

ASS. REC. BY:

REF:

ASSIGNMENT

Weekend Car

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:

SKD2600D.

Yr Regn:

2011 / Nov

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

Truck / Trailer or

Make:

Proton Saga.

C.C

1332

Colour

Black.

A/C:

Insured / Std / NI / NA

Sp. Reading

168608.

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

PLIBT3SRRAB/52460.

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:

175/65R14.

R:

175/65R14.

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

TOYO / YOKO or

Kapsen.

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

17/06/21.

Survey held at

Euro Success.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front o/s, u/c.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

T? 111

MV: 9K. $C_{Depreciation} @ 8K \times 0.5 + 50\% \text{ of ARF} = 4K + 4.8K \approx 9K.$
 PV: 6.4K.
 Nett: 2.6K.

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L&L: C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

3 + RS, 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	15/06/2021 13:53 (SGT)
Date of Accident	14/06/2021 06:20 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	BEFORE SUNGEI KADUT AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD2600D
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH YEOW CHIANG
NRIC No	SXXXX708G
Email Address	cyrus.sy@hotmail.com
Mobile Phone No	(Phone) +65-97112600
Alternative Phone No	+65-97112600

VEHICLE PARTICULARS

Manufacturer	Proton
Model	SAGA
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	1300

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10276356R01
Cover Note Number	-

DRIVER

Name of Driver	KOH YEOW CHIANG
NRIC No	SXXXX708G

Date Of Birth	17/03/1949
Occupation	Outdoor
Date Of Driving Pass	03/05/1949
Driving experience	72 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97112600
Alt. Phone Number	+65-97112600
Email Address	cyrus.sy@hotmail.com
Address	1 MAUDE ROAD #09-40
Address complement	-
Postcode	200001
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 - Change/cross lane
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)	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

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE BEARING CAR PLATE (SKD2600D) ALONG WOODLAND ROAD BEFORE SUNGEI KADUT AVE JUNCTION IN LANE 2. I WAS STATIONARY ON LANE 2 WHILE THE TRAFFIC LIGHT IS RED, WAITING TO TURN INTO SUNGEI KADUT AVE. WHILE THE TRAFFIC LIGHT TURNED GREEN, SUDDENLY I FELT A GREAT IMPACT FROM MY FRONT RIGHT PORTION. I ALIGHTED AND REALISED THAT A TRUCK BEARING CARPLATE (XE1082X) HAD SWERVED LEFT INTO MY LANE ABRUPTLY AND COLLIDED ONTO MY FRONT PORTION. AFTER THE ACCIDENT, I FELT UNCOMFORTABLE AND CONSULT A DOCTOR AND GIVEN 2 DAYS MC.

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	XE1082X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	GOPALA
Contact Number	(Phone) +65-83191776
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH YEOW CHIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKD2600D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

<p style="text-align: center; font-size: 1.2em;"><i>Koh</i></p> <p>Policyholder's Signature / Date & Time</p>	<p style="text-align: center; font-size: 1.2em;"><i>Koh</i></p> <p>Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan <i>woodlands Road for before surgery karat Ave</i></p>		
<div style="position: absolute; top: 10px; right: 10px; text-align: right;"> <p><i>Veh A: SKD7600D</i></p> <p><i>Veh B: XE1082X</i></p> </div>		

Describe Circumstances of the Accident

On the stated time and date,

I was driving my vehicle bearing carplate (Veh A : 8KD 26007) along Woodland Road before Sangei Kadut Ave Junction on Lane 2. ~~While~~ I was stationary on Lane 2 while the traffic light is red, waiting to turning into Sangei Kadut Ave. while the traffic goes green. Suddenly I felt a impact from my Front Right portion. I alighted and realise that a truck bearing Carplate (Veh B : XE1082X) had swerve Left onto my Lane abruptly and collided into my front portion. After the Accident, I felt my uncomfortable and consult a doctor and given 2 Days MC.

Declaration

We declare the foregoing particulars are true in every respect.

Koh

Policyholder's Signature / Date & Time

Koh

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:	708G
Vehicle Details	
Vehicle No.:	SKD2600D
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Jun 2021
Vehicle Make:	PROTON
Vehicle Model:	SAGA 1.3L AT M-LINE AIRBAG 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	S4PEQH2377
Chassis No.:	PL1BT3SRRAB152460
Maximum Power Output:	70.0 kW (93 bhp)
Open Market Value:	\$9,570.00
Original Registration Date:	14 Nov 2011
First Registration Date:	14 Nov 2011
Transfer Count:	0
Actual ARF Paid:	\$9,570.00
OPC Cash Rebate Details	
OPC Cash Rebate Eligibility:	No
OPC Cash Rebate Eligibility Expiry Date:	-
OPC Cash Rebate Amount:	-
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Nov 2021
PARF Rebate Amount:	\$4,785.00
Intended COE Rebate Details	
COE Expiry Date:	13 Nov 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$38,997.00
COE Rebate Amount:	\$1,576.00
Total Rebate Amount:	\$6,361.00

The information contained herein is correct as at 18 Jun 2021

OK

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Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Saga		Any	Any	Any	Any	Any	Any	Available



☐ Proton Saga 1.3M M-Line (COE till 11/2023)
 \$13,500
 \$5,640 /yr
 10-Nov-2008
 1,332 cc
 122,000 km
 Sedan
 Available

☆ Posted: 02-Jun-2021
 Tags: 2008 Proton Saga, Proton Saga, Proton, Saga

Save this search criteria, to get email alerts whenever a match is found.

[Save Search](#)

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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