

CS/AGI21010452/Aqf3

ASS. REC. BY:

REF:

ASSIGNMENT

From: _____ 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. **C10011994/EE**
 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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **7** days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SGU427Z** Yr Regn: **2007, May**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Toyota Mark X** c.c. **2499**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **159138** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **GRX1203021174**
 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: **245/40R18**
 R: **245/40R18**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **12/10/21**
 Survey held at **N51**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Budget Direct.
	COE Expiry: 30/04/22
Note:	MV: 7K (est)
	PV: 2.9K / 2860
	Nett: 4.1K / 4140
	LS \$3800, 7 days (Red \$5878.40, 61%)

Date/Time, File Pass to?

☐

Preli. Report

1) 21/10 Typist

☐

Final Report

Date/Time, File Return to?

3)

Days Of Repair: **7**Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

S + RS. \$

Phone

Others

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Week end (\$)

Report Format:

TP

Lump Sum

3800



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	09/10/2021 10:30 (SGT)
Date of Accident	08/10/2021 09:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TWDS CITY BEFORE LOWER DELTA ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU4127Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SONG BIN
NRIC No	G7671125P
Email Address	XINXING.DALEE@GMAIL.COM
Mobile Phone No	(Phone) +65-90449177
Alternative Phone No	(Home) +65-90449177

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Mark
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	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	GA573269/1
Cover Note Number	-

DRIVER

Name of Driver	SONG BIN
NRIC No	G7671125P



Date Of Birth	11/11/1974
Occupation	Outdoor
Date Of Driving Pass	14/12/2011
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90449177
Alt. Phone Number	(Home) +65-90449177
Email Address	XINXING.DALEE@GMAIL.COM
Address	BLK 43 BENDEMEER RD #12-1040
Address complement	-
Postcode	330043
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	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 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	SKT3100P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SONG BIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGU4127Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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' 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.

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

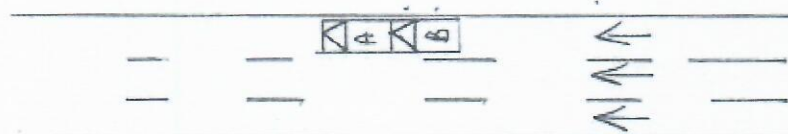
Signature: _____

宋文婧
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



NYE towards City before Lower Delta Road Exit.

(A) 86U 4127 Z.

(B) 8KT 3100 P


Describe Circumstances of the Accident

On 08/10/21 at @ 0955 hrs, I was travelling in my vehicle (SGU 41272) along A7E towards city before Lower Delta Road exit on the extreme right lane. I slowed down and stopped due to traffic jam ahead. Suddenly, a car (SKT 3100P) from behind collided onto the rear portion of my vehicle. I was given a case card by the traffic police at scene and advised both of us to lodge a police report. I felt pain on my neck and back the next day when I wake up.

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:	Foreign Identification Number
Owner ID:	125P

Vehicle Details

Vehicle No.:	SGU4127Z
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Oct 2021
Vehicle Make:	TOYOTA
Vehicle Model:	MARK X 2.5 A
Primary Colour:	Blue
Manufacturing Year:	2006
Engine No.:	4GR0289384
Chassis No.:	GRX1203021174
Maximum Power Output:	158.0 kW (211 bhp)
Open Market Value:	\$26,425.00
Original Registration Date:	14 May 2007
First Registration Date:	14 May 2007
Transfer Count:	3
Actual ARF Paid:	\$29,068.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	30 Apr 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$26,004.00
COE Rebate Amount:	\$2,860.00
Total Rebate Amount:	\$2,860.00

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 12 Oct 2021

OK

Car Accessories & Products

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Read honest reviews by our trusted consumers before you make a purchase.



Mark X

Price Range



Depreciation



Year Reg



Vehicle Type



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Toyota Mark X (COE till 05/2022)

Overview

Financial

Accessories

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Photos

Map



BOEKI AUTO PTE LTD



Price

\$7,800

Depreciation

\$13,180 /yr

Reg Date

17-May-2007
(7mths 3days COE left)

Mileage

205,700 km (14.3k /yr)

Manufactured

2007

Road Tax

\$2,697 /yr

Transmission

Auto

Dereg Value

\$3,092 as of today (change)

OMV

\$24,863

COE

\$26,246

ARF

\$27,350

Engine Cap

2,499 cc

Power

158.0 kW (211 bhp)

Curb Weight

1,500 kg

No. of Owners

3

Type of Vehicle

Luxury Sedan

Features

View specs of the Toyota Mark X (2005-2011)

Description

Trade-In Welcome, 100% Loan Approval, Bank And In House Loan All Available, Interested Please Call For Viewing, Viewing By Appointment Only.

Category

COE Car

Status

Available for sale. Shortlist this car to get alerted whenever the price or availability changes.

Resources



Car Valuation - Free

Find out the market value of your existing car for free. Get started

Valuation

Request to have this car evaluated professionally. Find out more

Compare [4]

https://www.sgcarMart.com/used_cars/info.php?ID=1027949&DL=1359



Location Map

Shortlist

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Seller Information

Boeki Auto Pte Ltd

15 vehicles for sale. 21 sold in past 3 mths

49 Sungei Kadut Loop

Tel: 67555005

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Boeki

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