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

Collision - Head to Rear Type of Accident 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) No soliciting/offering accident claims assistance?

PASSENGER 1

CHARMAINE MAURICE FALLARIA Name 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

REFER TO STATEMENT ATTACH

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 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB1447Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Accident report SV0K21620004

 Vehicle Category
 Bus

 Name of Driver
 MOHAMMAD RIDUAN BIN ASPAN

 NRIC No
 SXXXX616J

 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

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

CHARMAINE MAURICE

CHARMAINE MAURICE

SUFFA162B

SUFFA162B

SKETCH PLAN

IMPORTANT NOTICE

- Pease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 Fermity 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 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)

lunderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General insurance Association of Singapora ("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 law yers/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' law yers/law firms, may/tire 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

		BAG C Stripped Co. 1 Topoch 1911 Process No.
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan Butti Timoh RY)	PAD (CE)	A-SJP6162B B-SMB14472

Describe Circumstances of the Accident
On 2340 21 of about 0843 hrs I was chriving along Bubit Timah Read towards
Steven Road, while I was Stopping my car SIFEHD B between the traffic light Junetion Balmoral Read Decays the traffic light two RED, within 20 seconds.
Tunebon Balmaral Read Decame the triffic light them RED, Within 20 seconds.
there was a hard knowed from my book and back and the vehicle was
alrocated about 10 water.
alracted about 10 motors. When I came out and space to my can back. Bus solving nos. 6t
(SMB 14472) hit was car back.

Declaration

YWe declare the foregoing particulars are true in every respect.

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

Owner ID Type:	Singapore NRIC	
Owner ID:	4251	
Vehicle Details	以为"数据的"的。 第一章	
Vehicle No.:	SJF6162B	
Vehicle to be Exported:	No	
Intended Deregistration Date:	08 Jun 2021	
Vehicle Make:	TOYOTA	
Vehicle Model:	LEXUS RX400H HYBRID	
Primary Colour:	Black	
Manufacturing Year:	2008	
Engine No.:	3MZ0595149	
Chassis No.:	JTJHW31U602856327	
Maximum Power Output:	155.0 kW (207 bhp)	
Open Market Value:	\$62,308.00	
Original Registration Date:	05 Jun 2008	
First Registration Date:	05 Jun 2008	
Transfer Count:	3	
Actual ARF Paid:	\$37,385.00	
Intended PARE Rebate Details	· 有一种的 · · · · · · · · · · · · · · · · · · ·	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Interregicos repare Details		
COE Expiry Date:	04 Jun 2028	
COE Category:	E - Open Category	
COE Period(Years):	10	
PQP Paid:	\$37,906.00	
COE Rebate Amount:	\$26,494.00	
Total Rebate Amount:	\$26,494.00	

The information contained herein is correct as at 08 Jun 2021

Trick To Cut Electricit

Power Companies Hate This 1 Elec



2015 BMW 218i Active Tourer 1.5A Price Only \$61,800. Cheapest On Market. \$0 **Downpayment! Attractive PML**

YONG LEE SENG MOTOR PTE LTD





Eurospeed Auto

Posted: 05-Apr-2021 Tags: 2009 Lexus RX450h, Lexus RX450h, Lexus, RX450h

