

ASS. REC. BY: V. K. M.

REF: CS3/CT122002144/Rity3

2560

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: S.L.C 57743

at Workshop m/s MJE MOTOR

of T. SIN MINK Ind CT SEC C#01-94

Insured: CTI

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: 52K

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: S.L.C 57743 Yr Regn: 20/6/MAY

Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: VOLKSWAGEN JETTA 4P1.4TDC 1390

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

Sp. Reading: 7767 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WVW 222162GM021564

Gen. Cond: Good /  Fair / Poor / Burnt

Steering:  In order / Jammed / Leaked / Burnt or

Brake:  In order / Jammed / Leaked / Burnt or

Mod:  Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55ZR16

R: \_\_\_\_\_

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

TOYO / YOKO or

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

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 05/03/22 D.O.I. 08/03/22

Survey held at MJE

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
	<u>REPAIR LIMIT - 16K</u>
	<u>ESTIMATE RANGE OF REPAIR / No. of days - (4K - 5K) / 6 days</u>
	<u>SUBMIT PRS REPORT</u>

Date/Time, File Pass to?  : Prel. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 6

Resurvey No. of Trip: \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / L.B./ ( ) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_ )

: Interview (\$ \_\_\_\_\_ )

: Tech. Invs (\$ \_\_\_\_\_ )

: Weekend (\$ \_\_\_\_\_ )

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL

# 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 ..... 05/03/2022 10:41 (SGT)  
Date of Accident ..... 05/03/2022 09:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO AVE 1 (TOWARDS MARYMOUNT RD)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLC5774J  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... EUGENE HO MUN THANG  
NRIC No ..... S8971256D  
Email Address ..... eugenehmt@gmail.com  
Mobile Phone No ..... (Phone) +65-94317262  
Alternative Phone No ..... +65-94317262

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Jetta  
Variant .....  
Exact purpose for which vehicle was being used at time of accident .....  
Are you claiming under your own insurance policy for repair to your vehicle? .....  
Vehicle Category ..... No - Claiming third party  
Transmission ..... Private car  
CC ..... Auto  
1400

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118226024-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... EUGENE HO MUN THANG  
NRIC No ..... S8971256D

Date Of Birth ..... 23/09/1989  
 Occupation ..... Indoor  
 Date Of Driving Pass ..... 06/03/2014  
 Driving experience ..... 8 YEARS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-94317262  
 Alt. Phone Number ..... +65-94317262  
 Email Address ..... eugenehmt@gmail.com  
 Address ..... 209A PUNGGOL PLACE #06-1272  
 Address complement ..... -  
 Postcode ..... 821209  
 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 ..... Chain Collision  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 4  
 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) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

PASSENGER 1

Name ..... LEONG CARMEN  
 Gender ..... Female

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 TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... VIDEO FOOTAGE WITH OWNER  
 Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMW3100A  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -

REF: 12411P/22MM927/D...2  
 ASS. REC. BY:

Vehicle Category  
 Name of Driver  
 Contact Number  
 Address  
 Address  
 Postcode  
 Insurance  
 Nationality  
 Date of Birth

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98283100
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE6408A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97438142
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SG1162Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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.

**3. 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.

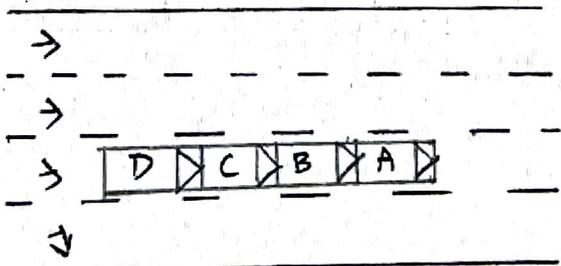
Policyholder's Signature / Date & Time

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

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1245 Fax: 6453 7944  
 (Claims Section)

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Ang Mo Kio Ave 1

- A: SLC 5774 J
- B: SMW 3100 A
- C: SLE 6408 A
- D: SG 1162 Y

**Describe Circumstances of the Accident**

I was driving vehicle A along Ang Mo Kio Ave 1 (towards Marymount Road) on Lane 2. Approaching the junction, traffic light was RED. Vehicles in front of me stopped. I slowed down and stopped too. After a few seconds, I felt an impact at the rear of my vehicle. Vehicle B collided into the rear of my vehicle. I alighted and realised it was a chain collision. There were no injuries.

**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

CITY AUTO RTE LTD  
748, Sio Ming Place  
#01-786762 ext. 6100 Ind Es  
Singapore 6648  
Tel: 6453 1234 Fax: 6453 794  
(Claims Section)  
Witnessed by Reporting Centre Personnel

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

# Volkswagen Jetta GP 1.4A TSI Highline

[Overview](#)

[Financial](#)

[Accessories](#)

[Similar](#)

[Research](#)

[Photos](#)

[Map](#)

**Price**

**\$53,900**

**Depreciation** ⓘ

\$9,880 /yr

[View models with similar depre](#)

**Reg Date**

27-Jul-2016

(4yrs 4mths 17days COE left)

**Mileage**

83,700 km (14.9k /yr)

**Manufactured** ⓘ

2016

**Road Tax** ⓘ

\$620 /yr

**Transmission**

Auto

**Dereg Value** ⓘ

\$38,073 as of today (change)

**OMV** ⓘ

\$20,857

**COE** ⓘ

\$53,000

**ARF** ⓘ

\$21,200

**Engine Cap**

1,390 cc

**Power**

90.0 kW (120 bhp)

**Curb Weight** ⓘ

1,417 kg

**No. of Owners** ⓘ

2

**Type of Vehicle**

Mid-Sized Sedan