

(08/11/13) waf

ASS. REC. BY: qasm

REF:

CS3/CT22000795/Rivv36722

ASSIGNMENT

From:

Date:

Estimated Cost:

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: PC 5108K

at Workshop m/s

CROWN ASIAof 44, Sunshin Kapat ST 1Insured: PA 8801H CTR

Policy No. DMB1SNA00016692101

Claims No. SNM22D200494/C02/IRENE

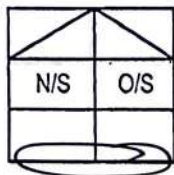
Sum Insured:

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:

60K

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:

PC 5108K

Yr Regn:

2016 July

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

Truck / Trailer or

MINI-Bus

Make:

TOYOTA COASTER 2380cc PRS 4009

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

360423

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

IT4EP538706001358Gen. 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:

215/75R17.5

R:

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

TOYO / YOKO or

king long ling long

Front

Rear

R/Bal.

7

mm

R/Bal.

7/7

mm

L/Bal.

7

mm

L/Bal.

7/7

mm

D.O.A.

18/01/22

D.O.I.

24/01/22

Survey held at

CROWN ASIA

Des. 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

REPAIR LIMIT 46KESTIMATE RANGE OF REPAIR / NO. OF DAYS - (9K-10K) / 10 days

25/1/22

Submit PRS, repair range \$9000-\$10,000

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 25/1/22-typist

Days Of Repair: 10

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

Lump Sum / I.B.I.: (\$

Add Fee:

☐

: Site Insp (\$

); S + RS, SI

☐

: Interview (\$

); Photos

☐

: Tech. Invs (\$

); Others

☐

: Weekend (\$

);

TOTAL

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	19/01/2022 10:00 (SGT)
Date of Accident	18/01/2022 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVENUE 3 & TUAS SOUTH AVENUE 2 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5108K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RUI FENG CHARTERED PTE LTD
Company Reg No	200713472Z
Email Address	RUIFENGCHARTERED@HOTMAIL.COM
Mobile Phone No	(Phone) +65-85003882
Alternative Phone No	+65-85003882

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Coaster
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	4000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5108850803-02
Cover Note Number	-

DRIVER

Name of Driver	YEO KOK CHENG
NRIC No	S1826988J

Date Of Birth	24/04/1967
Occupation	Outdoor
Date Of Driving Pass	17/11/1995
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96708057
Alt. Phone Number	-
Email Address	RUIFENGCHARTERED@HOTMAIL.COM
Address	BLK 202 BOON LAY DRIVE #08-31
Address complement	-
Postcode	640202
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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

I WAS TRAVELLING ON THE SAID LOCATION & SAW THAT THE TRAFFIC LIGHT WAS RED. I STOPPED MY VEHICLE & A FEW MOMENTS LATER A BUS HIT ME FROM THE REAR. NOBODY IS INJURED & WE TAKE PHOTOS & EXCHANGE PARTICULARS

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADVISE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA8801H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TAN WEI LONG
Passport No/FIN	G6933551P

Contact Number	(Phone) +65-93900687
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

IMPORTANT NOTICE

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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 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)

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.
- (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.

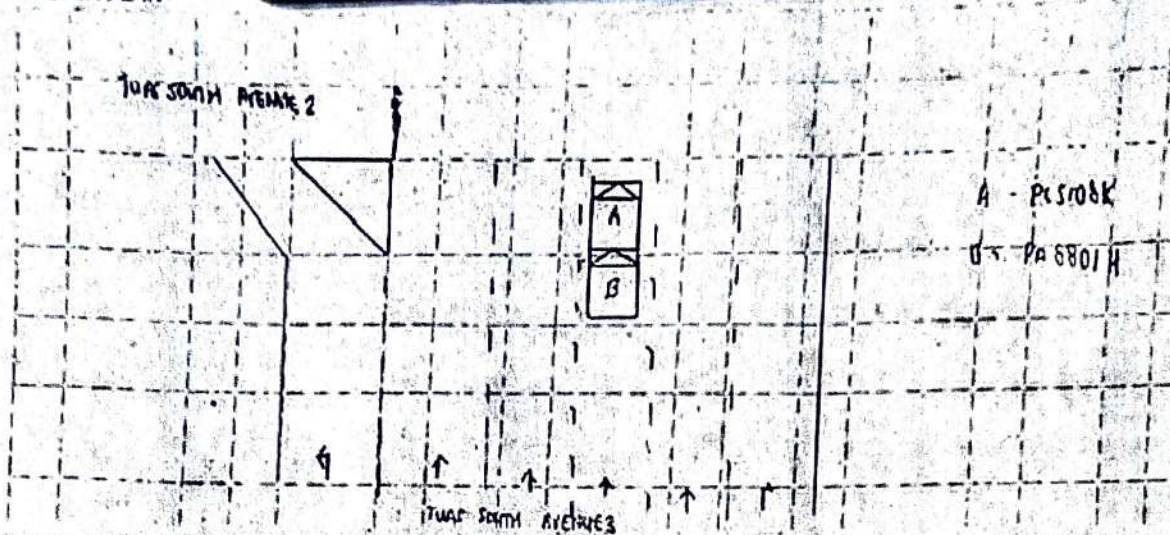


Policyholder's Signature
Date & Time: 19/01/2022

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

Reporting Centre Personnel's Signature
Name: GADDAFI
NRIC/FIN No.: 5493341

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RETURN TO LEADER

DECLARATION CHARTER

DECLARATION
I/We declare the foregoing to be true and correct.
2017347Z

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

Policyholder's Signature

Date of Filing: 19/01/2022

Driver's Signature

If defense is not the matter at hand

Reporting Centre Personnel's Signature

600891

5993140

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	472Z
Vehicle No.:	PC5108K
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	COASTER 23 SEATER ABS
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	N04CUH19832
Chassis No.:	JTGEPS38706001355
Maximum Power Output:	-
Open Market Value:	\$80,960.00
Original Registration Date:	29 Jul 2016
First Registration Date:	29 Jul 2016
Transfer Count:	1
Actual ARF Paid:	\$4,048.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	28 Jul 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$30,672.00
COE Rebate Amount:	\$13,827.00
Total Rebate Amount:	\$13,827.00

The information contained herein is correct as at 25 Jan 2022

OK