

ASS. REC. BY: TGum

REF:

CS/AG121013314/Btf3Denise

## ASSIGNMENT

From:

Date: 31/12/2021

Estimated Cost:

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

To Inspect Vehicle No: SJE 6733Jat Workshop m/s Bifrostof 8kaki Bt Ave 4 Premier # 01-49

Insured:

Policy No.

Claims No.

Sum Insured:

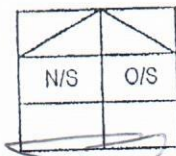
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

46,000/-

IDAC Accident Report:

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 WP

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJE 6733JYr Regn: 2/5/2008Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make:

Toyota Altis 1.6c.c 1598

Colour:

BlueA/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading:

26790T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No:

3ZZ4753132

C/No:

MR053ZEE106104836Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F: 195/50/17R: 195/50/17☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

24/12/2022

D.O.I.

31/12/2021

Survey held at

BifrostDes. 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
	Range 3000/- - 4000/- 16/3- Reminder
	Recommended COR is LS \$3,750.00 TGum In
	accept the finalized amount of LS \$4,050/- 7 Days of repair
	red:6359.27;61%
	MV 46,000/-
	PV 24,230/-
	NV 21,770/-
	TGum In
	7/1/2022

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.I. /

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$ 1)  
☐ : Interview (\$ 1)  
☐ : Tech. Invs (\$ 1)  
☐ : Weekend (\$ 1)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 381G

### Vehicle Details

Vehicle No.: SJE6733J  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 27 Dec 2021  
Vehicle Make: TOYOTA  
Vehicle Model: COROLLA ALTIS 1.6 AUTO  
Primary Colour: Blue  
Manufacturing Year: 2008  
Engine No.: 3ZZ4753132  
Chassis No.: MR053ZEE106104836  
Maximum Power Output: 80.0 kW (107 bhp)  
Open Market Value: \$16,994.00  
Original Registration Date: 02 May 2008  
First Registration Date: 02 May 2008  
Transfer Count: 2  
Actual ARF Paid: \$16,994.00

### Intended PARF Rebate Details

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

### Intended COE Rebate Details

COE Expiry Date: 01 May 2028  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 10  
PQP Paid: \$38,192.00  
COE Rebate Amount: \$24,230.00  
Total Rebate Amount: \$24,230.00

The information contained herein is correct as at 27 Dec 2021

OK

MV 46,000/2  
PV 24,230/2  
NV 21,770/2

Hui Min  
7/1/2022



Date of Accident : 24/12/2021 Accident Time: 1300 (24-HR-FORMAT)  
Accident Place : AYE (city) after Alexandra  
Vehicle Reg. No (Car plate No.) : SJE 6733 J Vehicle Make/Model: Tyda A111  
Insurance Company : NAC Policy No. \_\_\_\_\_  
Name of Registered Owner : Company / Individual Goh Soon Teck  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S89173816  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: 90497718  
DRIVER'S Name : Goh Soon Teck DRIVER'S NRIC No: \_\_\_\_\_  
DRIVER'S Date of Birth : 23/5/1989 DRIVER'S License Pass Date 24/4/06  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 810 Sunny West St 81 #07-80  
S (66810)  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofe)  
Email Address : Rygsy@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (including Driver): 3 Name & Gender: Chua Hui Kai  
Was the accident reported to the police? YES \ NO Charlotte Goh  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes (name of the injured person) \_\_\_\_\_

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>SMD 65095</u>	Vehicle Reg No: <u>SSM 97355</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

## 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



I was travelling along ATE (city). The vehicle in front  
 slowed down & stop it also. Suddenly, I felt a huge  
 impact from the rear. I got down & realized 3 cars  
 was involved.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel