ASS, PEG. BY		ASSIGNMENT		
		Consideration of the Constant		
From:	Date:	Veh No: Smm3//Sk	- Yr Regn: 2011 / NoV	
Estimated Cost:		Type M.Car M.Cycle / Bus / Van /	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 Vel	hicle No:	Make: BMW x 3	c.c 2996	
at Workshop n	n/s	Colour Grey.	Colour Grey . A/C: Insured / Std / NI / NA	
of		Sp.Reading 91777	Sp.Reading 91 1777 T/Radio: Insured / Std / NI / NA	
nsured:		Eng/No:		
Policy No.			1.0.4.1.4	
Claims No.	le six		Gen. Cong. Good / Fair / Poor / Burnt	
Sum Insured:	Excess:		Steering: Ivorder / Jammed / Leaked / Burnt or	
(Client's Rec				
Make of Veh:				
	-10278		Tyre Size: F: 245/50R18	
(Policy Cond	ition)			
	veh had commenced its		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
	ir at the time of inspection.		/ 10 /	
Bal. or Market	Volue			
		Front R/Bal. 06 mm	Rear R/Bal. 6/a mn	
DAC Accident GIA / PR See	- The state of the	L/Bal. 06 mm	L/Bal. 66 mm	
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 14/01/22	
Lum Sum:	% 3 Val.: Yes or No	2/1	Survey held at Xiatha Vertures.	
Lum Sum.	70 0 701 100 01 110	Des. of Damages : Frt / Rear / O/S		
CA / REV	/ REP. / 24 HRS Vehicle: IN		1 N/S / O/C / Roottop of	
Date:	Person Contacted:		dy Structure affected due to collisio	
Date / Time	Action / Instruction		, , , , , , , , , , , , , , , , , , , ,	
	19 AlG. COE Expiry: 30/09/31.			
	1 1 0 5 9 3		AVAN	
	60801 8/	ALL ALLESAM		
	MV : 104K	THE THE PERSON	11 60	
PV:367K				
	Nett: 473K	THAN OF BY	104858	
	901801/89			
Date/Time, File Pa	: Preli. Report	Days Of Repair:		
	. From Exoport		Survey Ess.	
))ate/Time_File P/	: Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?		Fee Site Insp. (\$	Transportation:	
2) Add Fee) 8 ÷ RSSI	
		Interview (\$) Pholos	
Report Forms) :		: Tech. Invs (\$) Others	
Lung Com / LPJ: (3		: Westend (\$	1	

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 witholding of material facts may allow insurance companies to repudiate
- 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

03/01/2022 17:38 (SGT) 02/01/2022 13:45 (SGT)

PIE, Singapore

PIE TOWARDS CHANGI AFTER WHITLEY EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SM3115K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

MIHINDUKULASOORIYA SHAMIL JOSEPH TISSERA

SXXXX992C

a6679b@gmail.com

(Phone) +65-96349966

(Home) +65-96349966

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

BMW

X3

Private use

No - Claiming third party

Private car

Auto

2996

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5123374680

DRIVER

Name of Driver NRIC No.

MIHINDUKULASOORIYA SHAMIL JOSEPH TISSERA SXXXX992C



Page 1 of 14

Date Of Birth 07/08/1988 Occupation Indoor Date Of Driving Pass 13/10/2009 Driving experience 12 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96349966 Alt. Phone Number (Home) +65-96349966 **Email Address** a6679b@gmail.com Address 41 YISHUN STREET 51 Address complement #04-43 Postcode 767995 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 Chain Collision Weather Conditions Clear Road Surface Wet 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?

Yes
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No

PASSENGER 1

Name PASSENGER
Gender Female

PASSENGER 2

Name PASSENGER Gender Male

PASSENGER 3

Name PASSENGER Gender Female

PASSENGER 4

Name PASSENGER Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMH4919C Vehicle Manufacturer Audi 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBR303H Vehicle Manufacturer Hyundai 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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMT7786K Vehicle Manufacturer Kia 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)

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre establised 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 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' 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 of (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholden's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Certire Personnel

Sketch Plan

Describe Circumstance of the Accident

Pa

On the stated date & time, | vehicle A SMM31151

was driving straight along PIE Twids Changi After whitley Exit

on the 1st lane. Motorcycle in front of fall down, I applied

brake. Suddenley I felt a great impact from behind, Then I

realise that is vehicle B SMH4990 hit into my vehicle from

behind. That is 4 vehicle involve into this accident.

Declaration

I/We declare the foregoing particulars are true in every respec-

Policyhoidey's Signature / Date & Time

Oriver's Signature (If driver's not the policyholder) / Date

Wilnessed b Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	992C	
Vehicle No.:	SMM3115K	
Vehicle to be Exported:	No	
Intended Deregistration Date:	03 Jan 2022	
Vehicle Make:	B.M.W.	
Vehicle Model:	X3 XDRIVE28I 3.0 AT ABS 4WD SR HID DSC	
Primary Colour:	Grey	
Manufacturing Year:	2011	
Engine No.:	00907861N52B30AF	
Chassis No.:	WBAWX52020L398341	
Maximum Power Output:	190.0 kW (254 bhp)	
Open Market Value:	\$47,515.00	
Original Registration Date:	01 Nov 2011	
First Registration Date:	01 Nov 2011	
Transfer Count:	2	
Actual ARF Paid: Intended PARF Rebate Details	\$47,515.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	30 Sep 2031	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	10	
PQP Paid:	\$58,124.00	
COE Rebate Amount:	\$56,622.00	
Total Rebate Amount:	\$56,622.00	

The information contained herein is correct as at 03 Jan 2022

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