

(08/11/13) wef

ASS. REC. BY: Zhu

REF:

CS3/AIS 22003658/Rty3

2810

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SMY 5182P

at Workshop m/s

MJE

of

7, SIN MINH Ind EST sector C #01-94

Insured:

AIS

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:

69K

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:

Veh No:

SMY 5182P

Yr Regn:

2016 / MAY

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

Truck / Trailer or

Make:

SUBARU FORESTER 2.0 XT SR c.c 1998

Colour:

GREY

A/C: Insured / Std / NI / NA

Sp. Reading

080554

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JFIS JGK856G069568

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:

235/50R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

16/04/22

D.O.I.

20/04/22

Survey held at

MJE

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

FRONT O/S

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

Date / Time

Action / Instruction

REPAIR LIMIT - 86K

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

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

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	18/04/2022 13:45 (SGT)
Date of Accident	16/04/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES NORTH DR. 2 TOWARDS DR. 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY5182P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM BOON MING JERRY
NRIC No	SXXXX281D
Email Address	jerrylimbm@gmail.com
Mobile Phone No	(Phone) +65-93888925
Alternative Phone No	+65-93888925

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000238878-01
Cover Note Number	-

DRIVER

Name of Driver	LIM BOON MING JERRY
NRIC No	SXXXX281D

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

14/05/1995
Indoor
06/11/2015
6 YEARS AND 5 MONTHS
Male
(Phone) +65-93888925
+65-93888925
jerrylimbm@gmail.com
APT BLK 474 PASIR RIS DRIVE 6 #03-562
-
570474
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
Weather Conditions Clear
Road Surface Dry

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? 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 ENG CAI XUAN SABRINA
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 SMG9857U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -

Vehicle Category	Private car
Name of Driver	SUNNY WEE
NRIC No	SXXXX461H
Contact Number	(Phone) +65-97815201
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM BOON MING JERRY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY5182P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	ENG CAI XUAN SABRINA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY5182P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

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.

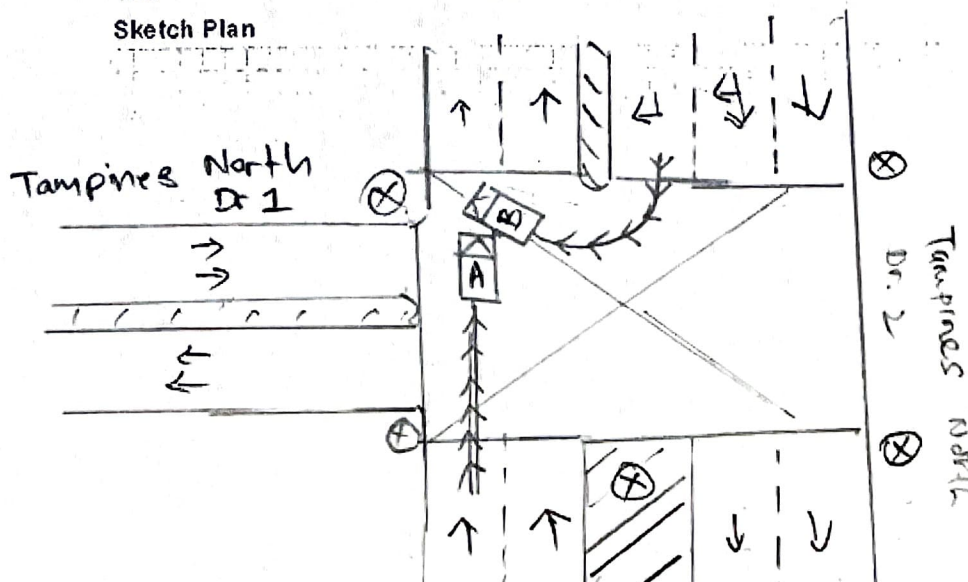
CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1245 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMY 5182P


B: SMG 9857U

Describe Circumstances of the Accident

I was driving vehicle A along Tampines North Drive 2 on Lane 2. Approaching the traffic junction, the traffic was green in my favour and I proceeded straight. Suddenly, vehicle B, from the opposite direction made an U-turn abruptly, encroached into my lane and collided into the front right of my vehicle. Both myself and my passenger sustained injuries.

Declaration

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

 18/01/22
Police Officer's Signature Date & Time

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

CP - AUTO FILE LT
Police Station Road
#01-85/87/82 Police Station
Singapore 110001
Tel: 2453 1111 Fax: 2453 1111
Traffic Section
Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	281D
Vehicle No.:	SMY5182P
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Apr 2022
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0XT CVT AWD SR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	FA20A893712
Chassis No.:	JF1SJGK85GG069568
Maximum Power Output:	177.0kW (237 bhp)
Open Market Value:	\$19,007.00
Original Registration Date:	03 May 2016
First Registration Date:	03 May 2016
Transfer Count:	1
Actual ARF Paid:	\$19,007.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 May 2026
PARF Rebate Amount:	\$13,304.00
COE Expiry Date:	02 May 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,000.00
COE Rebate Amount:	\$18,929.00
Total Rebate Amount:	\$32,233.00

The information contained herein is correct as at 22 Apr 2022

OK

Subaru Forester 2.0XT Sunroof

Overview

Financial

Accessories

Similar

Research

Photos

Map

CARZWORLD
PTE. LTD.

Price **\$70,988**

Depreciation	\$14,580 /yr View models with similar depre	Reg Date	30-Jun-2016 (4yrs 2mths 7days COE left)
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Mileage 97,000 km (16.7k /yr)

Manufactured 2016

Road Tax \$1,210 /yr

Transmission Auto

Dereg Value \$37,745 as of today ([change](#))

OMV \$19,805

COE \$57,010

ARF \$19,805

Engine Cap 1,998 cc

Power 177.0 kW (237 bhp)

Curb Weight 1,682 kg

No. of Owners 1