

ASS. REC. BY: PRB REF: CS3/SMO20011303/RSD3 R1Ksd3 992A
 COT RPRY: 2021/SEP

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SL 66734
 at Workshop m/s SINCERE LEAD GARAGE
 of 2, BUCH CRESCENT #02-09
 Insured: Sompv
 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: 7K
 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SL 66734 Yr Regn: 2006 / SEP
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: TOYOTA MSH 1.8A c.c. 1794
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 221514 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZNE1003 20680
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WATLAK

Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 15/10/2020 D.O.I. 19/10/2020

Survey held at SINCERE LEAD
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s frt

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

Date / Time	Action / Instruction
	<u>Report / Int 1,500</u>
	<u>ESTIMATE Rmk 6 CLK 1500 / 3 days</u>
	<u>(\$1.5K - \$2K/4 DAYS ***KENNETH INSTRUCTION)</u>
	<u>SUBMIT LUMP SUM \$2000, 4DAYS (RED:3350;66%)</u>

Date/Time, File Pass to?

04/11/2020

1) TYPIST

Date/Time, File Return to?

2) _____

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 3 4

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: PRS

Lump Sum / I.B.A. (\$ _____)

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 Report	16/10/2020 17:50
Date Of Accident	15/10/2020 15:15
Exact Location Of Accident	KIM KEAT ROAD / LOR LIMAU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL6673Y
Insured/Policyholder	
Name Of Registered Owner	ALL WHEELS LEASING
Co Reg No	5XXXX992A
Email Address	ALLWHEELS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98158858
Alternative Phone No	OFFICE-98158858
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108205433-01
Cover Note Number	
Driver	
Name of Driver	VASKO MANIVASAGAM S G
NRIC No	SXXXX147G
Date Of Birth	08/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2003
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90453821
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 102 JALAN RAJAH #04-17
Postcode 321102
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

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 this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 3
Passenger 1
NAME: : GOVIN
GENDER: : MALE
Passenger 2
NAME: : SATHIASILAN MUNISWARAN
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 SJZ3317L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver GOH SIOH BOON
NRIC/Passport Number SXXXX085H
Contact Number 98300728
Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name VASKO MANIVASAGAM S G

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGL6673Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


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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.
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7. 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 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.
- (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:
 - (i) 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
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

Sketch Plan #2

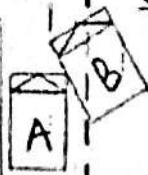
SKETCH PLAN

A) SGL 6673Y

B) SJZ 3317L

LOR. LIMAU

KIM KEAT ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Kim Keat Road heading towards Lor Limau when Vehicle B suddenly cut into my lane and hit onto the right portion of my car.

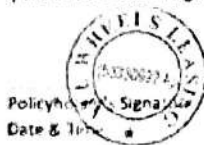
I sustained some injuries due to the impact. I will proceed to seek for medical treatment. And my car alignment is affected due to the impact.

I have an eye-witness, named: Sathiaselan, HP: 81229069.

TP claim at Sincereact Garage Pte. Ltd please email EIA report to them.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



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

la:
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	992A

Vehicle No.:	SGL6673Y
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 A
Primary Colour:	Grey
Manufacturing Year:	2006
Engine No.:	1ZZ2665346
Chassis No.:	ZNE100320680
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,306.00
Original Registration Date:	25 Sep 2006
First Registration Date:	25 Sep 2006
Transfer Count:	2
Actual ARF Paid:	\$20,137.00

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	24 Sep 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$28,418.00
COE Rebate Amount:	\$5,273.00
Total Rebate Amount:	\$5,273.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 20 Oct 2020

OK

Grey

x



Merimen e-Claims

x



Used 2006 Toyota Wish 1.8A (COE)

x



PARF/COE Rebate

armart.com/used_cars/info.php?ID=937305&DL=2080

▶ Toyota Wish 1.8A (COE till 05/2021)

Overview

Financial

Accessories

Similar

Research

Photos

Map

88

汽车贸易
MOTOR TRADING

Price

\$4,488

Depreciation ?

\$7,910 /yr

Reg Date

16-May-2006
(6mths 25days COE left)

Mileage

N.A.

Manufactured ?

2006

Road Tax ?

\$1,361 /yr

Transmission

Auto

Dereg Value ?

\$2,611 as of today (change)

OMV ?

\$18,536

COE ?

\$23,024

ARF ?

\$20,390

Engine Cap

1,794 cc

Power

97.0 kW (130 bhp)

Curb Weight ?

1,300 kg

No. of Owners ?

4

Type of Vehicle

MPV

Description

We Are sgCarMart Premium Dealer! Buy With Confidence! In House Loan Or Bank Loan Available! Fast And Easy Loan Approval! All Our Vehicles Has Undergone A 120 Points Check At Top Gear Motor Works! Peace Of Mind! No Worries! Warranty Provided By Top Gear Motor Works! Open Daily Including Weekends And

Seller

88 M