(08/11/13) wef

ASS. REC. BY:

REF: 3/CS/111210110981RIVF3

S 9872

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMU 5130K

at Workshop m/s V8 MOTOR WORKZ P/L

of 9 SINMING IND EST SECTOR C #01-44

Insured: SLR 9430X 111

Policy No.

Claims No. MFL2021D0004633

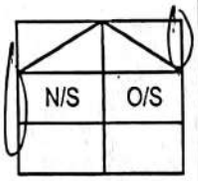
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: 83K

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMU 5130K Yr Regn: 2020 / AUG

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

Make: HONDA FIT HYBRID 1.5A c.c 1496

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

Sp.Reading 032225 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP5 3416983

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: 185/60R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	21/10/21	D.O.I.	29/11/21

Survey held at V8 MOTOR

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

N/S & O/S Freq

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

Date / Time Action / Instruction

REPAIR LIMIT – 48K

ESTIMATE RANGE OF REPAIR/NO. OF DAYS – 4K-5K/8 days

30/11/21 Submit PRS

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 30/11/21-typist

Days Of Repair: 8

Resurvey No. of Trip: Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

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	22/10/2021 15:09 (SGT)
Date of Accident	21/10/2021 21:56 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	PUNGGOL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU5130K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG HSIN YI
NRIC No	S8013987Z
Email Address	GARDENERGALA13@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90051670
Alternative Phone No	+65-90051670

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1300

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10575606R00
Cover Note Number	-

DRIVER

Name of Driver	ANG HSIN YI
NRIC No	S8013987Z

Of Birth	13/05/1980
cupation	Indoor
te Of Driving Pass	08/10/1999
iving experience	22 YEARS
Gender	Female
Mobile Number	(Phone) +65-90051670
Alt. Phone Number	+65-90051670
Email Address	GARDENERGALA13@HOTMAIL.COM
Address	BLK 288A PUNGGOL PLACE #04-805
Address complement	-
Postcode	821288
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 - 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	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)	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 ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SLR9430X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

...ess complement	-
...code	-
...rance Company Name	-
...ture Of Damage	-
...tails of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH8026G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 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

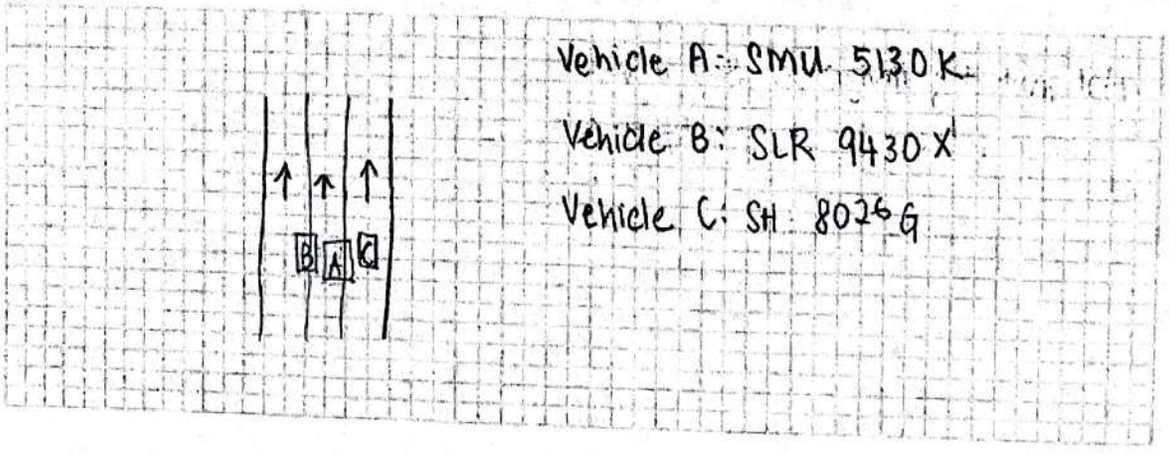
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Vehicle B was signally to filter left and went to left lane exiting at TPE Punggol exit ~~to~~ toward Sengkang exit.

I move forward after he filtered left and then ~~he~~ vehicle B ~~veers~~ swerved back into my lane, hitting the ~~ri~~ left side of car as I drive forward.

With the impact, I went right into a part of lane 3 and a ~~ve~~ vehicle C came by and hit my right ~~rear~~ front side of mirror, ~~tire~~ rim and side of car.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
22/10/21.		

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	987Z
Vehicle No.:	SMU5130K
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2021
Vehicle Make:	HONDA
Vehicle Model:	FIT HYBRID 1.5 AUTO
Primary Colour:	Pink
Manufacturing Year:	2018
Engine No.:	LEB6071970
Chassis No.:	GP53416983
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	$18,221.00
Original Registration Date:	17 Aug 2020
First Registration Date:	17 Aug 2020
Transfer Count:	1
Actual ARF Paid:	$8,221.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Aug 2030
PARF Rebate Amount:	$6,165.00
COE Expiry Date:	16 Aug 2030
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	$33,301.00
COE Rebate Amount:	$28,645.00
Total Rebate Amount:	**$34,810.00**

The information contained herein is correct as at 30 Nov 2021

OK

Honda Fit Hybrid 1.5A

Overview | Financial | Accessories | Similar | Research | Photos | Map

Price	**$83,888**		
Depreciation	$9,160 /yr View models with similar depre	**Reg Date**	21-Aug-2020 (8yrs 8mths 21days COE left)
Mileage	8,200 km (6.4k /yr)	**Manufactured**	2018
Road Tax	$682 /yr	**Transmission**	Auto
Dereg Value	$33,495 as of today (change)	**Fuel Type**	Petrol-Electric
COE	$36,502	**OMV**	$17,884
Engine Cap	1,496 cc	**ARF**	$7,884
Curb Weight	1,080 kg	**Power**	101.0 kW (135 bhp)
Type of Vehicle	Hatchback	**No. of Owners**	1