ASS. REC. BY: Rasu | REF: C8/CT122004924/Rqy3 | 6170 COE XPIRY: 2029/Aug

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJR 6576C

at Workshop m/s YAP MOTOR

of 7, SIN MING Ind EST SGCC #01-80/82

Insured: CT1

Policy No. _____

Claims No. SNM22D203606/C02

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: 27K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: SJR 6576C Yr Regn: 2009/July

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: TOYOTA WISH 1.8XA c.c 1797

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

Sp.Reading 297818 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2ZG2000D 8585

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or DURADO

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	23/05/22	D.O.I.	25/05/22

Survey held at YAP MOTOR

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
	REPAIR LIMIT - 19K
	ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (1K-2K) / 2 DAYS
31/05/22	Submit PRS.

Date/Time, File Pass to?

1) 31/05 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

Report Format : MER-PRS

Lump Sum / I.B.I: ($ _____)

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	24/05/2022 17:59 (SGT)
Date of Accident	23/05/2022 17:10 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	UPPER SERANGOON ROAD (BEFORE LOR BATAWI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6576C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BAN CHONG PHILIP
NRIC No	SXXXX617D
Email Address	PHILIPLBC@GMAIL.COM
Mobile Phone No	(Phone) +65-96959515
Alternative Phone No	+65-96959515

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10589493R00
Cover Note Number	04/07/2021 TO 03/07/2022

DRIVER

Name of Driver	CHOI CHUNG MIN
NRIC No	SXXXX636I

Date Of Birth	18/01/1977
Occupation	Indoor
Date Of Driving Pass	21/11/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90233004
Alt. Phone Number	-
Email Address	CHOICHUNGMIN@GMAIL.COM
Address	66 EDGEDALE PLAINS #09-31
Address complement	-
Postcode	828732
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

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	SJU7102P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POH SIOK CHING
NRIC No	SXXXX455J
Contact Number	(Phone) +65-88587477
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

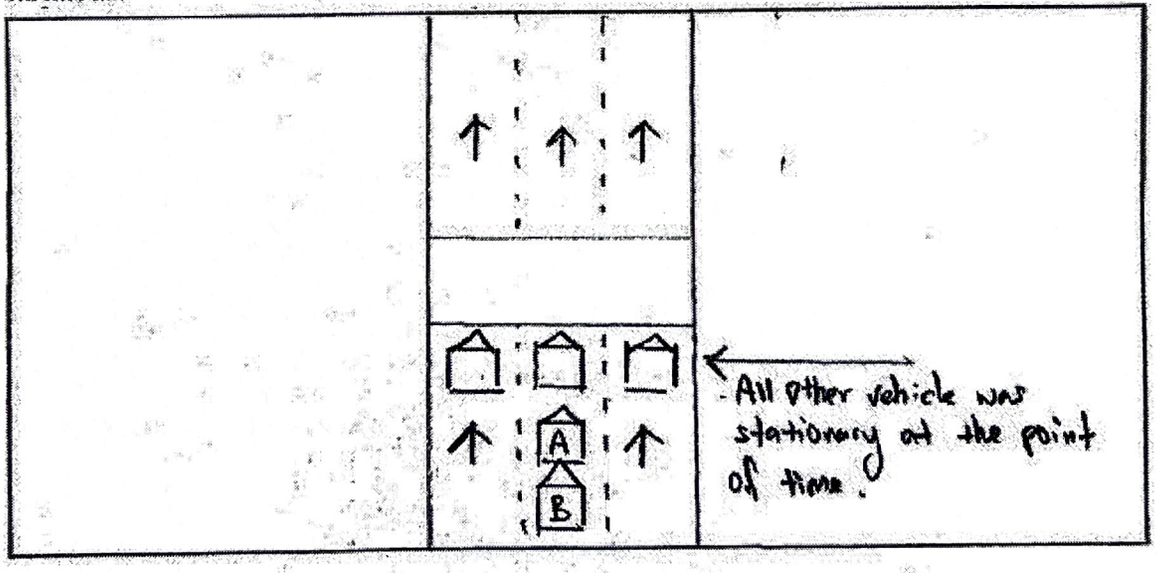
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

Sketch Plan



Policyholder's Signature / Date & Time

24/05/22 3:30pm

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

SIN MING MOTOR CO.

24/5/2022

Witnessed by Reporting Centre Personnel

All Us Motor Company

Date of accident: 23/05/2012 Time: around 5:10 pm Location: Along the Upper Serangoon Road

My Vehicle A: STR 6576C Vehicle B: SJJ 7102P Vehicle C:

SKETCH PLAN
Describe Circumstances of the Accident

My car was stopped at traffic light (red) and third party car accelerated and collided on the rear of my car before the traffic light turn Green. My vehicle is stationary at the point of time and it was in lane 2.

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: 24/05/22 3.30pm

Driver's Signature (if driver is not the policyholder) / Date & Time: 24/05/2022 3:30 pm

Witnessed by Reporting Centre Personnel: 24/05/2022

AH LIM MOTOR COMPANY

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	617D
Vehicle No.:	SJR6576C
Vehicle to be Exported:	No
Intended Deregistration Date:	26 May 2022
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X A
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	2ZRA330983
Chassis No.:	ZGE200008585
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	$21,329.00
Original Registration Date:	04 Jul 2009
First Registration Date:	04 Jul 2009
Transfer Count:	1
Actual ARF Paid:	$21,329.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2024
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	$19,782.00
COE Rebate Amount:	$7,965.00
Total Rebate Amount:	$7,965.00
Message	

Please note that the 5-year COE for this vehicle cannot be further renewed. 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 May 2022

OK

Toyota Wish 1.8A X (COE till 09/2025)

Price	**$43,800**		
Depreciation	$13,070 /yr	**Reg Date**	12-Oct-2010 (3yrs 4mths 4days COE left)
Mileage	113,000 km (9.7k /yr)	**Manufactured**	2009
Road Tax	$1,169 /yr	**Transmission**	Auto
Dereg Value	$11,706 as of today (change)	**OMV**	$22,408
COE	$17,468	**ARF**	$22,408
Engine Cap	1,797 cc	**Power**	106.0 kW (142 bhp)
Curb Weight	1,340 kg	**No. of Owners**	2