

ASS. REC. BY: J. Man

REF: CS/ASM 22004340/Ray3

S
S35A

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLC 7247B

at Workshop m/s DYNAMIC MECHANIC

of 184, non-lamy Ind PK ES #01-03/04

Insured: AXA

Policy No. _____

Claims No. _____

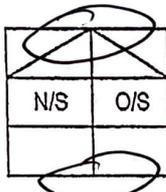
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 58K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 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: SLC 7247B Yr Regn: 2016 / may

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

Truck / Trailer or

Make: Subaru Legacy 2.5i - 2498

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 107143 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1BN9KC26601170

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225 / 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. 08/05/22 D.O.I. 10/05/22

Survey held at DYNAMIC MECHANIC

Des. of Damages Front / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 21K</u>
	<u>ESTIMATE REPAIR ROUTE / NO. OF DAYS - (5K-6K) / 6 days</u>
<u>30/05/22 @ 5.18pm</u>	<u>revised to Derick Ong via Smart Claims.</u>

Date/Time, File Pass to? : Preli. Report
1) 30/05 Typist : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

Survey Fee:

Transportation: _____

S + RS, SI _____

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 09/05/2022 14:42 (SGT)
Date of Accident 08/05/2022 14:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE (TUAS) BEFORE EXIT 26A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC7247B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHRISTOPHER ANDREW LIM
NRIC No SXXXX535A
Email Address SURMISING@GMAIL.COM
Mobile Phone No (Phone) +65-97405630
Alternative Phone No +65-97405630

VEHICLE PARTICULARS

Manufacturer Subaru
Model Legacy
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 2498

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10548514R00
Cover Note Number 25/05/2021 TO 24/05/2022

DRIVER

Name of Driver CHRISTOPHER ANDREW LIM
NRIC No SXXXX535A

..... Of Birth	27/03/1977
..... Occupation	Indoor
..... Date Of Driving Pass	13/03/2003
..... Driving experience	19 YEARS AND 2 MONTHS
..... Gender	Male
..... Mobile Number	(Phone) +65-97405630
..... Alt. Phone Number	+65-97405630
..... Email Address	SURMISING@GMAIL.COM
..... Address	261 ARCADIA ROAD #09-03
..... Address complement	-
..... Postcode	289853
..... 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?	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

REFER TO SKETCH PLAN

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	SJE2289B
..... Vehicle Manufacturer	-
..... Vehicle Model	-
..... Vehicle Variant	-
..... Vehicle Colour	-
..... Vehicle Category	-
..... Name of Driver	Private car
..... NRIC No	LAM KOK MENG ARRON
..... Contact Number	SXXXX822A
..... Address	(Phone) +65-98712891
.....	-

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 SGQ3818R
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver DERRICK WONG
 NRIC No -1
 Contact Number (Phone) +65-91828515
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

SKETCH PLAN

Budget Direct
Vehicle: SLC7277B
09/05/2022

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 re-evaluate 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;

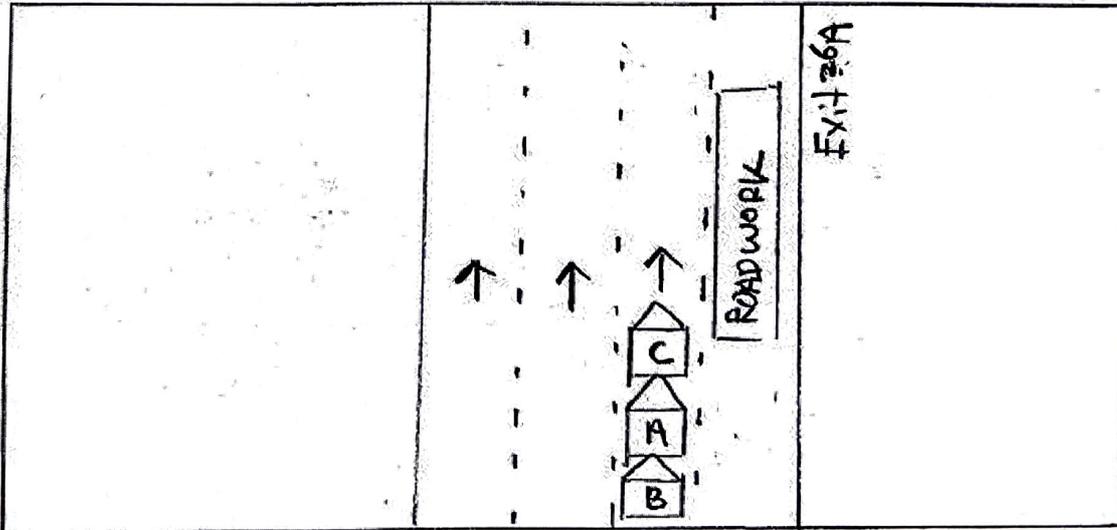
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

Sketch Plan



[Handwritten Signature]

Policyholder's Signature / Date & Time

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel



AN LIAM MOTOR COMPANY

Date of accident: 08/05/2022 Time: 2.45 PM Location: PIE (TUAS) Before Exit 26A
My Vehicle A: SLC7247B Vehicle B: SJE2289B Vehicle C: SGR3818K

SKETCH PLAN

Describe Circumstances of the Accident.

I WAS DRIVING STEADILY ON PIE (TUAS) HEADING TOWARDS EXIT 26A. THERE WERE ROAD WORKS ON THE RIGHTMOST LANE SO I WAS DRIVING ON THE SECOND-RIGHTMOST LANE. CARS AHEAD OF ME STARTED TO SLOW DOWN AND STOP DUE TO THE ROAD WORKS SO I STOPPED SUCCESSFULLY TOO, BEHIND VEHICLE C. AFTER I WAS AT A FULL STOP, VEHICLE B CRASHED INTO ME AT HIGH SPEED, CAUSING MY CAR TO MOVE FORWARD FROM THE IMPACT AND COME INTO CONTACT WITH VEHICLE C. THERE WERE NO INJURIES.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

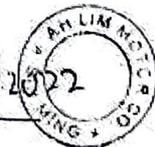
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

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

 08/05/2022
Witnessed by Reporting Centre Personnel



ALL LIM MOTOR COMPANY

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	535A
Vehicle No.:	SLC7247B
Vehicle to be Exported:	No
Intended Deregistration Date:	11 May 2022
Vehicle Make:	SUBARU
Vehicle Model:	LEGACY 2.5I-S CVT AWD SR
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	FB25Y250227
Chassis No.:	JF1BN9KC2GG011170
Maximum Power Output:	129.0 kW (172 bhp)
Open Market Value:	\$21,742.00
Original Registration Date:	25 May 2016
First Registration Date:	25 May 2016
Transfer Count:	0
Actual ARF Paid:	\$22,439.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 May 2026
PARF Rebate Amount:	\$15,707.00
COE Expiry Date:	24 May 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,010.00
COE Rebate Amount:	\$20,582.00
Total Rebate Amount:	\$36,289.00

The information contained herein is correct as at 11 May 2022

OK

Subaru Legacy 2.5i-S Sunroof

[Overview](#)

[Financial](#)

[Accessories](#)

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[Photos](#)

[Map](#)

CLASSIC CREDIT



SGCARMART'S PREMIUM DEALER
2013 / 2014 / 2015 / 2016 / 2017

Price	\$62,800		
Depreciation	\$12,080 /yr View models with similar depre	Reg Date	23-Sep-2016 (4yrs 4mths 11days COE left)
Mileage	74,112 km (13.2k /yr)	Manufactured	2015
Road Tax	\$1,798 /yr	Transmission	Auto
Dereg Value	\$38,937 as of today (change)	OMV	\$20,028
COE	\$57,002	ARF	\$20,040
Engine Cap	2,498 cc	Power	129.0 kW (172 bhp)
Curb Weight	1,604 kg	No. of Owners	1