

ASS. REC. BY:

REF:

MSG / 22003414/K vy3

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SMR 859R

Policy No. 30001962467

Claims No. 272301

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:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

EST NOT ready

16/6/22

LS 2200 (Red 895.65, 28%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 16/6/22-typist

Report Format : Merimen

Lump Sum / H.B.T. (\$ 2200)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / 8/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

YOUR CHARGE

SMZ9009B

&gt; Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Singapore NRIC

Owner ID:

362Z

**Vehicle Details**

Vehicle No.:

SMZ9009B

Vehicle to be Exported:

No

Intended Deregistration Date:

05 Apr 2022

Vehicle Make:

TOYOTA

Vehicle Model:

SIENTA HYBRID 1.5G A

Primary Colour:

Yellow

Manufacturing Year:

2016

Engine No.:

1NZR410744

Chassis No.:

NHP1707048063

Maximum Power Output:

73.0 kW (97 bhp)

Open Market Value:

\$25,333.00

Original Registration Date:

05 Aug 2016

First Registration Date:

05 Aug 2016

Transfer Count:

1

Actual ARF Paid:

\$5,000.00

**Intended PARF Rebate Details**

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

04 Aug 2026

PARF Rebate Amount:

\$3,500.00

**Intended COE Rebate Details**

COE Expiry Date:

04 Aug 2026

COE Category:

A - Car up to 1600cc &amp; 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$52,301.00

COE Rebate Amount:

\$22,649.00

**Total Rebate Amount:****\$26,149.00**

The information contained herein is correct as at 05 Apr 2022

OK

## 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 ..... 05/04/2022 19:32 (SGT)  
Date of Accident ..... 04/04/2022 14:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MT. ELIZABETH NOVENA HOSPITAL - PICK UP/ALIGHTING  
Country/State of Loss ..... POINT  
Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMZ9009B

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAI THIAM FATT  
NRIC No ..... SXXXX362Z  
Email Address ..... michealchai5680@gmail.com  
Mobile Phone No ..... (Phone) +65-81126446  
Alternative Phone No ..... +65-81126446

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... SIENTA HYBRID 1.5G A  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

#### INSURANCE COMPANY

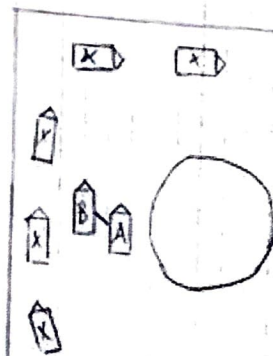
Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120928668-01  
Cover Note Number ..... 09/02/22 - 08/02/23

#### DRIVER

Name of Driver ..... CHAI THIAM FATT

# Sketch Plan

Mount Elizabeth Novena Hospital - Pick Up/Dropping Point



A: SMZ9009B

B: SMR859R

Abdul Alim s/o  
Mohamed Hanifah

S7322609J

HP-96747495

Passenger - Shaan Shetty  
(num) 96842981

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving in the drive way when passing-by car B at my left, a young passenger namely Mr. Shaan Shetty of car B opened the passenger right rear door and hit onto the left portion of my car including the front left side mirror causing damage.

**Note :** Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

I/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:

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

( ) Claim Own Policy ( ☒ ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )