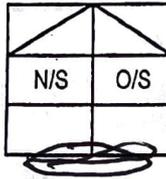


**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD  TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: *SMS 9573A*  
at Workshop m/s *Sunday Plus Auto Ctr P/L*  
of *4003, Amk Ind Pr #01-118 Ave 10*  
Insured: *ASM*  
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: *70K*  
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: *SMS 9573A* Yr Regn: *2020 MAR*  
Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or

Make: *SUZUKI SWIFT 1.2X6 LTD c.c 1242*  
Colour: *WHITE* A/C: Insured / Std / NI / NA  
Sp. Reading: *12586* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
C/No: *2C835135451*  
Gen. Cond: Good /  Fair / Poor / Burnt

Steering:  norder / Jammed / Leaked / Burnt or  
Brake:  norder / Jammed / Leaked / Burnt or  
Modi: Nil /  R/Rim / STD A/Rim or

Tyre Size: F: *175/65R15*  
R: \_\_\_\_\_

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

Front mm Rear mm  
R/Bal. *5* mm R/Bal. *5* mm  
L/Bal. *5* mm L/Bal. *5* mm  
D.O.A. \_\_\_\_\_ D.O.I. *23/08/21*

Survey held at *Sunday Plus Auto*  
Des. of Damages: Frt /  Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

*Repair limit - 38k*

*ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 4 days*

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: \_\_\_\_\_

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

2) \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

)     S + RS,     SI

: Interview (\$ \_\_\_\_\_)

) Photos

: Tech. Invs (\$ \_\_\_\_\_)

) Others

Report Format :

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

## 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              | 19/08/2021 11:44 (SGT) |
| Date of Accident                | 18/08/2021 22:30 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | Verde View             |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMS9573A

#### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | CHU XUE JUN           |
| NRIC No                  | S9031867E             |
| Email Address            | HELLOXUEJUN@GMAIL.COM |
| Mobile Phone No          | (Phone) +65-91892318  |
| Alternative Phone No     | +65-91892318          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Suzuki                    |
| Model  | Swift                     |
| 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   | 1200                      |

#### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | Comprehensive                          |
| Fleet Policy              | No                                     |
| Policy Number             | 5120960648                             |
| Cover Note Number         | drivo PREMIUM                          |

#### DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | CHU XUE JUN |
| NRIC No        | S9031867E   |

|  |                       |
|--|-----------------------|
| Date Of Birth  | 31/08/1990            |
| Occupation   | Indoor                |
| Date Of Driving Pass   | 15/11/2010            |
| Driving experience   | 10 YEARS AND 9 MONTHS |
| Gender   | Female                |
| Mobile Number  | (Phone) +65-91892318  |
| Alt. Phone Number  | +65-91892318          |
| Email Address  | HELLOXUEJUN@GMAIL.COM |
| Address  | 127 VERDE VIEW        |
| Address complement   | -                     |
| Postcode   | 688720                |
| 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   | Hit and run / Vandalism / Damaged whilst parked |
| Weather Conditions | Clear   |
| Road Surface       | Dry   |

**OTHER INFORMATION**

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 3   |
| 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)   | 0   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

**DETAILS OF POLICE ACTION**

|   |   |
|---|---|
| Was the accident reported to the police?  | Yes   |
| Police Station Name                       | Choa Chu Kang Neighbourhood Police Centre             |
| Police Station Phone No                   | (Phone) +65-18007659999                               |
| Alt. Police Station Phone No              | (Fax) +65-67644104                                    |
| Police Station Address                    | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| Was notice of intended Prosecution given? | No  |
| If yes, against whom?                     | -   |

**CIRCUMSTANCES OF ACCIDENT**

**REFER TO SKETCH PLAN / POLICE REPORT**

**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 | SLR2747D     |
| Vehicle Manufacturer        | -            |
| Vehicle Model               | -            |
| Vehicle Variant             | -            |
| Vehicle Colour              | -            |
| Vehicle Category            | Private hire |

|   |                      |
|---|----------------------|
| Name of Driver                          | VINCENT CHUA         |
| Contact Number                          | (Phone) +65-98736981 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | 0                    |

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|   |                      |
|---|----------------------|
| Vehicle Registration Number             | SNB6588E             |
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | XU XINFA             |
| NRIC No                                 | S9440235B            |
| Contact Number                          | (Phone) +65-98314897 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | -                    |

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 19-08-2021 11:20

Report No: MIT \_\_\_\_\_

D.O.A: 18/08/2021

Vehicle No: SMS9573A

Reporting Type: \_\_\_\_\_

Time: 22:30 hrs

**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 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.

19/08/21 / 11:20

Policyholder's Signature / Date & Time

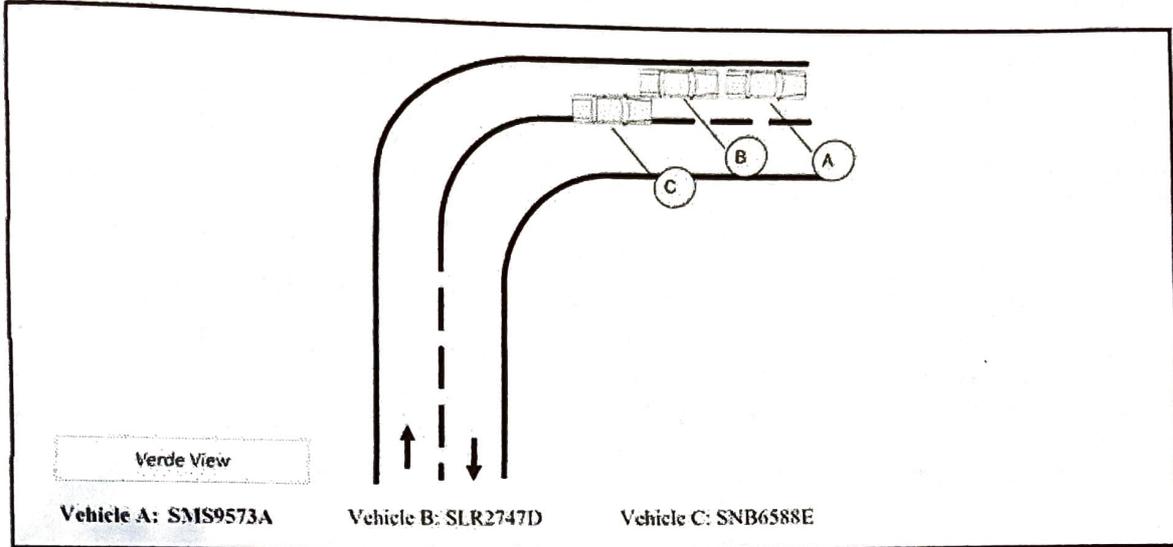
19/08/21 / 11:20

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

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

  
19/08/21 / 11:20  
Policyholder's Signature / Date & Time

19/08/21 / 11:20  
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
Customer Care Executive   
Motor Service Centre  
Witnessed by Reporting Centre Personnel

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Singapore NRIC

Owner ID: 867E

Vehicle No.: SMS9573A

Vehicle to be Exported: No

Intended Deregistration Date: 24 Aug 2021

Vehicle Make: SUZUKI

Vehicle Model: SWIFT 1.2XG LIMITED CVT

Primary Colour: White

Manufacturing Year: 2019

Engine No.: K12C5581149

Chassis No.: ZC835135451

Maximum Power Output: 67.0 kW (89 bhp)

Open Market Value: \$17,083.00

Original Registration Date: 23 Mar 2020

First Registration Date: 23 Mar 2020

Transfer Count: 0

Actual ARF Paid: \$7,083.00

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 22 Mar 2030

PARF Rebate Amount: \$5,312.00

COE Expiry Date: 22 Mar 2030

COE Category: E - Open - all except motorcycle

COE Period(Years): 10

QP Paid: \$34,900.00

COE Rebate Amount: \$25,721.00

**Total Rebate Amount: \$31,033.00**

The information contained herein is correct as at 24 Aug 2021

OK