Lump Sum / LBJ: (3

ASS, REC. BY.	
ASSI	GNMENT
From: Date:	Veh No: SKP4152D. Yr Regn: 2014, Soft.
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:	Make: Toyola Vios. c.c 1497
at Workshop m/s	Colour Cold A/C: Insured / Std / NI / NA
of	Sp.Reading 75843 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MHFBT9F3806021296
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Iporder / 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: 185/60 R 15
(Policy Condition)	R: 185/60R15.
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:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 86 mm R/Bal. 96 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 05 mm
Est. Repairs: days Res.: Yes or No	D.O.A.
Lum Sum: % 3 Val.: Yes or No	Survey held at Twin Cas.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	·
TP AXA.	
3/1/6	
MV: 36 K	
Nett: 10-6K	_
7/61 - 10 6/2	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Commercial	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fed	⊋: : Site Insp (\$ )s+Rssi
	: Interview (\$ ) Photos
Report Formst:	:Tech. Invs (3 ) Others

: Weel end (\$

SK0L2182000B / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 02/08/2021 13:38 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (02/08/2021 13:38 (SGT))



# 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 Submission02/08/2021 13:38 (SGT)Date of Accident30/07/2021 18:15 (SGT)Exact Location of AccidentSingaporeAdditional Location InformationCHOA CHU KANG AVENUE 1 IN FRONT OF BLK 810ACountry/State of LossSingapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKP4152D

INSURED/POLICYHOLDER

 Is company?
 No

 Name Of Registered Owner
 NEO HWEE HWANG

 NRIC No
 SXXXX199I

 Email Address
 desmondneo2203@gmail.com

 Mobile Phone No
 (Phone) +65-81895088

 Alternative Phone No
 +65-81895088

VEHICLE PARTICULARS

Manufacturer Toyota

Model VIOS E GRADE AUTO

Variant 
Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

No - Claiming third party
Private car
Auto
1497

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5122471493

08/06/2021 TO 07/06/2022

DRIVER

Name of Driver NEO LILY NRIC No SXXXX125I

Date Of Birth 30/07/1968 Occupation Indoor Date Of Driving Pass 24/07/1987 Driving experience 34 YEARS Gender Female Mobile Number (Phone) +65-83556670 Alt. Phone Number Email Address desmondneo2203@gmail.com Address APT BLK 229 PENDING ROAD #08-205 (S) 670229 Address complement Postcode 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 Collision - Major/Minor Rd 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? No Was any injured conveyed to hospital by ambulance? 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 **NEO YU HENG** Gender Male **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 WITH ATTACHED. 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 SHA1107U Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	SULTAN BIN AHMAT
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	- with the second
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltc

via email / fax Signature:

#### 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.
- 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)

l understand, acknowledge, agree and consent tha

- (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 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;
- (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.

31/2/wy 11.30am Witnessed by Reporting Centre Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date & Time Personnel Time Sketch Plan (A) SKP 4152 D. 3LK 810A (B) 34A 1107 U BLK SIDD

Describe Circumstances of the Accident
On 30/07/2021 at @ 1815 hrs, I was travelling in my
vehicle (SKP 41500) along Cha Chu Kang Ave 1 infant of BLK 810A
going straight. Suddenly, a taxi (SAA 1807 U) coming out from the
Describe Circumstances of the Accident  On 30/07/2021 at @ 1815 hrs, I was travelling in any vehicle (SKP 4150D) along Choa Chu Kang Ave I infront of BLK 810A  going straight. Subbody, a taxi (SIA 1107 U) coming out from the corpork And not stop at the stop line to give way. As a  result, the said taxi front portion collided ordo the 1eft side
result, the said tax: front portion collided and other left state
of my value . I tax: front parties colleded onto the left side

### Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholdex's Signature / Date & Time

No 31/2/22 11.33 am

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

Witnessed by Reporting Centre Personnel

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Enquire PARF/COE Rebate for Registered Veri Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1991
Vehicle Details	SKP4152D
Vehicle No.:	No
Vehicle to be Exported:	03 Aug 2021
Intended Deregistration Date:	TOYOTA
Vehicle Make:	VIOS E GRADE AUTO
Vehicle Model:	Beige
Primary Colour:	2014
Manufacturing Year:	1NZZ072781
Engine No.:	MHFBT9F3806021296
Chassis No.:	80.0 kW (107 bhp)
Maximum Power Output:	\$13.183.00
Open Market Value:	
Original Registration Date:	08 Sep 2014
First Registration Date:	08 Sep 2014
Transfer Count:	1 \$8 183 00
Actual ARF Paid: Intended PARF Rebate Details	\$8,183.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Sep 2024
PARF Rebate Amount: Intended COE Rebate Details	\$5,318.00
COE Expiry Date:	07 Sep 2024
	A - Car up to 1600cc & 97kW (130bhp)
COE Category:	10
COE Period(Years):	\$64,600.00
QP Paid:	\$19,990.00
COE Rebate A mount:	\$25,308.00
Total Rebate Amount	

The information contained herein is correct as at 03 Aug 2021

ОК

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Genuine Super Low Mileage 52000km And Accident Free. Almost Perfect Condition, High Paper Value, COE \$63880, Too Good To Export.

Posted: 23-Jul-2021 Tags: 2014 Toyota Vios, Toyota Vios, Toyota, Vios

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