

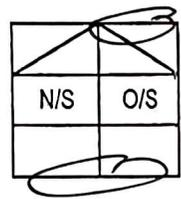
(08/11/13) wef
ASS. REC. BY: Rasul

REF: CS3/CTI 22002905/Rqy3

4529

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMB 5175C
 at Workshop m/s PEITIONK AUTO
 of 1017, YISHUN NW PKA #01-258
 Insured: CTI
 Policy No. _____
 Claims No. SNM22D201991/C02
 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: 52K
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 8 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: SMB 5175C Yr Regn: 2016 / MR
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: KIA FORTE K3 1.6 A SX c.c. 1591
 Colour: GREY A/C: Insured / Std / NI / NA
 Sp. Reading: 111418 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAF 2411 MG 5600 517
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 225/45R17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or CONTINENTAL

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>21/03/22</u>		D.O.I. <u>30/03/22</u>

 Survey held at PEITIONK
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
FRONT O/S & REAR
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
REPAIR LIMIT - 21K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (4K-5K) / 8 days

13/04/22 Submit PRS.

Date/Time, File Pass to? : Prell. Report
 1) 13/04 Typist : Final Report
 Date/Time, File Return to?
 2) _____
 Report Format: MER-PRS
 Lump Sum / I.B.I. (\$) _____

Days Of Repair: 8
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)) S + RS, SI
 : Interview (\$ _____)) Photos
 : Tech. Invs (\$ _____)) Others
 : Weekend (\$ _____))

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	22/03/2022 12:51 (SGT)
Date of Accident	21/03/2022 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MANDAI AVE EXIT TWDS SEMBAWANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5175C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BOON KIAT MELVIN
NRIC No	S8315452G
Email Address	melmey8387@gmail.com
Mobile Phone No	(Phone) +65-93636167
Alternative Phone No	+65-93636167

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	1591

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115110172-01
Cover Note Number	29/04/21 - 28/04/22

DRIVER

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

25/05/1983
 Indoor
 19/05/2011
 10 YEARS AND 10 MONTHS
 Male
 (Phone) +65-93636167
 +65-93636167
 melmey8387@gmail.com
 BLK 245 YISHUN AVE 9 #10-157
 -
 760245
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Chain Collision
 Clear
 Dry

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?

No
 3
 No
 -
 Yes
 1
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED. *THIRD PARTY CLAIM BY PEK TIONG AUTO SERVICES*

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Reasons for not uploading a video of the accident
 Was there any audio recorded?

Yes
 Yes
 INSURED TRY TO RETRIEVE AND FORWARD TO REPAIR WORKSHOP.
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver

SLE2518S
 -
 -
 -
 -
 Private car
 -

Postcode -
 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 FBT2025L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 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) 1

SKETCH PLAN

1 VEHICLE NO.: SMQ 5175C

2. INSURER CO: NTUC

3. ACCIDENT DATE & TIME: 21/3/22 @ 16:30

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 willful 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' 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")

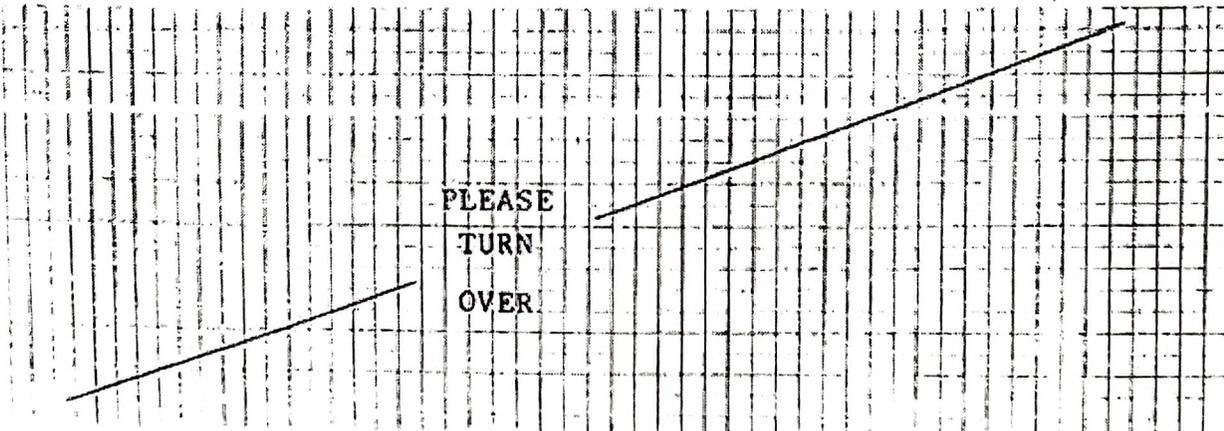
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers 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.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (# driver is not the policyholder) / Date & Time

[Signature] 22/3/22
Witnessed by Reporting Centre Personnel (Ys)

Sketch Plan



PLEASE
TURN
OVER

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	452G
Vehicle No.:	SMQ5175C
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2022
Vehicle Make:	KIA
Vehicle Model:	FORTE K3 1.6A SX
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	G4FGGH612555
Chassis No.:	KNAFZ411MG5600517
Maximum Power Output:	95.3 kW (127 bhp)
Open Market Value:	\$16,290.00
Original Registration Date:	29 Apr 2016
First Registration Date:	29 Apr 2016
Transfer Count:	1
Actual ARF Paid:	\$16,290.00
PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Apr 2026
PARF Rebate Amount:	\$11,403.00
Intended COE Rebate Details	
COE Expiry Date:	28 Apr 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,300.00
COE Rebate Amount:	\$19,287.00
Total Rebate Amount:	\$30,690.00

The information contained herein is correct as at 31 Mar 2022

OK

Kia Cerato K3 1.6A SX

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$52,800		
Depreciation ⓘ	\$10,930 /yr View models with similar depre	Reg Date	21-Apr-2016 (4yrs 20days COE left)
Mileage	95,000 km (16k /yr)	Manufactured ⓘ	2015
Road Tax ⓘ	\$738 /yr	Transmission	Auto
Dereg Value ⓘ	\$30,778 as of today (change)	OMV ⓘ	\$16,927
COE ⓘ	\$46,651	ARF ⓘ	\$16,927
Engine Cap	1,591 cc	Power	95.3 kW (127 bhp)
Curb Weight ⓘ	1,295 kg	No. of Owners ⓘ	1
Type of Vehicle	Mid-Sized Sedan		