

ASS. REQ. BY:

REP:

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. _____

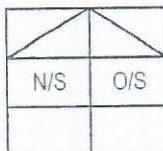
Claims No. _____

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: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKM1972P Yr Regn: 2010, JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Camry Hybrid C.C. 2362Colour: White A/C: Insured / Std / NI / NASp. Reading: 269180 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROS3FK4000012258Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/55R17R: 215/55R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Neuton

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 17/01/22Survey held at SM

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

Front N/S

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

Date / Time	Action / Instruction
	<u>TP AXA. Pending Estimate</u>
	<u>COE Expiry: 11/07/25</u>
	<u>MV: 28K (Depreciation @ 8k x 3.5 Yr = 28k)</u>
	<u>PV: 11.8K</u>
	<u>Nett: 16.2K</u>

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

Report Format: _____

Lump Sum / L&S: \$

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

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 willful 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.



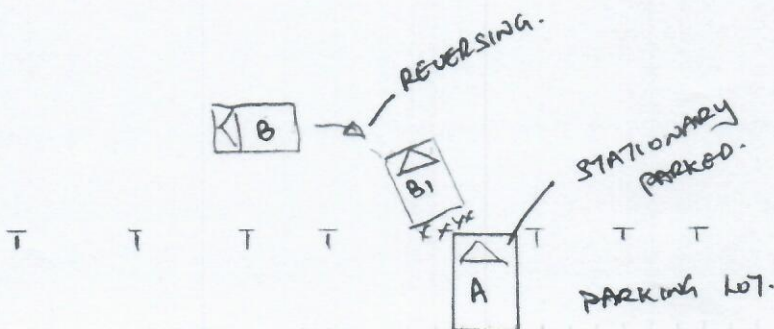
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

B/620 HOUGANG AVE 8 CAR PARK



A: SKM 197DP



B: SJJ 1962x

Describe Circumstances of the Accident

MY VEHICLE WAS STATIONARY PARKED AT PARKING LOT OF 81620 HONGKONG AVE 8 CARPARK WHEN I WAS SEATED INSIDE MY VEHICLE WHILE WAITING FOR A FRIEND, WHILE I WAS WAITING, I NOTICED ONE M/CAR SJJ1962X WAS REVERSING INTO A PARKING LOT BESIDE ME ON THE LEFT (LOT NO 470), WHILE THE SAID M/CAR SJJ1962X REVERSING AND THUS COLLIDED ONTO THE LEFT FRONT PORTION OF MY STATIONARY PARK VEHICLE.

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:		Company
Owner ID:		221K
Vehicle Details		
Vehicle No.:		SKM1972P
Vehicle to be Exported:		No
Intended Deregistration Date:		14 Jan 2022
Vehicle Make:		TOYOTA
Vehicle Model:		CAMRY HYBRID AUTO
Primary Colour:		White
Manufacturing Year:		2010
Engine No.:		2AZH523878
Chassis No.:		MR053FK4000012258
Maximum Power Output:		110.0 kW (147 bhp)
Open Market Value:		\$42,900.00
Original Registration Date:		12 Jul 2010
First Registration Date:		12 Jul 2010
Transfer Count:		4
Actual ARF Paid:		\$25,740.00
Intended PARF Rebate Details		
PARF Eligibility:		Forfeited
PARF Eligibility Expiry Date:		-
PARF Rebate Amount:		\$0.00
Intended COE Rebate Details		
COE Expiry Date:		11 Jul 2025
COE Category:		B - Car (1601cc & above)
COE Period(Years):		5
PQP Paid:		\$16,784.00
COE Rebate Amount:		\$11,717.00
Total Rebate Amount:		\$11,717.00
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 14 Jan 2022

OK

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camry hybrid

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Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	camry hybrid	Any	Any	> 10 year(s) old	Any	Any	Any	Available
	Toyota Camry Hybrid 2.4A (COE till 12/2030)	\$66,888	\$7,460 /yr	03-Jan-2011	2,362 cc	107,800 km	Luxury	Available
Fuel Type: Petrol-Electric Low Mileage Done At 1100KM Per Year Only! Very Mint Condition! Interior And Exterior Look Like New! Ideal For Long Term Usage! Dealers Welcome To Offer!								
Posted: 08-Dec-2021 Tags: 2011 Toyota Camry, Toyota Camry, Toyota, Camry								

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