

ASS. REC. BY:

REF:

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: _____

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: _____

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: SKU9247E Yr Regn: 2015 / August.

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

Truck / Trailer or

Make: Kia Forte K3 C.C. 1591

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

Sp. Reading: 133759 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFZ41MF54 70120

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: 225/45 R17.

R: 225/45 R17

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. _____ D.O.I. 19/05/22

Survey held at Modern.

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
	<u>TP Check.</u>
	<u>MV: 45K (Depreciation @ 11-5K x 3.2 yr + 50% ARF = 36.8 + 8.7 = 45K)</u>
	<u>PV: 29.8K</u>
	<u>Nett: 15.2K.</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

Transportation: _____

☐ : Interview (\$ _____)

Photos _____

☐ : Tech. Invs (\$ _____)

Others _____

Report Format: _____

1. Form 1, Form 2, Form 3, Form 4, Form 5, Form 6, Form 7, Form 8, Form 9, Form 10, Form 11, Form 12, Form 13, Form 14, Form 15, Form 16, Form 17, Form 18, Form 19, Form 20, Form 21, Form 22, Form 23, Form 24, Form 25, Form 26, Form 27, Form 28, Form 29, Form 30, Form 31, Form 32, Form 33, Form 34, Form 35, Form 36, Form 37, Form 38, Form 39, Form 40, Form 41, Form 42, Form 43, Form 44, Form 45, Form 46, Form 47, Form 48, Form 49, Form 50, Form 51, Form 52, Form 53, Form 54, Form 55, Form 56, Form 57, Form 58, Form 59, Form 60, Form 61, Form 62, Form 63, Form 64, Form 65, Form 66, Form 67, Form 68, Form 69, Form 70, Form 71, Form 72, Form 73, Form 74, Form 75, Form 76, Form 77, Form 78, Form 79, Form 80, Form 81, Form 82, Form 83, Form 84, Form 85, Form 86, Form 87, Form 88, Form 89, Form 90, Form 91, Form 92, Form 93, Form 94, Form 95, Form 96, Form 97, Form 98, Form 99, Form 100, Form 101, Form 102, Form 103, Form 104, Form 105, Form 106, Form 107, Form 108, Form 109, Form 110, Form 111, Form 112, Form 113, Form 114, Form 115, Form 116, Form 117, Form 118, Form 119, Form 120, Form 121, Form 122, Form 123, Form 124, Form 125, Form 126, Form 127, Form 128, Form 129, Form 130, Form 131, Form 132, Form 133, Form 134, Form 135, Form 136, Form 137, Form 138, Form 139, Form 140, Form 141, Form 142, Form 143, Form 144, Form 145, Form 146, Form 147, Form 148, Form 149, Form 150, Form 151, Form 152, Form 153, Form 154, Form 155, Form 156, Form 157, Form 158, Form 159, Form 160, Form 161, Form 162, Form 163, Form 164, Form 165, Form 166, Form 167, Form 168, Form 169, Form 170, Form 171, Form 172, Form 173, Form 174, Form 175, Form 176, Form 177, Form 178, Form 179, Form 180, Form 181, Form 182, Form 183, Form 184, Form 185, Form 186, Form 187, Form 188, Form 189, Form 190, Form 191, Form 192, Form 193, Form 194, Form 195, Form 196, Form 197, Form 198, Form 199, Form 200, Form 201, Form 202, Form 203, Form 204, Form 205, Form 206, Form 207, Form 208, Form 209, Form 210, Form 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1010, Form 1011, Form 1012, Form 1013, Form 1014, Form 1015, Form 1016, Form 1017, Form 1018, Form 1019, Form 1020, Form 1021, Form 1022, Form 1023, Form 1024, Form 1025, Form 1026, Form 1027, Form 1028, Form 1029, Form 1030, Form 1031, Form 1032, Form 1033, Form 1034, Form 1035, Form 1036, Form 1037, Form 1038, Form 1039, Form 1040, Form 1041, Form 1042, Form 1043, Form 1044, Form 1045, Form 1046, Form 1047, Form 1048, Form 1049, Form 1050, Form 1051, Form 1052, Form 1053, Form 1054, Form 1055, Form 1056, Form 1057, Form 1058, Form 1059, Form 1060, Form 1061, Form 1062, Form 1063, Form 1064, Form 1065, Form 1066, Form 1067, Form 1068, Form 1069, Form 1070, Form 1071, Form 1072, Form 1073, Form 1074, Form 1075, Form 1076, Form 1077, Form 1078, Form 1079, Form 1080, Form 1081, Form 1082, Form 1083, Form 1084, Form 1085, Form 1086, Form 1087, Form 1088, Form 1089, Form 1090, Form 1091, Form 1092, Form 1093, Form 1094, Form 1095, Form 1096, Form 1097, Form 1098, Form 1099, Form 1100, Form 1101, Form 1102, Form 1103, Form 1104, Form 1105, Form 1106, Form 1107, Form 1108, Form 1109, Form 1110, Form 1111, Form 1112, Form 1113, Form 1114, Form 1115, Form 1116, Form 1117, Form 1118, Form 1119, Form 1120, Form 1121, Form 1122, Form 1123, Form 1124, Form 1125, Form 1126, Form 1127, Form 1128, Form 1129, Form 1130, Form 1131, Form 1132, Form 1133, Form 1134, Form 1135, Form 1136, Form 1137, Form 1138, Form 1139, Form 1140, Form 1141, Form 1142, Form 1143, Form 1144, Form 1145, Form 1146, Form 1147, Form 1148, Form 1149, Form 1150, Form 1151, Form 1152, Form 1153, Form 1154, Form 1155, Form 1156, Form 1157, Form 1158, Form 1159, Form 1160, Form 1161, Form 1162, Form 1163, Form 1164, Form 1165, Form 1166, Form 1167, Form 1168, Form 1169, Form 1170, Form 1171, Form 1172, Form 1173, Form 1174, Form 1175, Form 1176, Form 1177, Form 1178, Form 1179, Form 1180, Form 1181, Form 1182, Form 1183, Form 1184, Form 1185, Form 1186, Form 1187, Form 1188, Form 1189, Form 1190, Form 1191, Form 1192, Form 1193, Form 1194, Form 1195, Form 1196, Form 1197, Form 1198, Form 1199, Form 1200, Form 1201, Form 1202, Form 1203, Form 1204, Form 1205, Form 1206, Form 1207, Form 1208, Form 1209, Form 1210, Form 1211, Form 1212, Form 1213, Form 1214, Form 1215, Form 1216, Form 1217, Form 1218, Form 1219, Form 1220, Form 1221, Form 1222, Form 1223, Form 1224, Form 1225, Form 1226, Form 1227, Form 1228, Form 1229, Form 1230, Form 1231, Form 1232, Form 1233, Form 1234, Form 1235, Form 1236, Form 1237, Form 1238, Form 1239, Form 1240, Form 1241, Form 1242, Form 1243, Form 1244, Form 1245, Form 1246, Form 1247, Form 1248, Form 1249, Form 1250, Form 1251, Form 1252, Form 1253, Form 1254, Form 1255, Form 1256, Form 1257, Form 1258, Form 1259, Form 1260, Form 1261, Form 1262, Form 1263, Form 1264, Form 1265, Form 1266, Form 1267, Form 1268, Form 1269, Form 1270, Form 1271, Form 1272, Form 1273, Form 1274, Form 1275, Form 1276, Form 1277, Form 1278, Form 1279, Form 1280, Form 1281, Form 1282, Form 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1374, Form 1375, Form 1376, Form 1377, Form 1378, Form 1379, Form 1380, Form 1381, Form 1382, Form 1383, Form 1384, Form 1385, Form 1386, Form 1387, Form 1388, Form 1389, Form 1390, Form 1391, Form 1392, Form 1393, Form 1394, Form 1395, Form 1396, Form 1397, Form 1398, Form 1399, Form 1400, Form 1401, Form 1402, Form 1403, Form 1404, Form 1405, Form 1406, Form 1407, Form 1408, Form 1409, Form 1410, Form 1411, Form 1412, Form 1413, Form 1414, Form 1415, Form 1416, Form 1417, Form 1418, Form 1419, Form 1420, Form 1421, Form 1422, Form 1423, Form 1424, Form 1425, Form 1426, Form 1427, Form 1428, Form 1429, Form 1430, Form 1431, Form 1432, Form 1433, Form 1434, Form 1435, Form 1436, Form 1437, Form 143

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	17/05/2022 10:13 (SGT)
Date of Accident	14/05/2022 12:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TO MOULMEIN EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9247E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG CHAN KONG
NRIC No	S7139121C
Email Address	jeffwong@gtech.com.sg
Mobile Phone No	(Phone) +65-90675890
Alternative Phone No	+65-90675890

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
Variant	k3
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5102935405-03
Cover Note Number	drivo CLASSIC, Transport Allowance

DRIVER

Name of Driver	WONG CHAN KONG
NRIC No	S7139121C

Date Of Birth	25/10/1971
Occupation	Indoor
Date Of Driving Pass	15/07/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90675890
Alt. Phone Number	+65-90675890
Email Address	jeffwong@gtech.com.sg
Address	27 SEMBAWANG CRESCENT #15-14 PARC LIFE
Address complement	-
Postcode	757056
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	EVELYN
Gender	Female

PASSENGER 2

Name	ISSAC
Gender	Male

PASSENGER 3

Name	DARYL
Gender	Male

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 SIZE LARGE TO UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM3362A
Vehicle Manufacturer	Skoda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEOW JIAN WEN, MARCUS
NRIC No	S8703831I
Contact Number	(Phone) +65-97353976
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	SON
Gender	Male

PASSENGER 2

Name	SON
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD4112T
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	RAMAN S/O PAVALAI
NRIC No	S2160617J
Contact Number	(Phone) +65-91079676
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 17/05/2022 09:59

Report No: MT

D.O.A: 14/05/2022

Vehicle No: SKU 9247E Reporting Type:

Time: 12:38 hrs

SKETCH PLANIMPORTANT 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



17/05/22 / 9:59

Policyholder's Signature / Date & Time

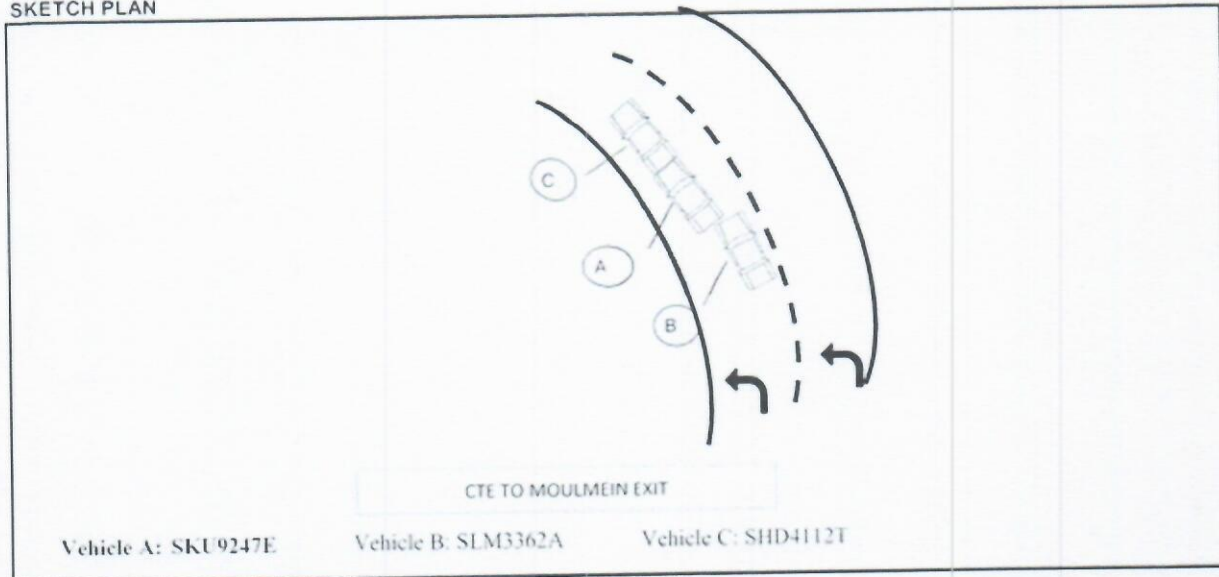

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

17/05/22 / 9:59

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I coming to a stop as all vehicles Infront was stopped. Suddenly vehicle B collided to my rear and the impact push my vehicle to front and collided to vehicle C. After which all of us driver alighted to assess the damages, took some photos and exchange particulars. No one was injured in this accident.

Declaration

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

17/05/22 / 9:59

Policyholder's Signature / Date & Time

17/05/22 / 9:59

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

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

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: 121C

Vehicle Details

Vehicle No.: SKU9247E
Vehicle to be Exported: No
Intended Deregistration Date: 20 May 2022
Vehicle Make: KIA
Vehicle Model: FORTE K3 1.6A SX S/R HID
Primary Colour: White
Manufacturing Year: 2015
Engine No.: G4FGFH784134
Chassis No.: KNAFZ411MF5470120
Maximum Power Output: 95.3 kW (127 bhp)
Open Market Value: \$17,555.00
Original Registration Date: 24 Aug 2015
First Registration Date: 24 Aug 2015
Transfer Count: 0
Actual ARF Paid: \$17,555.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 23 Aug 2025
PARF Rebate Amount: \$11,410.00

Intended COE Rebate Details

COE Expiry Date: 23 Aug 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$50,493.00
COE Rebate Amount: \$18,313.00
Total Rebate Amount: \$29,723.00

The information contained herein is correct as at 20 May 2022

OK

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forte

Price Range

Depreciation

Year Reg

Vehicle Type



Search

Advanced Search

Used Car Comparison

--- Comparing 2 Vehicles ---

Kia Cerato Forte 1.6A EX

Kia Cerato Forte 1.6A EX



Clear All

Add all to Shortlist

Back to search result

Add to Shortlist

Add to Shortlist

Use search bar above to select another car to compare.

Use search bar above to se to compare.

CAR DETAILS

Price	\$40,800	\$48,998	-
Instalment	\$852	\$833	-
Registration Date	17-Jun-2015	17-Mar-2016	-
Manufactured	2015	2016	-
Mileage	-	91,228 km	-
Transmission	Auto	Auto	-
Engine Cap	1,591 cc	1,591 cc	-
Road Tax	\$738 /yr	\$738 /yr	-
Power	95.3 kW (127 bhp)	95.3 kW (127 bhp)	-
Curb Weight	1,295 kg	1,295 kg	-
Features	1.6L 4 Cylinders 16 Valves, DOHC Dual CVT Engine, 127Bhp, 6 Speed Auto Transmission, SRS Airbags, ABS, Front/Rear Disc Brakes, Knockdown Rear Seats.	1.6L 4 Cylinders Dual CVT Engine, 127 BHP, 6 Speed Automatic Transmission, ABS, Airbags, Cruise Control, Disc Brakes, Auto Headlights/Rain Sensors.	-
Accessories	Sports Rims, Electric/Memory Seats, Rear Aircon, Auto Remote Side Mirrors, Multi-Function Steering Wheel.	Leather Seats, Sports Rims, Factory Fitted Audio System With Steering Controls, Reverse Camera/Sensors, Solar Film.	-
Description	Spacious Sedan High Trade-In & Flexible In House Loan Package Available. Please Call Our Friendly Representatives For More Information Or For Viewing.	Drive With Assurance With 5 Star Reviews! Genuine & Transparent! Agent Unit, 2 Yrs Warranty Till 05/2024. Int Rate From 1.88% Bank/In House 100% Loan \$50.9k, Highest Trade-In Assured! Deal With Us For A Peace Of Mind. STA Evaluation Welcome! Non PHV! No Repair Needed! All Wear & Tear Replaced! Good Conditions. Buy With Confidence! Best Deal Assured! 100% Impressive! View To Believe!	-
COE	\$56,495	\$45,000	-
OMV	\$14,500	\$14,603	-
ARF	\$9,500	\$14,603	-
Depreciation	\$11,720 /yr	\$10,900 /yr	-
No. of Owners	2	3	-