ASS. REC. BY: Steve | REF: CSS/CT121998306/EVE

ASSIGNMENT

From: PRS Date:

Estimated Cost:

OP / TP / WS / JP RES / OP RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

at

Insured: SKJ 4929L

Policy No. DMPCSNW00184982000

Claims No. SNM21D204345/C02/TANKL

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:

IDAC Accident Rport: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJE5690E Yr Regn: 29/4/98

Type: M.Car / M.Cycle / Bus / Van / Lorry / Text / Prime Mover / Truck / Trailor or

Make: Toyota AX19 c.c 1496

Colour: Blue A/C: Insured / Std / Nil / N

Sp.Reading 252437 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: NZE 1416 75925

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: 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.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	5/8/21	D.O.I.	12/8/21

Survey held at Alpha 10:00am

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	MV - 7500 repair range 1K - 2K 4 repair days
10/8/21	Submit PRS,repair range $1,000-$2000

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: : Site Insp ($) : Interview ($) : Tech. Inve (%) : Weekend (%)

Survey Fee:
Transportation:
$ + RS $
Photos
Others
TOTAL

: Proll. Report
: Final Report

File/Time, File Return to?

10/8/21-Typist

PRS

> 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

SN072185000U / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME : 05/08/2021 20:51 (SGT)
SUBMITTED BY: Mohammad Ihksan Bin Abdul Aziz
VERSION: 1 (05/08/2021 20:51 (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 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 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	13/01/1946
Occupation	Indoor
Date Of Driving Pass	31/07/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98274402
Alt. Phone Number	+65-98274402
Email Address	TSR2PP@GMAIL.COM
Address	NO 9 #02-04
Address complement	DAIRY FARM RD
Postcode	679038
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	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	OOMA THEVI SILWARAJU
Gender	Female

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

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?	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	SKJ4929L
Vehicle Manufacturer	-
Vehicle Model	-

Variant	-
le Colour	-
icle Category	Private car
ame 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 assist [illegible]
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 and for a fee be made available upon application by 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 insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured the 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

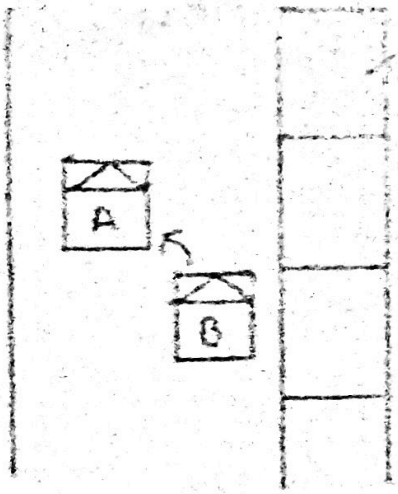
   (ii) for complying with requirements under any regulations, laws or court orders

Signature
[illegible]

Driver's Signature
(if different from the Policyholder)
Date & Time

Receiving Centre Personnel's Signature
Name: [illegible]
Employee No: [illegible]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION