

(08/11/13) wef

ASS. REC. BY: JKM

REF: CS3/ASM 22001175/Rqy3

482E

EXPIRY: 2022/DEC

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLJ 171D

at Workshop m/s ASTUTE AUTOWORKS

of 60, JLN LAM HWAT A02 - 16/17 CARRO

Insured: ASM

Policy No. _____

Claims No. S2M03SQT

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 10K

IDAC Accident Rport: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 8 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: SLJ 171D

Yr Regn: 2007 / DEC

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

Truck / Trailer or

Make: HONDA AIRWAVE 1.5 MA c.c. 1496

Colour: WHITE

A/C: Insured / Std / NI / NA

Sp. Reading: 233099

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GJH204581

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S / Rim / STD A / Rim or

Tyre Size: F: _____

195/55R15

R: _____

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

TOYO / YOKO or

TOURADO

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 06/02/22

D.O.I. 08/02/22

Survey held at

ASTUTE AUTOWORKS

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

FRONT

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

Date / Time Action / Instruction

REPAIR LIMIT - 6K

10/02/22@11.21am revised to Kitty teo via Smart Claims.

ESTIMATE REPAIR RANGE / NO. OF DAYS - 4.5K - 5.5K / 8 days

10/02/22 Submit PRS.

Date/Time, File Pass to?

: Preli. Report

1) 10/02 Typist

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 8

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

) : S + RS, S

) : Photos

) : Others

Report Format : SMART CLAIMS - PRS

Lump Sum / I.B.I. (\$) _____)

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 07/02/2022 14:33 (SGT)
Date of Accident 06/02/2022 20:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUKIT TIMAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ177D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEE SIANG LING
NRIC No S8410482E
Email Address FERLYN030@YAHOO.COM.SG
Mobile Phone No (Phone) +65-91144403
Alternative Phone No +65-91144403

VEHICLE PARTICULARS

Manufacturer Honda
Model Airwave
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5116864713-01
Cover Note Number -

DRIVER

Name of Driver SIM ZI QUAN ALLEN
NRIC No S8115688C

Date Of Birth	28/05/1981
Occupation	Indoor
Date Of Driving Pass	25/11/1999
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97634447
Alt. Phone Number	-
Email Address	ALLENSIM28@GMAIL.COM
Address	BLK 98 #17-126 WHAMPOA DRIVE
Address complement	-
Postcode	320098
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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

ON THE 06/02/2022 AT 2020 HRS I WAS TRAVELLING ALONG BUKIT TIMAH ROAD HEADING TOWARDS CLEMENTI ROAD. I WAS ON THE RIGHT LANE OF 2 LANES. A TAXI BEARING LICENSE PLATE SHA9222S MADE A LANE CHANGE FROM THE LEFT INTO MY PATH ATTEMPTING TO GO TO THE RIGHT SIDE. THATS WHEN THE COLLISION HAPPENED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9222S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ONG CHEE WEI
NRIC No	S7625484B

Contact Number (Phone) +65-97240488
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

ESZ0707

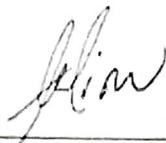
SKETCH PLAN**IMPORTANT NOTICE**

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 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: 07/02/2022
 1415HRS


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 07/02/2022
 1415HRS


 Reporting Centre Personnel's Signature
 Name: SUMAN SUKUMAR
 NRIC/FIN No.: S990968

7/3/2022 14:15:00

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	482E
Vehicle No.:	SLJ177D
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Feb 2022
Vehicle Make:	HONDA
Vehicle Model:	AIRWAVE 1.5M A
Primary Colour:	White
Manufacturing Year:	2007
Engine No.:	L15A5155455
Chassis No.:	GJ11204581
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$13,673.00
Original Registration Date:	12 Dec 2007
First Registration Date:	12 Dec 2007
Transfer Count:	2
Actual ARF Paid:	\$15,041.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	11 Dec 2022
COE Category:	A - Car (1600cc & below)
COE Period (Years):	5
PQP Paid:	\$21,349.00
COE Rebate Amount:	\$3,592.00
Total Rebate Amount:	\$3,592.00

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 08 Feb 2022

OK

新泰兴 STHCAR

SING THAI HIN

Price **\$8,200**

Depreciation ⓘ \$11,740 /yr

Reg Date 22-Oct-2007
(8mths 13days COE left)

Mileage 158,000 km (11k /yr)

Manufactured ⓘ 2007

Road Tax ⓘ \$1,023 /yr

Transmission Auto

Dereg Value ⓘ \$2,974 as of today (change)

OMV ⓘ \$14,743

COE ⓘ \$21,282

ARF ⓘ \$16,218

Engine Cap 1,496 cc

Power 81.0 kW (108 bhp)

Curb Weight ⓘ 1,160 kg

No. of Owners ⓘ 2