

ASS. REC. BY:

Steve

REF

CS3/CT121008306/EVE

ASSIGNMENT

From:

PRS

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.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

STES690E

Yr Regn:

29/4/08

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

Truck / Trailer or

Make:

Toyota AX19

C.E.

1496

Colour:

Blue

A/O: Insured / Std / NI / N

Sp. Reading

252437

TIRadio: Insured / Std / NI / N

Eng/No:

C/No:

NZE 1416375923

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brakes: Inorder / Jammed / Locked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

U/Bal.

S

mm

D.O.A.

5/8/21

Survey held at

Alpha

Des. of Damages: Fnt / Rear / O/S / N/S / VIC / Rooftop or

The V/D / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV- 7500

repair range 1K - 2K
4 repa days

Date/Time, File, Page No.

: Prel. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS - SI

Photos

Others

TOTAL

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Inve (\$

: Wheeland (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

162H

Vehicle Details

Vehicle No.:

SJE5690E

Vehicle to be Exported:

No

Intended Deregistration Date:

05 Aug 2021

Vehicle Make:

TOYOTA

Vehicle Model:

COROLLA AXIO 1.5X A

Primary Colour:

Blue

Manufacturing Year:

2008

Engine No.:

1NZC992103

Chassis No.:

NZE1416075923

Maximum Power Output:

81.0 kW (108 bhp)

Open Market Value:

\$11,968.00

Original Registration Date:

29 Apr 2008

First Registration Date:

29 Apr 2008

Transfer Count:

0

Actual ARF Paid:

\$11,968.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

30 Nov 2022

COE Category:

A - Car (1600cc & below)

COE Period(Years):

5

PQP Paid:

\$20,997.00

COE Rebate Amount:

\$5,540.00

Total Rebate Amount:

\$5,540.00

Message

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 05 Aug 2021

OK

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 completion 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 05/08/2021 20:51 (SGT)
Date of Accident 05/08/2021 11:45 (SGT)
Exact Location of Accident 380 Upper Bukit Timah Rd, Singapore 678040
Additional Location Information OPEN SPACE CARPARK OF RAIL MALL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE5690E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SILWARAJU S/O TANGGASAMY
NRIC No S0090162H
Email Address TSR2PP@GMAIL.COM
Mobile Phone No (Phone) +65-98274402
Alternative Phone No +65-98274402

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5028232274-13
Cover Note Number -

DRIVER

Name of Driver SILWARAJU S/O TANGGASAMY
NRIC No S0090162H

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

13/01/1946
Indoor
31/07/1979
42 YEARS AND 1 MONTH
Male
(Phone) +65-98274402
+65-98274402
TSR2PP@GMAIL.COM
NO 9 #02-04
DAIRY FARM RD
679038
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
No
-
Yes
2
No
No

PASSENGER 1

Name
Gender

OOMA THEVI SILWARAJU
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

I WAS BEHIND VEHICLE B WHOM WAS INITIALLY ATTEMPTING TO PARALLEL PARK HER VEHICLE HOWEVER FAIL TO DO SO. VEHICLE B THAN REMAIN STATIONARY BY THE SIDE OF THE PARKING LOT. AS THERE WAS AMPLE SPACE FOR ME TO PROCEED, I PROCEED CAUTIOUSLY TILL I PASS HER VEHICLE. SUDDENLY SHE SWERVE TO THE LEFT AND COLLIDED AGAINST MY VEHICLE REAR.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model

SKJ4929L
-
-

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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to avoid (a) the claim to be the
2. This form must be completed by the Police Officer and/or the Authorised Person
3. Information provided must be as far as possible and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate claims.
4. The issue and acceptance of this Form by insurance companies is not an admission of being liable on the part of any 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 of interested parties.
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)

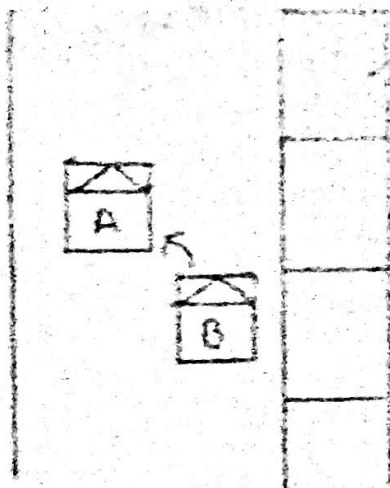
I understand, acknowledge, agree and consent that:

- (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 insurers 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 making 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 envelope/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 used 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 examining, investigating, controlling or managing fraud, regulation, 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.

Insurer's Signature
 Of and for the Insurers
 Date & Time

Receiving Centre Person(s) Signature
 Name: JERMAN
 Number: 500551

SKETCH OF PLAN



TO OPEN - FMS 218 5
RAN MAIL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines, intended for describing the circumstances of the accident. A large, irregular, hand-drawn shape is drawn across the middle of this section, possibly indicating a specific area of interest or a path.

DECLARATION

I hereby declare the foregoing statements are true to the best of my knowledge.

[Signature]
Name & Title

[Signature]
Name & Title

[Signature]
Name & Title