

ASS. BY:

REF: CS CTI 21010006/Duc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP RES / DD RES / EVA / INV / MV

To Inspect Vehicle No: SMQ 6265U

at Workshop no: _____

of _____

Insured: _____

SKM 7348C

Policy No: DMPCSNW00133542005

Claim no: SNM21D205417/C02

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Vch: _____

(Police Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. of Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / IR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLump Sum: 7/7 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMQ 6265U Yr Regn: Nov / 2019

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

Truck / Trailer or

Make: Hyundai Avante C.C. 1591

Colour: Beige A/C: Insured / Std / NI / NA

Sp. Reading: 15732 T/Radio: Insured / Std / NI / NA

Eng/No: G4FGKU475154

C/No: KMH0841CML=U011246

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: — 11 —

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mm

D.O.A. 22/09/22

D.O.L. 29/09/22

Survey held at Vin's Motor Sin Ming

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Chine Taping SKM 7348C

22/10/22 Inspected 7/7 P/P 1,127.20 with 2 days of repair.

(RED \$35.44; 3%)

Date/Time, File Pass to?

: Prel. Report

1) 22/10 TYPIS

: Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

2)

TP P/P \$1127.20

Add Fee: : Site Insp (\$)

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	23/09/2021 17:34 (SGT)
Date of Accident	22/09/2021 12:30 (SGT)
Exact Location of Accident	Boon Keng Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6265U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Yeang Chuan Ming, Michael
NRIC No	SXXXX943G
Email Address	mikeyeang@yahoo.com
Mobile Phone No	(Phone) +65-91909722
Alternative Phone No	+65-91909722

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	AD AVANTE 1.6 GLS (A)
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	1591

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00856364
Cover Note Number	-

DRIVER

Name of Driver	Toh Ai Lian
NRIC No	SXXXX065E

Date Of Birth	07/12/1964
Occupation	Indoor
Date Of Driving Pass	31/03/1989
Driving experience	32 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93639566
Alt. Phone Number	-
Email Address	toh_al@yahoo.com
Address	2 Daisy Road #02-04
Address complement	-
Postcode	359425
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 - Change/cross lane
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM7348C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Amanul Islam Iiakat Ali
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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' 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;

(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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SMQ6265U
B = SKM7348C

Describe Circumstances of the Accident

On 22nd September 2021, at about 12:20 hours, I was driving along Boon Keng Road. I was driving straight when the traffic light turned green. Suddenly I felt an impact from my right hand side. Then I realised a vehicle SKM7348C on my right switched into my lane and hit onto my vehicle right hand rear bumper portion.

Declaration

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:	Singapore NRIC
Owner ID:	943G
Vehicle Details	
Vehicle No.:	SMQ6265U
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Sep 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AD AVANTE 1.6 GLS (A)
Primary Colour:	Beige
Manufacturing Year:	2019
Engine No.:	G4FGKU475154
Chassis No.:	KMHD841CMLU011246
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,954.00
Original Registration Date:	27 Nov 2019
First Registration Date:	27 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$12,954.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Nov 2029
PARF Rebate Amount:	\$9,715.00
Intended COE Rebate Details	
COE Expiry Date:	26 Nov 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,000.00
COE Rebate Amount:	\$26,151.00
Total Rebate Amount:	\$35,866.00

The information contained herein is correct as at 24 Sep 2021

OK