

(08/11/13) wef

ASS. REC. BY: PRM

REF:

CS3/GA122002954/R4Y3

356A

COE XPRY: 2029/3M

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SKR 6784G

at Workshop m/s

GUAN SIANG TRADING

of

6034, AMK IND PR 2 #01-317/5
GA1

Insured:

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:

53K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

REPAIR LIMIT - 31K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (2K-3K) / 3 days

Veh No:

SKR 6784G

Yr Regn: 2009 / FEB

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

Truck / Trailer or

Make:

TOYOTA WISH 1.8 AUTO

c.c. 1784

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

317920

T/Radio: Insured / Std / NI / NA

Eng/No:

JTDGR12W 363001743

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:

215/45R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

29/03/22

D.O.I.

31/03/22

Survey held at

GUAN SIANG

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

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

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	29/03/2022 19:15 (SGT)
Date of Accident	29/03/2022 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER ALJUNIED ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR6784G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE CHENG HUAT
NRIC No	S1511356A
Email Address	ANNIE.TERN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93656951
Alternative Phone No	+65-93656591

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121662034
Cover Note Number	-

DRIVER

Name of Driver	WEE CHAI KOON
NRIC No	S1449145G

Date Of Birth	29/11/1959
Occupation	Indoor
Date Of Driving Pass	15/04/1980
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89021681
Alt. Phone Number	-
Email Address	ANNIE.TERNG@HOTMAIL.COM
Address	BLK 246 SERANGOON AVENUE 3
Address complement	-
Postcode	550246
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Raining
Road Surface	Wet

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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOW
Gender	Male

PASSENGER 2

Name	JIAN
Gender	Male

PASSENGER 3

Name	LONG
Gender	Male

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

ON THE 29/03/2022 1610HRS I WAS STATIONARY ALONG UPPER ALJUNIED ROAD. ON THE RIGHT LANE OF JOO SENG ROAD JUNCTION. SUDDENLY VEHICLE GBD8422T KNOCKED INTO THE REAR OF MY VEHICLE. NO ONE INJURED

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	GBD8422T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-81489608
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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)**

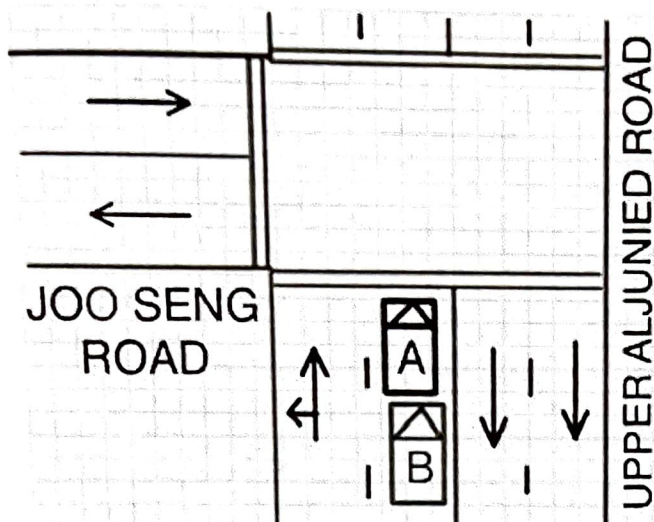
I understand, acknowledge, agree and consent that:

- (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: 29/03/2022
1900HRS

Reporting Centre Personnel's Signature
Name: SUMAN SUKUMAR
NRIC/FIN No.: S990968



B : GBD8422T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS FOR STATEMENT OF ACCIDENT

I/We declare the foregoing particulars are true in every respect.

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/03/2022
1900HRS

Reporting Centre Personnel's Signature
Name: SUMAN SUKUMAR
NRIC/FIN No.: S990968

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	356A
Vehicle No.:	SKR6784G
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 AUTO
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	1ZZ3225118
Chassis No.:	JTDER12W303001743
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,803.00
Original Registration Date:	20 Feb 2009
First Registration Date:	20 Feb 2009
Transfer Count:	3
Actual ARF Paid:	\$18,803.00
PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jan 2029
COE Category:	B - Car (1601cc & above)
COE Period (Years):	10
PQP Paid:	\$31,335.00
COE Rebate Amount:	\$21,412.00
Total Rebate Amount:	\$21,412.00

The information contained herein is correct as at 31 Mar 2022

OK

Toyota Wish 1.8A (COE till 01/2029)

Overview

Financial

Accessories

Similar

Research

Photos

Map

88 汽车贸易
MOTOR TRADING



Price	\$53,800		
Depreciation ?	\$7,860 /yr	Reg Date	19-Feb-2009 (6yrs 10mths COE left)
Mileage	N.A.	Manufactured ?	2009
Road Tax	\$1,361 /yr	Transmission	Auto
Dereg Value ?	\$21,445 as of today (change)	OMV ?	\$18,803
COE ?	\$31,335	ARF	\$18,803
Engine Cap	1,794 cc	Power	97.0 kW (130 bhp)
Curb Weight ?	1,310 kg	No. of Owners	3