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

Pol. or Mkt of Value:
POA / Accident Report: Consistent? : Yes or No
SA / PR Scan: Consistent? : Yes or No
Est. Repairs: days Res.: Yes or No
Est. Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS
Vehicle: IN / OUT
Date: Person Contacted:

Veh No: SMK2568D Yr of mfr: 2009 oct.
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Toyota Wish. cc: 1987
Colour: White. A/C: Insured / 3rd / NI / NA
Sp.Reading: A15133 T/Radio: Insured / 3rd / NI / NA
Eng/No:
C/No: JTDGJ20W10S001026
Gen. Cond: (Good) / Fair / Poor / Burnt
Steering: (Inorder) / Jammed / Leaked / Burnt
Brake: (Inorder) / Jammed / Leaked / Burnt
Modi: Nil / (S/Rim) / STD A/Rim or
Tyre Size: F: 195/65R15
R: 195/65R15.
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / (YOKO) or

Front
R/Bal. 06 mm
L/Bal. 06 mm
D.O.A.

Rear
R/Bal. 06 mm
L/Bal. 06 mm
D.O. 21/07/21.

Survey held at: Xin Hua.
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 Budget Direct. COE Expiry: 28/10/29.
	MV: 56K PV: 31.1K Nett: 24.9K

Date/Time File Passed to?
[ ]: Preli. Report
[ ]: Final Report
Date/Time File Passed to?
To

Days Of Repair:
Resurvey No. of Trip:

Survey Fee:
Translation:

Add Fee: [ ]: Site Insp ($)
[ ]: Interview ($)
[ ]: Tech. Insp ($)
[ ]: Weekend ($)

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 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	19/07/2021 12:47 (SGT)
Date of Accident	16/07/2021 17:03 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AFTER TOA PAYOH LOR 6 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2568D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FINNLAYSON TECHNOLOGY PTE LTD
Company Reg No	2XXXXX359H
Email Address	X543210H@GMAIL.COM
Mobile Phone No	(Phone) +65-98515842
Alternative Phone No	+65-98515842

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00069962100
Cover Note Number	-

DRIVER

Name of Driver	AKHILANAND RAI
NRIC No	SXXXX841Z

Date Of Birth	11/12/1982
Occupation	Outdoor
Date Of Driving Pass	19/04/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98515842
Alt. Phone Number	-
Email Address	X543210H@GMAIL.COM
Address	BLK 130B LORONG 1 TOA PAYOH #23-514
Address complement	-
Postcode	312130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 vehicle 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	KOH SENG LAM
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SJU3458P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	AKHILANAND RAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK,SHOULDER
Injured person in which vehicle?	SMK2568D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KOH SENG LAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK,SHOULDER
Injured person in which vehicle?	SMK2568D
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 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. 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,

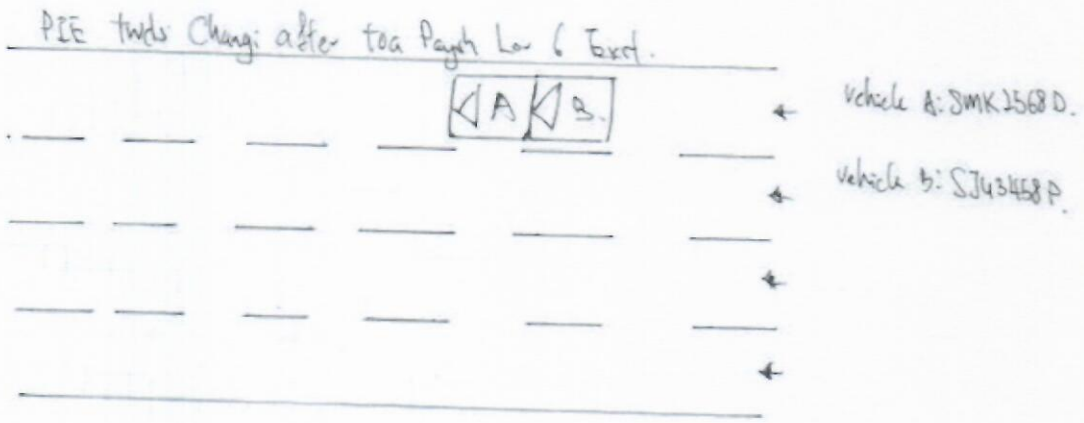
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

On the stated date & time, I, vehicle 'A' was travelling along the stated venue. Due to traffic heavy, infront of my vehicle make a jammed brake. I followed suit. Moment later, vehicle 'B' could not stopped in time & hit onto my vehicle rear portion.

Please refer to the police report T/20210718/7014.

Declaration

I/We 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

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	395H
Vehicle Details	
Vehicle No.:	SMK2568D
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jul 2021
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 2.0 AUTO
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	3ZRA387727
Chassis No.:	JTDGJ20W105001026
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	$22,003.00
Original Registration Date:	29 Oct 2009
First Registration Date:	29 Oct 2009
Transfer Count:	3
Actual ARF Paid:	$22,003.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Oct 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	$37,502.00
COE Rebate Amount:	$31,029.00
Total Rebate Amount:	**$31,029.00**

The information contained herein is correct as at 19 Jul 2021

OK

Used Car Comparison

--- Comparing 4 Vehicles ---	Toyota Wish 1.8A X (COE till 09/2029)	Toyota Wish 1.8A X (COE till 04/2029)	Toyota Wish 1.8A X (COE till 04/2029)	Toyota Wish 2.0A (CO 04/2029)
				
Clear All				
Add all to Shortlist	Add to Shortlist	Add to Shortlist	Add to Shortlist	Add to Shortlist
Back to search result				
CAR DETAILS				
Price	$58,800	$61,800	$59,900	**$55,800**
Instalment	N.A.	N.A.	N.A.	N.A.
Registration Date	15-Sep-2009	25-Sep-2009	31-Oct-2009	10-Nov-2009
Manufactured	2009	2009	2009	2009
Mileage	-	-	200,000 km	-
Transmission	Auto	Auto	Auto	Auto
Engine Cap	1,797 cc	1,797 cc	1,797 cc	1,987 cc
Road Tax	$1,169 /yr	$1,169 /yr	$1,169 /yr	$1,438 /yr
Power	106.0 kW (142 bhp)	106.0 kW (142 bhp)	106.0 kW (142 bhp)	106.0 kW (142 bhp
Curb Weight	1,340 kg	1,340 kg	1,340 kg	1,380 kg
Features	-	Reliable And Economical 1.8L DOHC Dual VVT-I Valvematic Engine With Silky Smooth 7 Speed CVT Transmission, 6 Airbag, Traction Control, Climatic Aircon	-	2.0L 4 Cylinders In VVT-i Engine, 4 Sp 6 SRS Airbags, ABS Digital Climatic Air
Accessories	-	Keyless Entry/Keyless Start, Leather Seats, Pioneer DVD Player, Reverse Camera/Sensor.	-	Sporty Rims, Premi Upholstery Seats, T Audio With Revers Retractable Side M Alarm.
Description		Most Elegant Facelift Model.Most Demad Unit In Gorgeous White Colour With Beautiful Set Of Sport Rims.Superb Condition.Car Available.Don't Hesitate.Must View!We Provide Lowest Interest Rate.Flexible Loan/High Trade In Are Available.Package With Unrivaled Warranty.Meet Our Friendly Consultant For A Non Obligation Advise.		$0 Down & Full Lo Approval. Car Fr. S Credit & Discharge Accepted. All Cars Amt Stated. We Ha 1.88%. Open Daily Sunday & PH. Call/ Appt. Online Pre-lo Available.
COE	$37,941	$35,411	$35,411	$35,411
OMV	**$24,160**	$22,363	$22,834	$22,003
ARF	**$24,160**	$22,363	$22,834	$22,003
Depreciation	$7,210 /yr	$7,950 /yr	$7,700 /yr	$7,170 /yr
No. of Owners	3	5	4	6
Type of Vehicle	MPV	MPV	MPV	MPV