		ACCICNIMENTE		
		ASSIGNMENT	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
From:	Date:	Veh No: SJV1210	u. Yr Regn: 2010, Jan	
Estimated Cos	t:	Type: M.Car M.Cycle Bus Van	/ Lorry / Taxi / Prime Mover /	
OD / TP / WS /	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Veh	nicle No:	Make: Toyota Vio	s. c.c 1497	
at Workshop m/s		Colour Gold	A/C: Insured / Std / NI / NA	
of		Sp.Reading /527/6	T/Radio: Insured / Std / NI / NA	
nsured:	SLN 2979Y	Eng/No:		
Policy No.		C/No: MROS3	HY9305+33533	
	C10014870/JM	Gen. Cond: Good/ Fair / Poor / B		
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leal		
(Client's Record)			9	
Make of Veh:		Modi : Nil /S/Rim / STD A/Rir		
			5/60R15	
(Policy Condi	ition)		100 1100 -	
Remark: The veh had commenced its N/S O/S			BS / DUN / EXNOVA / GY / FS / LIZA / MIC) OHTSU / PIR / SUMI /	
	ir at the time of inspection.	TOYO / YOKO or		
Bal. or Market	Value:	Front	Rear	
DAC Accident	Rport: Consistent?: Yes or No	R/Bal. 06 mm	R/Bal. 0 6 mm	
GIA / PR Seen: Consistent?: Yes or No		L/Bal. 06 mm	L/Bal. 06 mm	
Est. Repairs:	days Res.: Yes or No	D.O.A. 21/4/2022	D.O.I. 25/04/22	
Lum Sum:	% 3 Val.: Yes or No	Survey held at	rest Antowork.	
	I DED I CAUDO	Des. of Damages : Frt / Rear		
CA / REV	/ REP. / 24 HRS Vehicle:	IN / OUT		
Date:	Person Contacted:	The U/C / Chassis frame /	Body Structure affected due to collision	
Date / Time	Action / Instruction	/		
40/7/00	Submit Is \$1650 (red 5270 6	COE E	×17ing: 31/12/24.	
12/7/22 Submit LS \$1650 (red 5279.60, 76%)				
	The vehicle has not send in fo	or repair		
	PV: 8.6K			
	Nett : 14.41C			
Osto/Timo File P-	00 602	2 4		
Date/Time, File Pa	e i i i i i i i i i i i i i i i i i i i	Days Of Repair: 4		
1) Final Report		Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?		add Fee: Site Insp. (\$	Transportation:	
2) 12/7/22-typist Add Fe)S+RSSI	
		: Interview (\$) Photos	
Papart Ford	- at a	: Tech. Invs (\$) Coher	



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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

21/04/2022 16:08 (SGT) 21/04/2022 08:45 (SGT) Singapore **Bartley Road East** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJV1210U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No Syed Osman Bin Mohd Hussain SXXXX139E rezigenes@gmail.com (Phone) +65-93865540 +65-93865540

VEHICLE PARTICULARS

Manufacturer

Model Variant

CC

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? Vehicle Category Transmission

Private use

Toyota

Vios

Vios

No - Claiming third party

Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

MT 00991184

Comprehensive

DRIVER

Name of Driver NRIC No

Syed Osman Bin Mohd Hussain SXXXX139E

Direct Asia Insurance (Singapore) Pte Ltd

Accident report \$101224L0002

16/03/1967 Date Of Birth Occupation Indoor 20/10/2009 Date Of Driving Pass 12 YEARS AND 6 MONTHS Driving experience Gender (Phone) +65-93865540 Mobile Number +65-93865540 Alt. Phone Number **Email Address** rezigenes@gmail.com Blk 768 Bedok Reservoir View #04-215 Address Address complement 470768 Postcode 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 Chain Collision Type of Accident Clear Weather Conditions 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 Naleena Name Female Gender 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 Report refer Sketch plan ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1 SLN2979Y** Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver	
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMZ1442R
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
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)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

chufhrisoil 210422

Policyhokier's Signature / Date & Time

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

K-M

P

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I WAS DRIVING ON BARTLEY RO EAST TRAVELING TOWARDS SCIP ROAD
BYIT TO AIRPORT RD. THE TRAFFIC WAS AT STANDITUL. MY VEHICLE
WAS STATIONARY. ABOUT 0845 HOURS A BLUE TOYOTA HIT THE BACK OF MYCA
THE DATE IS 21 APRIL 2022.
THE BATE TO LE MARIE TOLE!

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Enquire PARF/COE Rebate for Registered Vehicle		
Vehicle Owner Particulars	Cinganora NPIC	
Owner ID Type:	Singapore NRIC	
Owner ID:	139E	
Vehicle Details	SJV1210U	
Vehicle No.:	No	
Vehicle to be Exported:		
Intended Deregistration Date:	26 Apr 2022	
Vehicle Make:	TOYOTA	
Vehicle Model:	VIOS E AUTO	
Primary Colour:	Green	
Manufacturing Year:	2009	
Engine No.:	1NZX981982	
Chassis No.:	MR053HY9305133533	
Maximum Power Output:	80.0 kW (107 bhp)	
Open Market Value:	\$12,717.00	
Original Registration Date:	12 Jan 2010	
First Registration Date:	12 Jan 2010	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$12,717.00	
PARF Eligibility:	Forfeited	
PARF Fligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	31 Dec 2024	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	5	
PQP Paid:	\$15,988.00	
COE Rebate Amount:	\$8,569.00	
Total Rebate Amount:	\$8,569.00	
Division that the 5-year COF for this vehicle cannot be further rene	ewed. The vehicle must be de-registered upon COE expiry or when the vehicle	

reaches its statutory lifespan (if applicable), whichever is earlier. The information contained herein is correct as at 26 Apr 2022

OK

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limited time offer

for \$19.95/mth

-only plan I no contract





vios

Price Range

Depreciation V

> 10 year(s) old V

Vehicle Type

C

Advanced

Used Car Comparison

--- Comparing 4 Vehicles ---

Toyota Vios 1.5A E (COE till 09/2024)



Toyota Vios 1.5A E (COE till 12/2024)



Add to Shortlist

Toyota Vios 1.5A J (COE till 01/2025)



Add to Shortlist

Toyota Vios 1.5A E (C 02/2025)



Add to Shortlist

Add all to Shortlist Back to search result

Clear All

Add to Shortlist

\$22,700

30-Dec-2009

153,000 km

N.A.

2009

Auto

1,497 cc

\$889 /yr

1,095 kg

indicators.

80.0 kW (107 bhp)

Powerful 1.5L VVT-i 16 valves inline

DOHC engine, auto transmission, ABS, EBD, dual SRS airbags, fuel efficient.

Factory fitted Toyota audio MP3/CD player and solar film. Remote alarm, sports rims and folding mirrors with

CAR DETAILS

Price

N.A. Instalment

Registration Date

Manufactured

Mileage

Transmission

Engine Cap

Road Tax Power

Curb Weight

Features

Accessories

Description

COE OMV

ARF

Depreciation No. of Owners

Type of Vehicle

Category

\$25,000

13-Nov-2009

2009

74,268 km

Auto 1,497 cc

\$889 /yr

80.0 kW (107 bhp)

1,095 kg

16V DOHC 1.5L VVT-I engine, 5 speed auto transmission, ABS, airbags, driver height adjuster, retractable mirror, fuel efficiency of 15km/l.

Vehicle is stock since day 1 of renewing

COE.

Selling due to no use for the vehicle. Always driven by lady driver. Mileage is as per what you see. Super underutilised car. Road tax ending on Nov 22. No

COE Car, Direct Owner Sale, Low

dealers please. Genuine sale.

Cheapest in the market! Low mileage! New paintwork! Low maintenance! Excellent condition! Loan available! Trade in welcome! Act fast and call us

now to arrange an appointment to view this stunning unit! \$15,988

\$12,717 \$12,717

\$8,470 /vr

3

Sedan COE Car \$25,800 N.A.

27-Jan-2010

2009

201,000 km Auto

1,497 cc

\$889 /yr

80.0 kW (107 bhp)

1,095 kg

1.5L 4 cylinders inline 16 valve DOHC WT-engine, 4 speed automatic transmission, front wheel drive, SRS airbags, knockdown rear seats.

Leather seats. Factory fitted audio system, retractable side mirrors, reverse sensors.

100% loan available, new leather upholstery seats to be installed, car in pristine conditions, in house and bank loan available. Trade in welcome. SMS/whatsapp/call for appointment and viewing!

\$16,184 \$12,288 \$12,288

\$9,360 /yr

6

Sedan

COE Car



\$26,000

N.A.

05-Feb-2010

2009

194,000 km

Auto

1,497 cc \$889 /yr

80.0 kW (107 bhp)

1,095 kg

1.5L VVT-I 16 valve engine, 107 bhp, 5 transmission, low 14km/l, ABS, EBD,

16" sport rims. Upo player, pioneer spe two head rest tv m lighting and solar f

Super well taken ca Owner just change for car servicing! N Viewing to believe! viewing arrangeme

\$16,519

\$12,717 \$12,717

\$9,350 /yr

Sedan COF Car

1/2

Mileage Car most combined carefusedcars compare pho

\$14,743

\$12,717

\$12,641

5

Sedan

\$10,280 /yr