

ASS. REC. BY: AmuREF: CS3/111 22 60 3082/Rty3

447C

COE XPIRY: 2028 SEP

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJY 4323Sat Workshop m/s EM SOLUTIONof 160 SIN MINH DR #03 - 18/A AnurthyInsured: 111

Policy No. _____

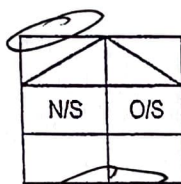
Claims No. _____

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: 57K

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: SJY 4323S Yr Regn: 2008 / 86P

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

Truck / Trailer or

Make: MAZDA5 S/R c.c. 1999Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 304466 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3M6CR10F280307027

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: 215/45ZR17

R: _____

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 01/04/22 D.O.I. 04/04/22Survey held at EM SOLUTION

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

FRONT N/S & REAR

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

Date / Time Action / Instruction

REPAIR LIMIT - 35KESTIMATE RANGE OF REPAIR / NO. OF DAYS - (4K-5K) / 6 daysSUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Transportation:

Resurvey No. of Trip:

Preli. Report

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 02/04/2022 11:05 (SGT)
Date of Accident 01/04/2022 18:40 (SGT)
Exact Location of Accident Holland Rd, Singapore
Additional Location Information Holland Road towards North Buona Vista Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY4323S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Tin Wai Leong
NRIC No S7225447C
Email Address tinwaileong@hotmail.com
Mobile Phone No (Phone) +65-90228109
Alternative Phone No (Home) +65-90228109

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
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 1999

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5111178294-02
Cover Note Number -

DRIVER

Name of Driver Tin Wai Leong
NRIC No S7225447C

.....	25/07/1972
.....	Outdoor
.....	25/05/1998
.....	23 YEARS AND 11 MONTHS
.....	Male
.....	(Phone) +65-90228109
.....	(Home) +65-90228109
.....	tinwaileong@hotmail.com
.....	Blk 22 Dover Crescent #06-356
.....	-
.....	130022
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	unknown
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

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	SLL9820K
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Number	Mohamed Shah
	S1558049F
complement	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Tin Wai Leong
Gender	Male
Phone No	(Phone) +65-90228109
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJY4323S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

I was driving along Holland Rd. towards the direction of North Buona Vista.
When vehicles ahead came to a stop I followed suit. Next second I felt a strong impact from the rear of my vehicle causing my car to surge forward & hit onto a Singapore motorcycle in front of me. I alighted to check. The front motorcyclist claimed that he was okay & drove off. I did not take his name. I then exchanged particulars with Veb (B) that hit onto my rear.
I felt pain on my back this morning & will be consulting the doctor later.


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

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 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 :

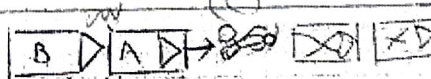
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Holland Road

A) SJ4 43235

B) SLK 9820 K

C) unknown

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	447C
Vehicle No.:	SJY43235
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Apr 2022
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA5
Primary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	LF10579446
Chassis No.:	JM6CR10F280307027
Maximum Power Output:	107.0 kW (143 bhp)
Open Market Value:	\$20,695.00
Original Registration Date:	15 Sep 2008
First Registration Date:	15 Sep 2008
Transfer Count:	3
Actual ARF Paid:	\$20,695.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	14 Sep 2028
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$13,377.00
COE Rebate Amount:	\$21,500.00
Total Rebate Amount:	\$21,500.00

The information contained herein is correct as at 05 Apr 2022

OK

Mazda 5 2.0A (COE till 12/2028)

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$59,700		
Depreciation ⓘ	\$8,900 /yr	Reg Date	17-Dec-2008 (6yrs 8mths 11days COE left)
Mileage	125,000 km (9.4k /yr)	Manufactured ⓘ	2008
Road Tax ⓘ	\$1,697 /yr	Transmission	Auto
Dereg Value ⓘ	\$21,153 as of today (change)	OMV ⓘ	\$22,106
COE ⓘ	\$31,553	ARF ⓘ	\$22,106
Engine Cap	1,999 cc	Power	107.0 kW (143 bhp)
Curb Weight ⓘ	1,527 kg	No. of Owners ⓘ	4
Type of Vehicle	MPV		