

ASS. REC. BY: KAR

REF:

CS3/ASM22002105/RVY3

403B

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SNW 2579Jat Workshop m/s HAP LEXof 160, SIN AINZ DL #05-17 ANZCUMInsured: SHD 7273S ASM.

Policy No. _____

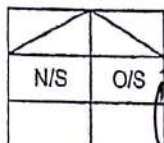
Claims No. S2M03UZG

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: 83K

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: SNW 2579J Yr Regn: 2014 / JUNType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A7SB3.0 TFSI Quattro 2595Colour BLACK A/C: Insured / Std / NI / NASp. Reading 142836 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAM2224646W114843

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/30R20

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 04/03/22

Survey held at

HAP LEX

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 15/03/22

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

O/S REAR

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT - 12KESTIMATE RANGE OF REPAIR / NO. OF DAYS - 0K-3K / 3 days

17/3/22

Submit PRS, repair range \$2,000-\$3,000

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 17/3/22-typist

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / I.B.A. (\$

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	07/03/2022 14:21 (SGT)
Date of Accident	04/03/2022 07:10 (SGT)
Exact Location of Accident	Jurong East, Singapore
Additional Location Information	Jurong East MRT taxi Stand J08
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2579J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Mohamed Naseer Bin MD Hassan
NRIC No	S7124403B
Email Address	nasnur96@yahoo.com.sg
Mobile Phone No	(Phone) +65-90056945
Alternative Phone No	(Home) +65-90056945

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A7
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	3000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA567930/1
Cover Note Number	-

DRIVER

Name of Driver	Mohamed Naseer Bin MD Hassan
NRIC No	S7124403B

Date Of Birth	06/07/1971
Occupation	Indoor
Date Of Driving Pass	26/08/1994
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90056945
Alt. Phone Number	(Home) +65-90056945
Email Address	nasnur96@yahoo.com.sg
Address	Blk 35 Jurong East Avenue 1 #02-05
Address complement	-
Postcode	609774
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 - Opening Door of Vehicle
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?	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

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	SHD7273S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-98597073
Address	-
Address complement	-

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-
-
-
-
-

SKETCH PLAN

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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' 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

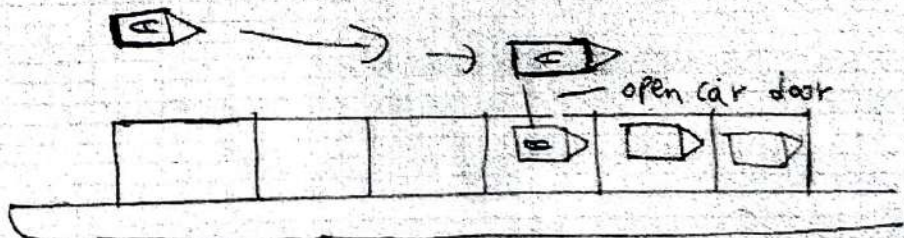
Sketch Plan

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

Witnessed by Reporting Centre Personnel

(A) 5MW 2579J

(B) SHD 72735



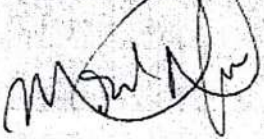
Jersey East mk+ Taxi Hand (Job)

Describe Circumstances of the Accident

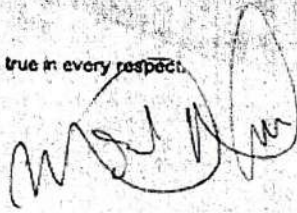
On 04/03/2022 @ about 7:10hrs, I am travelling along Jersey East
 taxi stand. I am going straight within my own lane, while passing
 by some stationary parked taxi at the taxi stand, I suddenly
 felt an impact on my right rear door portion. I stop my
 vehicle, alighted and realise that a passenger open the door
 at the left instead of open at the right to alight and hit
 onto my vehicle rear right door and rear right portion.

Declaration

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



Witnessed by Reporting Centre
 Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	403B
Vehicle No.:	SMW2579J
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Mar 2022
Vehicle Make:	AUDI
Vehicle Model:	A7 S8 3.0 TFSI QU (5-SEATER)
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	CGW089888
Chassis No.:	WAUZZZ4G4EN114843
Maximum Power Output:	228.0 kW (305 bhp)
Open Market Value:	\$67,214.00
Original Registration Date:	30 Jun 2014
First Registration Date:	30 Jun 2014
Transfer Count:	3
Actual ARF Paid:	\$92,986.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2024
PARF Rebate Amount:	\$55,791.00
COE Expiry Date:	29 Jun 2024
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$65,700.00
COE Rebate Amount:	\$15,001.00
Total Rebate Amount:	\$70,792.00

The information contained herein is correct as at 17 Mar 2022

OK