	1012330 Rig +3 3382
AS	SIGNMENT
From: Date:	Veh No: SMM 99150 Yr Regn: 2016 / FCB
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SMM 91150	Make: TOYOTA COROLLA ALTIS 1662 C.C 1598
at Workshop m/s D MOTURULERKZ P/L	Colour CPEY A/C: Insured / Std / NI / NA
of 280, www.ans ladpk to \$01-03	Sp.Reading 95591 T/Radio: Insured / Std / NI / NA
Insured: FCI	Eng/No:
Policy No.	C/NO: MROS3REH104543949
Claims No. D21003382MFCV	Gen. Cond: Good / Fair/ Poor / Burnt
Sum Insured: Excess:	Steering: Ingrider / Jammed / Leaked / Burnt or
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / Mil / STD A/Rim or
	Tyre Size: F: 205/55R/6
(Policy Condition)	R: 4 -
Remark: The veh had commenced its N/S O/S	>
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value: 50K	Θ \square
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	Light C Light C
	6 mm
	04/10/20 04/10/20
Lum Sum: % 3 Val.: Yes or No	Survey held at DMOTORNERKZ
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
REPAIR LINIT /6K	
ESTAM ATE OF REPAIR LANGE /NO.	OF DAYS - (2K-3K)/4 days
08/12/21 Submit PRS.	
te/Time, File Pass to? : Prell. Report	Days Of Repair:
08/12 Typist : Final Report	
te/Time, File Return to?	
Add Fee	Transportation: Site Insp (\$) S+RS SI
	Interview (\$
eport Format : PRS	: Interview (\$) Photos
eport Format : PRS , PRS	: Tech. Invs (\$) Others
mp sum / LB P (S	: Weekend (\$

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/12/2021 15:01 (SGT) 04/12/2021 22:35 (SGT) Lor 15 Geylang, Singapore Geylang rd Lor 15 Singapore

SUTHA BAARATH RAM SAMPATH

DETAILS OF OWN VEHICLE

No

Vehicle Registration Number

SMM9915D

SXXXX338I

baarathram@gmail.com

(Phone) +65-97934541

(Home) +65-97934541

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Toyota Corolla

Private use

No - Claiming third party

FWD Singapore Pte. Ltd.

PNPV2020-00007907-01

Comprehensive

No

Private car Auto 1600

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver

SUTHA BAARATH RAM SAMPATH SXXXX338I

NRIC No

@ Accident report SANA21C50002

Page 1 of 24

mmed / Leaked / Burnt or

06/11/1986 ate Of Birth Indoor Occupation 25/09/2012 **Date Of Driving Pass** 9 YEARS AND 3 MONTHS **Driving** experience Male Gender Mobile Number (Phone) +65-97934541 (Home) +65-97934541 Alt. Phone Number **Email Address** baarathram@gmail.com Address 805D Keat Hong cl Address complement #02-09 684805 Postcode 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 Side Swipe
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

DETAILS OF POLICE ACTION

I SMM9915D was driving along Geylang road on the 2nd lane. While I was driving on my lane, suddenly I felt an impact coming from my right rear side of my vehicle and discover that the 3rd party GBE7851P had turn out from the 1st lane into my lane without checking the blind spot and collided onto my vehicle. I managed to take some photos and exchange particulars with the 3rd party party. No injuries was involved at the scene.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1



ontact Number
ddress
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

(Phone) +65-88412855 Na Na Na -Na Na

3

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

l 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:
 - 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.

Total

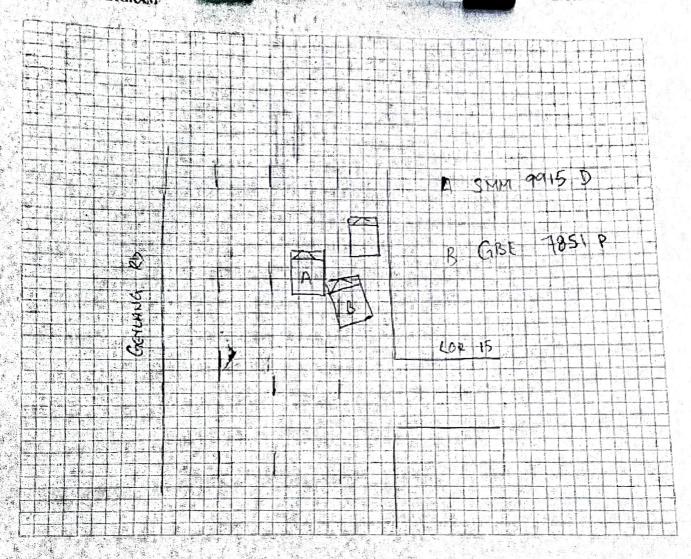
Driver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Policyholder's Signature Date & Time;

L'and taristo unider ve



Alexander 1

Policyholder's Signature ... Date & Time: Driver's Signature (if driver is not the policyholder) Date & Time: VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I SMM9915D was driving along Geylang road on the 2nd lane. While I was driving on my lane, suddenly I felt an impact coming from my right rear side of my vehicle and discover that the 3rd party GBE7851P had turn out from the 1st lane into my lane without checking the blind spot and collided onto my vehicle. I managed to take some photos and exchange particulars with the 3rd party party. No injuries was involved at the scene.

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	338
/ehicle Na:	SMM9915D
/ehicle to be Exported:	No
ntended Deregistration Date:	00 Dec 2021
Æhicle Make:	TOYOTA
/ehicle Model:	TOYOTA COROLLA ALTIS 1.6L CVT
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	1ZRY246175
Chassis No.:	MR053REH104543949
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,589.00
Original Registration Date:	18 Feb 2016
First Registration Date:	18 Feb 2016
Transfer Count:	2
Actual ARF Paid:	\$19,589,00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Feb 2026
PARF Rebate Amount:	\$13,712.00
COE Expiry Date:	17 Feb 2026
COE Category:	A - Car up to 1600ec & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,651.00
COE Rebate Amount:	\$19,562.00
Total Rebate Amount:	\$33,274.00

The information contained herein is correct as at 08 Dec 2021

Toyota Corolla Altis 1.6A

Overview

Einancial.

Accessonies

Similar.

Pilotos

Map



CARS PREMIUM The Dealer You Can Trust



Price

452,555

Depreciation (

\$9,970 /yr View models with similar depre Reg Date

22-Apr-2016

(4yrs 4mths 13days COE left)

Mileage

73,585 km (13.1k /yr)

Manufactured 4

2016

Road Tax

\$742 /yr

Transmission

Auto

Dereg Value

\$33,257 as of today (change)

OMV

\$17,982

COE

\$47,300

ARF

\$17,982

Engine Cap

1.598 cc

Power

90.0 kW (120 bhp)

Curb Weight

1.205 ka

No. of Owners 2 1