# ASSIGNMENT

From: Date:	Veh No: 8KC825R. Yr Regn: 2011 /May
Estimated Cost:	Type M.Carl 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: BMW 523; c.c 7497
at Workshop m/s	Colour White. A/C: Insured / Std / NI / NA
of	Sp.Reading 364078 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WBAFP32050C546960
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: 225/55R17-
(Policy Condition)	R: 825/55R17.
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIRY SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06, mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 28/66/21.
Lum Sum: % 3 Val.: Yes or No	Survey held at KT - Molo The off
the addition to the second and second and	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle:	IN/OUT FIRST N/S
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	0-00 2 1-410
TPAXA.	COE Epping: 30/04/31.
<u> </u>	
mv: 842	
PV: 46.61c	oritation To Act
Nett: 37.41c.	
	*
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) A	dd Fee: :Site Insp (\$ )_s+Rssi
	Interview (\$ ) Photos
Report Format :	: Tech. Invs (3 ) Others
Europ Sum / LEJ: (%	: Weet end (\$ )
The second secon	TOTAL.

SH04216P0001 / Hock Wah Motor Workshop Pte Ltd ENTRY DATE & TIME: 25/06/2021 16:35 (SGT) SUBMITTED BY: Anysia Foo Mei Yan VERSION: 1 (25/06/2021 16:35 (SGT))

# **G** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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.

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 25/06/2021 16:35 (SGT) Date of Accident 24/06/2021 17:00 (SGT) Near 590 Serangoon Rd, Singapore 218204 **Exact Location of Accident** Additional Location Information OSCP OF SERANGOON ROAD/LAVENDER STREET Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

2497

Vehicle Registration Number SKC825R

#### INSURED/POLICYHOLDER

Is company? No CHIN YOCK YEN Name Of Registered Owner NRIC No SXXXX674A **Email Address** foobrothers78@gmail.com (Phone) +65-88095845 Mobile Phone No +65-98523975 Alternative Phone No

#### VEHICLE PARTICULARS

**BMW** Manufacturer 523i 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 No - Claiming third party your vehicle? Private car Vehicle Category Transmission Auto

#### INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Type of Coverage Comprehensive Fleet Policy No 5121807711 Policy Number 19/04/2021 - 18/04/2022 Cover Note Number

### DRIVER

CC

**FOO VOON CHUAN** Name of Driver SXXXX733G NRIC No

Date Of Birth 06/06/1978 Occupation Outdoor Date Of Driving Pass 23/03/2009 Driving experience 12 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-98523975 Alt. Phone Number **Email Address** foobrothers78@gmail.com Address BLK690B WOODLANDS DRIVE 75 Address complement #15-166 Postcode 732690 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 0 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 & TIME, MY VEHICLE WAS PARKED AT THE SAID LOCATION. WHILE I COLLECT MY VEHICLE AROUND AT 5.45PM, I FOUND MY FRONT LEFT PORTION OF VEHICLE WAS DAMAGE AND A NOTE ON MY FRONT WINDSCREEN. I CALLED THE PHONE NUMBER INDICATED INSIDE THE NOTE. THE DRIVER OF VEHICLE B (YN5886H) WAS ADMITTED HIS VEHICLE WAS COLLIDED ONTO MY FRONT RIGHT PORTION OF VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

YN5886H Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category Name of Driver (Phone) +65-97752232 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 Formmust 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 <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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 law yersilaw 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;
- (ii) 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/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Delle .

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

0R WOR

Sketch Plan

A B

EVENSPIRE CARPARK OF SERANGOON ROAD/ LAVENDER STREET. VEC B > YN 5886H

escribe circumstance		
Korar GIA	REJORT.	
	I have that in the event that you	Reporting Only
ou had been advise	d by workshop that in the event that you your own policy (OD claim), there is a	
Fourteen (14) days c	lause whereby the claim must be made	
vithin the stipulated ti	me-frame from the day of occurrence.	/
		Claim OD(TP) at other workshop
eclaration		
We declare the foregoing par	ticulars are true in every respect.	STOW HOLD ST
olicyholder's Signature / Date	Driver's Signature (If driver is not the policyhol & Time	lder) / Date 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:	674A	
Vehicle Details	<b>经验的股份,并不是在一个企业的企业的企业的企业的企业的企业的企业</b>	A CONTRACTOR
Vehicle No.:	SKC825R	
Vehicle to be Exported:	No	
Intended Deregistration Date:	28 Jun 2021	
Vehicle Make:	B.M.W.	
Vehicle Model:	523I A	
Primary Colour:	White	
Manufacturing Year:	2010	
Engine No.:	05297598N52B25AF	
Chassis No.:	WBAFP32090C546960	
Maximum Power Output:	150.0 kW (201 bhp)	
Open Market Value:	\$48,571.00	
Original Registration Date:	13 May 2011	
First Registration Date:	13 May 2011	
Transfer Count:	2	
Actual ARF Paid:	\$48,571.00	-
Intended PARF Rebate Details		
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	The state of the s	
PARF Rebate Amount:	\$0.00	
Intended COF Repate Details		A SULLAND
COE Expiry Date:	30 Apr 2031	
COE Category:	E - Open Category	
COE Period(Years):	10	
PQP Paid:	\$47,316.00	
COE Rebate Amount:	\$46,553.00	
Total Rebate Amount:	\$46,553.00	

The information contained herein is correct as at 28 Jun 2021

PREMIUM AD