ASS. REC. BY: Kasun | REF: CS3/ASM2200296/ 43 | 751W

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMN 3116C

at Workshop m/s MJE MOTOR

of 7, SIN MIN INDUST SEC 1 #01-94

Insured: AXA

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.

N/S	O/S

Bal. or Market Value: 69K

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMN 3116C Yr Regn: 2019 July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: HONDA FIT 1.3 6F CVT c.c 1317

Colour GREY A/C: Insured / Std / NI / NA

Sp.Reading 14533 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK3341080 _____

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: 175/65R14

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ACENDA

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 09/02/22 D.O.I. 11/02/22

Survey held at MJE MOTOR

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 - 44K
	ESTIMATE RANGE OF REPAIR / NO. OF DAYS - 5K - 6K / 8 days

Date/Time, File Pass to? _____

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

Report Format :

TOTAL

: Weekend

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 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	09/02/2022 15:52 (SGT)
Date of Accident	09/02/2022 12:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE (Changi) Jalan Eunos exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3116C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Vida & Partners Pte Ltd
Company Reg No	201534751W
Email Address	vidapartners.sg@gmail.com
Mobile Phone No	(Phone) +65-84180660
Alternative Phone No	(Home) +65-84180660

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	Commercial vehicle
Transmission	Auto
CC	1300

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNW00001192101
Cover Note Number	-

DRIVER

Name of Driver	Teng Zhi Qian
NRIC No	S8410706I

Date Of Birth	08/04/1984
Occupation	Indoor
Date Of Driving Pass	10/07/2014
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84180660
Alt. Phone Number	-
Email Address	vidapartners.sg@gmail.com
Address	209 New Upper Changi Road #03-651
Address complement	-
Postcode	460209
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

refer attached report.

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	SHA7873B
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Wee Ser Tiong
NRIC No	S1497708B
Contact Number	-
Address	-

ddress complement	-
ostcode	-
nsurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Teng Zhi Qian
Gender	Male
Phone No	(Phone) +65-84180660
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN3116C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Describe Circumstances of the Accident

I was driving vehicle A along PIE (Changi) Jalan Eunos Exit. Approaching giveway line along the slip road. I checked that traffic was clear. I proceeded with the left turn onto the main road. Suddenly, there was an oncoming vehicle approaching at a high speed. I slowed down & stopped to give way. Suddenly, I felt an impact on the rear of my vehicle. Vehicle B collided into the rear of my vehicle

My vehicle will be repaired at MJE MOTOR. After the collision felt a small bump on head, will seek doctor if pain persist. No police report made at the moment.

Declaration

We declare that the foregoing particulars are true in every respect.

VIDA & PARTNERS PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Eng/No:

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 insuror (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.

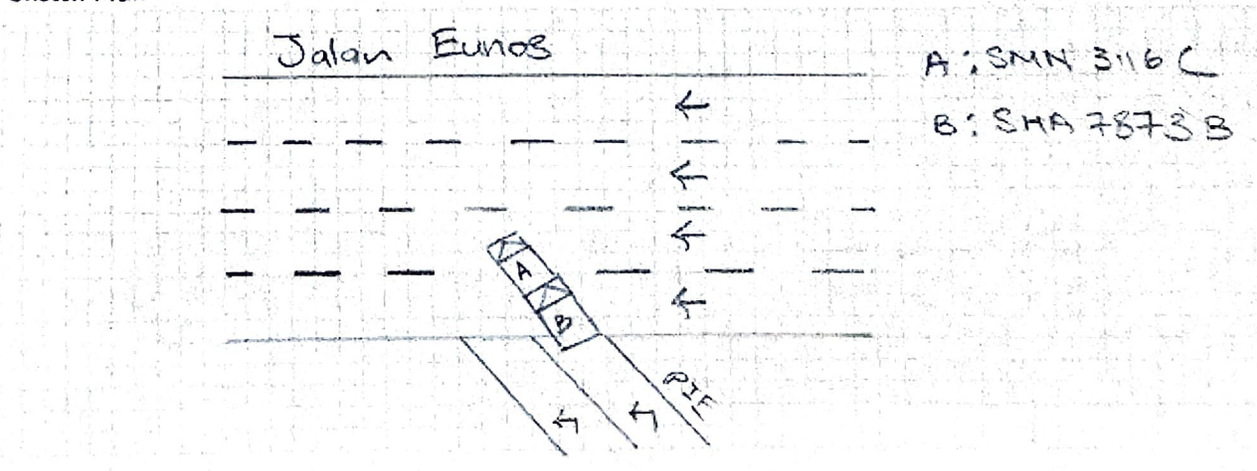
(collectively the "**Purposes**")

(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



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	751W
Vehicle No.:	SMN3116C
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Feb 2022
Vehicle Make:	HONDA
Vehicle Model:	FIT 1.3 GF CVT
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	L13B3931570
Chassis No.:	GK33417080
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	$15,855.00
Original Registration Date:	31 Jul 2019
First Registration Date:	31 Jul 2019
Transfer Count:	0
Actual ARF Paid:	$5,855.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jul 2029
PARF Rebate Amount:	$4,391.00
COE Expiry Date:	30 Jul 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$26,667.00
COE Rebate Amount:	$19,892.00
Total Rebate Amount:	$24,283.00

The information contained herein is correct as at 14 Feb 2022

OK

Honda Fit 1.3A GF

Overview | Financial | Accessories | Similar | Research | Photos | Map

Price	**$69,800**		
Depreciation	$8,860 /yr View models with similar depre	**Reg Date**	28-Aug-2019 (7yrs 6mths 13days COE left)
Mileage	38,000 km (15.4k /yr)	**Manufactured**	2019
Road Tax	$578 /yr	**Transmission**	Auto
Dereg Value	$28,564 as of today (change)	**OMV**	$16,011
COE	$31,917	**ARF**	$6,011
Engine Cap	1,317 cc	**Power**	73.0 kW (97 bhp)
Curb Weight	1,030 kg	**No. of Owners**	1
Type of Vehicle	Hatchback		