

ASS. REC. BY: gsm

REF:

CS3/ASM 22001513/RVY3

638F

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLZ 6940Tat Workshop m/s HARMONY MOTORof 10 AMK 1m PK 2A 402-12 AMKA.7Insured: SJD 36H ASM

Policy No. _____

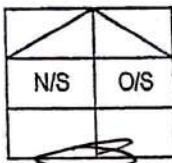
Claims No. S2M03TDW

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: 110k

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLZ 6940T Yr Regn: 2018 / MAYType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: ANDI A4 SEDAN 2.0 TFSI c.c. 1984Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 46448 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAN 222F46JA149761Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 8 Rim / STD A/Rim orTyre Size: F: 245/40ZR18R: 22BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 14/02/22 D.O.I. 16/02/22Survey held at HARMONY MOTORDes. 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 - 56K

17/2/22

ESTIMATE RANGE OF REPAIR - (4K-5K) / 4 days

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 17/2/22-typist

Report Format: _____

Lump Sum / L.B.J. (%)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others



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	15/02/2022 11:56 (SGT)
Date of Accident	14/02/2022 07:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE AFTER PAYA LEBAR EXIT LANE PIE(TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6940T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ER LI CHERN
NRIC No	S7429638F
Email Address	ERLC74@yahoo.com
Mobile Phone No	(Phone) +65-98398925
Alternative Phone No	+65-98398925

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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 car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01006967
Cover Note Number	15/5/2021-14/5/2022

DRIVER

Name of Driver	RYAN NEO JUN HAO
NRIC No	S9913589A

Date Of Birth	05/05/1999
Occupation	Outdoor
Date Of Driving Pass	21/05/2018
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96259955
Alt. Phone Number	-
Email Address	ryannjh@gmail.com
Address	BLK 895 TAMPINES ST 81 #10-934
Address complement	-
Postcode	520895
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD36H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance 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
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

IMPORTANT NOTICE

1. This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
2. The form must be completed by the policyholder and/or the Authorized Person.
3. This form must be submitted to the relevant authority as soon as possible after the accident to enable the relevant authority to investigate the accident and to determine the 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 GfK 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 lodging 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 as 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 investigation 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/post packages); and/or
 - (v) complying with applicable laws administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in the 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/are 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 of 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

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

Reporting Centre Personnel's Signature
Name
Staff ID No.



(A) - SLZ 69407

(B) - SJD 364

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report No. ~~910~~ 9/20220214/7085

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a fourteen (14) days clause whereby the claim must be made within the stipulated time frame from the day of occurrence.

☐	Reporting Only
☐	Claim OD
☐	Claim TP
☒	Claim OD / TP at either workshop

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC ID No:



**SINGAPORE
POLICE FORCE**



G/20220214/7085

1 of 2

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
4 Bedok North Road SINGAPORE 468076
Tel No 1800-2440000

Report No G/20220214/7085

Date/Time Report Made 14/02/2022 22:36	Vide Report No.	Station Diary No.
Name Of Informant RYAN NEO JUN HAO	Address 895 TAMPINES STREET #1 #10-934 SINGAPORE 520895	
ID Type / ID No. NRIC NO / S9913589A	Contact No. Home/Office:	Mobile: 96259955
Nationality SINGAPORE CITIZEN	Email Address RYAN.NJH@gmail.com	
Occupation	Sex	Age
National Service Full Time	Male	22
Institution/School Name	Language	Date of Birth
	English	05/05/1999
Date/Time Of Incident 14/02/2022 07:10 - 14/02/2022 07:20	Location Of Incident	Place
	895 TAMPINES STREET #1 #10-934 SINGAPORE 520895	Chinese

Brief details.

On 14 Feb, around 0712hr, traffic on the PIE(TUAS) was heavy. As the cars in front of me suddenly came to a stop, I had to perform an emergency brake and the driver behind me was not able to react on time and rear-ended me.
We then proceeded to exchange contact details before parting ways. As the day progressed, I began to notice some discomfort in my neck and back which gradually started hurting. After work, I went to see a doctor who issued me a 5 days MC to rest.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
14/02/2022 22:36

Officer In-Charge Of Case:

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220214/7085

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220214/7085

Subjects Involved			
Suspect			
Person Name	See Wee Khuan (Shi Wei-Quan)	ID No	S7123226F
ID Type	NRIC NO	Age	51-51
Gender	Male	Language	Chinese
Race	Chinese	Address	288 Tampines Street 22 #06-320 SINGAPORE 520788
Occupation	unsure	Relation To Informant	Guy who rear-ended me
Mobile No	97385400		
Victim			
Person Name	RYAN NEO JUN HAO	ID No	S9913589A
ID Type	NRIC NO	Age	22
Gender	Male	Language	English
Race	Chinese	Address	895 TAMPINES STREET #1 #10-934 SINGAPORE 520895
Occupation	National Service Full Time	Is Informant A	Yes
Mobile No	96259955	Victim?	Yes
Person Name	RYAN NEO JUN HAO (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
14/02/2022 22:36

Officer In-Charge Of Case:

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	638F
Vehicle No.:	SLZ6940T
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Feb 2022
Vehicle Make:	AUDI
Vehicle Model:	A4 SEDAN 2.0 TFSI S TRONIC (NAV)
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	CVK059250
Chassis No.:	WAUZZZF46JA149761
Maximum Power Output:	140.0 kW (187 bhp)
Open Market Value:	\$33,419.00
Original Registration Date:	15 May 2018
First Registration Date:	15 May 2018
Transfer Count:	0
Actual ARF Paid:	\$38,787.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 May 2028
PARF Rebate Amount:	\$29,090.00
COE Expiry Date:	14 May 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,501.00
COE Rebate Amount:	\$24,036.00
Total Rebate Amount:	\$53,126.00

The information contained herein is correct as at 16 Feb 2022

OK

Audi A4 2.0A TFSI S-tronic

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$107,800		
Depreciation ⓘ	\$14,590 /yr View models with similar depre	Reg Date	12-Mar-2018 (6yrs 24days COE left)
Mileage	56,000 km (14.2k /yr)	Manufactured ⓘ	2017
Road Tax ⓘ	\$1,194 /yr	Transmission	Auto
Dereg Value ⓘ	\$52,524 as of today (change)	OMV ⓘ	\$33,197
COE ⓘ	\$39,000	ARF ⓘ	\$38,476
Engine Cap	1,984 cc	Power	140.0 kW (187 bhp)
Curb Weight ⓘ	1,480 kg	No. of Owners ⓘ	2
Type of Vehicle	Luxury Sedan		