

Ass. Rec. By:

REF: CS/AGI22004208/Avy3

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: **SLU 7306U**
 Policy No. _____
 Claims No. **C10015093/CD**
 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: _____
 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: **SJR7759K** Yr Regn: **2009, July.**
 Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Citroen CH** C.C. **1598**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **197212** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **VF7LC5FWF9Y532518**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Inorder** / Jammed / Leaked / Burnt or _____
 Brake: **Inorder** / Jammed / Leaked / Burnt or _____
 Modi: **Nil** / S/Rim / STD A/Rim or _____
 Tyre Size: F: **205/55R16.**
 R: **205/55R16.**
 BS / DUN / EXNOVA / GY / FS / LIZA / **MIC** / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. **5/5/2022** D.O.I. **06/05/22.**
 Survey held at **Xin Hua.**
 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	Action / Instruction
	TP Budget Direct.
14/6/22	Adrian informed LS \$10,000 (Red 17,534.51, 63%)
	mv: 41K (depreciation @ 6K x 6.9yr ≈ 41K).
	PV: 18.3K
	Nett: 22.7K.

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) **14/6/22-typist**

Report Format: **TP**

Amount: **LS \$10,000**

Days Of Repair: **5**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

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	05/05/2022 17:33 (SGT)
Date of Accident	05/05/2022 13:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE THOMSON EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7759K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE WAI PEK
NRIC No	S2767020B
Email Address	A6679b@gmail.com
Mobile Phone No	(Phone) +65-91770929
Alternative Phone No	+65-91770929

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4
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	1598

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00007721-01
Cover Note Number	-

DRIVER

Name of Driver	LEE WAI PEK
NRIC No	S2767020B

Date Of Birth	10/06/1963
Occupation	Indoor
Date Of Driving Pass	15/06/2013
Driving experience	8 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91770929
Alt. Phone Number	+65-91770929
Email Address	A6679b@gmail.com
Address	BLK 6 MARSILING DRIVE
Address complement	#14-76
Postcode	730006
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	Collision - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE ATTACHED STATEMENT

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	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU7306U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOSEPH FOO
Contact Number	(Phone) +65-87908070
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 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 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.

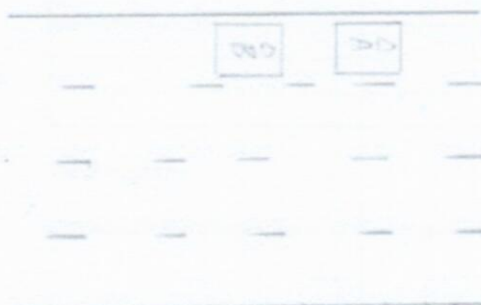
Policyholder's Signature / Date & Time

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

R 5/5/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A = SJR 7759K

Vehicle B = SLU 7306U

Pls Towards Charge Before Thomson Exit

Describe Circumstances of the Accident

On the stated time and date, I vehicle A SJR7759K WAS driving straight along PIE towards Changi before Thomson Exit on the 4th lane. Vehicle in front of vehicle A slow down, I followed suit. Suddenly vehicle B cannot slow down in time and collided into my vehicle.

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

R 5/5/22
Witnessed by Reporting Centre Personnel

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Singapore NRIC
Owner ID:	020B

Vehicle Details

Vehicle No.:	SJR7759K
Vehicle to be Exported:	No
Intended Deregistration Date:	07 May 2022
Vehicle Make:	CITROEN
Vehicle Model:	C4 SX 1.6i BVA AT ABS D/AEi P-SR 5DR 2WD
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	10FHBV0540119
Chassis No.:	VF7LC5FWF9Y532518
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$18,464.00
Original Registration Date:	14 Jul 2009
First Registration Date:	14 Jul 2009
Transfer Count:	1
Actual ARF Paid:	\$18,464.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	30 Apr 2029
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$26,175.00
COE Rebate Amount:	\$18,271.00
Total Rebate Amount:	\$18,271.00

The information contained herein is correct as at 07 May 2022

OK