

ASS. REC. BY: Am

REF:

Q/CT 22004494/Rty3

0700

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKX 2463Cat Workshop m/s LIM MOTORof 160 SIN MML DR #05-20Insured: CTI

Policy No. _____

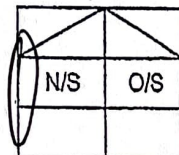
Claims No. _____

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: 46K

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: SKX 2463C Yr Regn: 2015 / DECType: M.Cary M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: NISSAN SYLPHY 1.6 CVT c.c. 1598Colour: GREEN A/C: Insured / Std / NI / NASp. Reading: 111579 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNT BBAB 1720025030

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / SRim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Kumho

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 05/05/22 D.O.I. 20/05/22Survey held at LIM MOTORDes. 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

REPAIR LIMIT - 14K

ESTIMATE RANGE OF REPAIR / no. of days - (1K - 2K) / 3 days

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Preli. Report

1) _____

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

Rep. Format:

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 13:29 (SGT)
Date of Accident	05/05/2022 14:44 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE Towards Jurong
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX2463C

INSURED/POLICY HOLDER

Is company?	No
Name Of Registered Owner	Toh Keng Heng
NRIC No	S1396070D
Email Address	kengheng450@gmail.com
Mobile Phone No	(Phone) +65-92271001
Alternative Phone No	(Home) +65-92271001

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1595

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5126121609
Cover Note Number	-

DRIVER

Name of Driver	Toh Keng Heng
NRIC No	S1396070D

Date Of Birth 24/06/1959
 Occupation Outdoor
 Date Of Driving Pass 10/08/1977
 Driving experience 44 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92271001
 Alt. Phone Number (Home) +65-92271001
 Email Address kengheng450@gmail.com
 Address Blk 458 Segar Road #11-147
 Address complement -
 Postcode 670458
 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 Hit and run / Vandalism / Damaged whilst parked
 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 unknown
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Bukit Panjang Neighbourhood Police Centre
 Police Station Address No.1 Segar Road #01-05 Singapore 677738
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

refer attached police report no. T/20220507/2044

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 GBH8999A
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Toh Keng Heng
Gender	Male
Phone No	(Phone) +65-92271001
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKX2463C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 renege 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 to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the 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 insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/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 firm/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 firm/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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TOWARDS SURUNG

A - SKX 2462
S - GSH 8991A

Describe Circumstances of the Accident

See Attached

Policyholder
12/20/2020
12/20/2020
12/20/2020

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 9/5/22
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	070D
Vehicle No.:	SKX2463C
Vehicle to be Exported:	No
Intended Deregistration Date:	23 May 2022
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	HR16975513B
Chassis No.:	MNTBBAB17Z0025030
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$16,439.00
Original Registration Date:	01 Dec 2015
First Registration Date:	01 Dec 2015
Transfer Count:	2
Actual ARF Paid:	\$16,439.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Nov 2025
PARF Rebate Amount:	\$10,685.00
COE Expiry Date:	30 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$59,200.00
COE Rebate Amount:	\$20,835.00
Total Rebate Amount:	\$31,520.00

The information contained herein is correct as at 23 May 2022

OK

Nissan Sylphy 1.6A

Overview

Financial

Accessories

Similar

Research

Photos

Map



SINGAPORE
ENTERPRISE
AWARDS 2016



Singapore
Vehicle
Traders
Association



QBE



Endorsed Agent for Auto Club Warranty

Price **\$46,888**

Depreciation ⓘ \$10,720 /yr
[View models with similar depre.](#)

Reg Date 31-Dec-2015
(3yrs 7mths 7days COE left)

Mileage N.A.

Manufactured 2015

Road Tax ⓘ \$742 /yr

Transmission Auto

Dereg Value ⓘ \$31,248 as of today ([change](#))

OMV ⓘ \$16,439

COE \$56,989

ARF ⓘ \$16,439

Engine Cap 1,598 cc

Power 85.0 kW (113 bhp)

Curb Weight 1,205 kg

No. of Owners ⓘ 3