ASS. REC. BY: CAVIL - REF. CS3 ASM	12200 1780 R y3 1 823H
A	SSIGNMENT
From: Date:	Veh No: SKT 6039P Yr Regn: 7015 / Jun
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Traller or
To Inspect Vehicle No: Skt 1039P	Make: Phinton 5008 1.6, 181 ETh c.c 1560
at Workshop m/s Himp LEK	Colour A/C: Insured / Std / NI / NA
of 160,500 mark DR 405217 Aurocary	Sp.Reading 105128 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No	C/No: VF30E9HD8ES182-709
Claims No.	Gen. Cond: Good / Part / Poor / Burnt
Surn Insured: Excess:	Steering: loorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil I Firim I STD A/Rim or
	Tyre Size: F: 215 552R18
(Policy Condition)	R: 1-
and the second s	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO DT NEWTON
Bal. or Market Value: 42k	<u>Front</u> Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. G mm L/Bal. mm
Est Repairs: days Res.: Yes or No	D.O.A. 92/02/22 . D.O.I. 07/03/22
Lum Sum: % 3 Val.: Yes or No	Survey held at HIAP LEK
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / 0	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
REPAIR LIMIT-12K	
ESTIMATE RANGE OF REPAIR	10. 0F DAYS - (2K-3K) /4 days
TO KIN TO OF THE PARTY	10. of 11/43 = (21= 11c)
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Nels/Time File Penn lo2	
Preli. Report:	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add	Fee: : Site Insp (\$) _s+Rs_si
	:Interview (\$) Photos
Repropriet:	: Tech. Invs (\$) Others
.ump Sum / I.B.I: (*)	: Weekend (%

TOTAL

SINGAPORE ACCIDENT STATEMENT

1. Please report correctly the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Authorised Driver
 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

23/02/2022 13:29 (SGT) 22/02/2022 16:00 (SGT) Claymore Rd, Singapore Claymore road towards Orchard Road Singapore

DETAILS OF OWN VEHICLE

No

Vehicle Registration Number

SKT6039P

Teo Kok Howe

xiidavid60@gmail.com

(Phone) +65-91817711

(Home) +65-91817711

No - Claiming third party

S1432823H

Peugeot

Private use

Private car

Auto

1600

5008

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

EQ Insurance Company Ltd Comprehensive No DMPPHQ21-003792

DRIVER

Name of Driver **NRIC No**

Teo Kok Howe S1432823H

Accident report SS02222N0001

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer attached report

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category

23/12/1977

Indoor

16/07/1960

44 YEARS AND 2 MONTHS

Male

(Phone) +65-91817711 (Home) +65-91817711

xiidavid60@gmail.com

Blk617A Punggol Drive #05-797

821617

Yes

No

Side Swipe

Clear

Dry

No

2

No

Yes

2

No

unknown

Female

No

No

SH6851D

Toyota

Prius

Taxi

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)

Sim Kian Hong S1190010J (Phone) +65-90104708

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C Accident report SS02222N0001

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as goas ible. 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 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 law yers/law firms, the Monetary Authority of Singapore and any resevant 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:
- (a) 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. Irrain 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' lear yearslaw fams, 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 law yers haw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (Y driver is not the policyhoicer) / Date Witnessed by Reporting Centre Time & Time Sketch Plan

SOSPICE OF STATE.

with a millioner following to All X L. MYC. THE MINE ASSUMESTED OF

Describe Circumstances of the Accident
一个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大
at about 1600 to 7 was down and value 5x76035P and 22 fets
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14-56-160291 11-19 11-19 11-19

Declaration

WWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel



Peugeot: 5008: 2017- (P87) 4-Wheel Total Alignment

Front: Left

Actual	Before	Specified Range
-0°13'	-0°13'	-1°06' -0°06'
3°47'	3°47'	3°30' 4°30'
-0°13'	-0°13'	-0°10' -0°02'
13°11'	13°11'	13°12' 14°12'
12°59'	12°59'	12°06' 14°06'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

2°43' 3°50'	-1°06' -0°06'
OEO!	
20	3°30' 4°30'
)°23'	-0°10' -0°02'
5°20'	13°12' 14°12'
2°37'	12°06' 14°06'
	5°20'

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	Before	Specified Range
2°30'	2°30'	-0°19' 0°19'
-0°03'	-0°03'	-0°19' 0°19'
-2°09'	-2°09'	-0°30' 0°30'
-0°36'	-0°36'	-0°20' -0°04'

Rear: Left

Actual	Before	Specified Range
-1°29'	-1°29'	-2°21' -1°21'
0°21'	0°21'	-0°08' 0°52'

Camber Toe

	Rear : Right				
1	Actual	Before	Specified Range		
	-1°27'	-1°26'	-2°21' -1°21'		
	0°20'	0°20'	-0°08' 0°52'		

Rear

Cross Camber Total Toe Thrust Angle

59

41

Actual	Total Openied rune	
-0°02'		
0°41'	0°41' 0°36' 0°52	
0.00, 0.00,		-0°30' 0°30'

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	823H
Vehicle No.:	SKT6039P
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Mar 2022
Vehicle Make:	PEUGEOT
Vehicle Model:	5008 (A) 1.6 E-HDI ETG ACTIVE MPV
Primary Colour:	Grey
Manufacturing Year:	2014
Engine No.:	10JBFT0073688
Chassis No.:	VF30E9HD8ES182709
Maximum Power Output:	84.0 kW (112 bhp)
Open Market Value:	\$24,635.00
Original Registration Date:	17 Jun 2015
irst Registration Date:	17 Jun 2015
Fransfer Count:	
Actual ARF Paid:	\$11,489.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jun 2025
PARF Rebate Amount:	\$7,467.00
OE Expiry Date:	16 Jun 2025
COE Category:	A- Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10 to the decide the state of t
(P Paid:	\$66,590.00
OE Rebate Amount	\$21,789.00
OE REDATE AMOUNT.	321/8700

The information contained herein is correct as at 08 Mar 2022

mart.com/used_cars/info.php?ID=1073360&DL=4145

Peugeot 5008 Diesel 1.6A e-HDi ETG

Overview Fina	ancial Accessories Si	milar Research	Photos Map
Price	\$38,800		
Depreciation ⑦	\$11,440 /yr View models with similar depre	Reg Date	24-Feb-2015 (2yrs 11mths 15days COE left)
Mileage	75,000 km (10.7k /yr)	Manufactured ⑦	2014
Road Tax ⑦	\$1,144 /yr	Transmission	Auto
Dereg Value ⑦	\$24,238 as of today (change)	Fuel Type	Diesel (Euro 5 Engine and Above)
COE ⑦	\$62,002	OMV ①	\$23,382
Engine Cap	1,560 cc	ARF ⑦	\$9,735
Curb Weight ⑦	1,520 kg	Power	84.0 kW (112 bhp)
Type of Vehicle	MPV	No. of Owners ⑦	3