

ASS. REC. BY: Paul

REF:

CS3/ASM 22001687/Rty3

6770

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SFS 2925at Workshop m/s V8 MOTOR WORKZof 7, #01-92 SIN MINH (W) EST CInsured: ASM

Policy No. _____

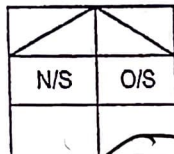
Claims No. _____

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: 62K

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: SFS 2926 Yr Regn: 2016 / MARType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: VOLKSWAGEN PASSAT 1.8T C.C 1798Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 83559 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVW2223C24E106389Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt or _____Brake: Order / Jammed / Leaked / Burnt or _____Modi: Nil / S Rim / STD A/Rim or _____Tyre Size: F: 245/36ZR20

R: _____

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

TOYO / YOKO or FAKSEN

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 01/02/22 D.O.I. 23/02/22Survey held at V8 MOTOR WORKZ

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

REAR O/S

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

Date / Time	Action / Instruction
	REPAIR LIMIT - 22K
	ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 3 days
	SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 31) _____
Date/Time, File Return to?☐ : Final Report

Resurvey No. of Trip: _____

2) _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Report Format: _____

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

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 15:59 (SGT)
Date of Accident	07/02/2022 08:25 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS292S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KENNETH DANIEL
NRIC No	SXXXXX077D
Email Address	CHYNNA_GTI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93668389
Alternative Phone No	+65-93668389

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
Variant	PASSAT B8 1.8 TFSI AT 3G24JZ
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	1798

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ21-005338
Cover Note Number	1/07/2021 - 14/07/2022

DRIVER

Name of Driver	KENNETH DANIEL
NRIC No	SXXXXX077D

Date Of Birth	16/11/1971
Occupation	Indoor
Date Of Driving Pass	30/09/1992
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93668389
Alt. Phone Number	+65-93668389
Email Address	CHYNNA_GTI@HOTMAIL.COM
Address	432 ANG MO KIO AVE 10
Address complement	#05-1441
Postcode	560432
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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	SHD8851S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	FOO SEK MING
IC No	SXXXX462F
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	KENNETH DANIEL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK & SHOULDER PAIN
Injured person in which vehicle?	SFS292S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 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:

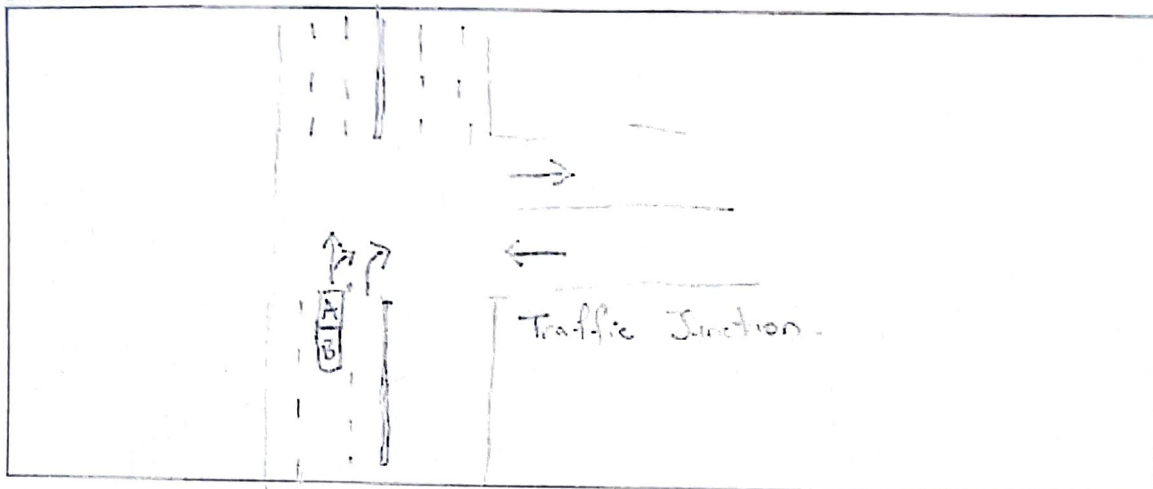
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

Date of accident: 07/02/22 Time: 08:25 Location: Tuas Silv Ave 3
 My Vehicle A: SFS 242C Vehicle B: SHP PF516 Vehicle C: -
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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 Person's Signature
Name:
NRIC/ID No:

Ah Lim Motor Company



SINGAPORE POLICE FORCE



T/20220207/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No. T/20220207/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2022 13:12		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: KENNETH DANIEL			Address: APT BLK 432 ANG MO KIO AVENUE 10 #05-1441 SINGAPORE 560432		
ID Type / ID No.: NRIC NO / S7198077D			Contact No.: Home/Office: Mobile: 93668389		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 16/11/1971	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: FACILITY MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2022 08:25	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFS292C	Car	VOLKSWAGO N	PASSAT 38 1.8 TFSI AT 3G24JZ	Brown	Seriously Damaged	0
SHD8851S	TAXI				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220207/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 4

Report No. T/20220207/2039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFS292C	EQ INSURANCE COMPANY LTD.	DMPPHQ21-005338	15/07/2021	14/07/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KENNETH DANIEL		ID No.	S7198077D
Related Vehicle	SFS292C (Car)		Contact No.	93668389
Hospital/Clinic	TUAS VIEW MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
TAXI DRIVER				
Name	FOO SEK MING		ID No.	SC022462F
Related Vehicle	SHD8851S (TAXI)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 07/02/2022 between 0825hrs to 0830hrs, I was driving my car bearing plate number SFS292C along Tuas South Ave 3 and I wanted to turn right to Tuas South Ave 1. I was in the keep right/go straight lane waiting to turn right and my signal to turn right was on. I was in stationary position for about 20 to 30 seconds.

Suddenly, I felt a hard hit at the rear of my vehicle. When I alighted from my car, I noticed a taxi bearing plate number SHD8851S had collided into the rear of my car. I didn't sustain any visible injuries due to the accident. However, I felt slight current and discomfort at the rear of my neck area.

My car sustained some damages at the rear areas. The bumper is broken at the rear right area, the booth is damaged and the alignment at the bottom rear has issues. The taxi sustained some damages at the front left bumper area.

I went to see a doctor at Tuas View Medical Centre due to the pain in my neck and was given 3 days of



**SINGAPORE
POLICE FORCE**



T/20220207/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 4

Report No. T/20220207/2039

CONTINUATION OF REPORT

medical leave from 07/02/2022 till 09/02/2022. I have an in car camera and it was recording but I have yet to check if there is any recording on the incident. No government properties were damaged and I will be awaiting for my X-ray results.



SINGAPORE
POLICE FORCE



T/20220207/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

4 of 4

Report No. T/20220207/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
F /

SGT 1 ESTHER EVELYN
MESHACH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/02/2022 13:12

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

SM 15

SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	077D
Vehicle No.:	SFS292C
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Feb 2022
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	PASSAT B8 1.8 TFSI AT 3G24JZ
Primary Colour:	Brown
Manufacturing Year:	2015
Engine No.:	CJS129644
Chassis No.:	WVWZZZ3CZGE106389
Maximum Power Output:	132.0kW (177 bhp)
Open Market Value:	\$29,813.00
Original Registration Date:	28 Mar 2016
First Registration Date:	28 Mar 2016
Transfer Count:	2
Actual ARF Paid:	\$28,739.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Mar 2026
PARF Rebate Amount:	\$20,117.00
COE Expiry Date:	27 Mar 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,604.00
COE Rebate Amount:	\$19,476.00
Total Rebate Amount:	\$39,593.00

The information contained herein is correct as at 24 Feb 2022

OK

Volkswagen Passat 1.8A TFSI

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

CAR CHOICE
SINGAPORE

The Best Buying Experience



Price

\$70,800

Depreciation ⓘ

\$11,920 /yr

[View models with similar depre](#)

Reg Date

21-Nov-2016

(4yrs 8mths 27days COE left)

Mileage

N.A.

Manufactured ⓘ

2016

Road Tax ⓘ

\$976 /yr

Transmission

Auto

Dereg Value ⓘ

\$46,670 as of today ([change](#))

OMV ⓘ

\$29,724

COE ⓘ

\$56,206

ARF ⓘ

\$28,614

Engine Cap

1,798 cc

Power

132.0 kW (177 bhp)

Curb Weight ⓘ

1,480 kg

No. of Owners ⓘ

1