REF: A16/ 22005003/k Kenneth ASSIGNMENT From: STW 2148 E Yr Regn: 03, 10 Veh No: Estimated Cost: Type: M.Car'l M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / OD MP I WS I TP RES I OD RES I EVA I INV I MY Truck / Trailer or To Inspect Vehicle No: Make: at Workshop m/s M. Black Colour Insured / Std / NI / NA Sp.Reading T/Radio: Insured / Std / NI / NA Insured: Eng/No: Policy No. WBAPF 72040A 793605 C/No: Claims No. Gen. Cond: Gpod / Fair / Poor / Burnt Sum Insured: Excess: Steering: Inorder / Janmed / Leaked / Burnt or (Client's Record) Brake: Inoder/ Jammed / Leaked / Burnt or Make of Veh: Modi: NII / S/RIm / STO A/Rim or Tyre Size: (Policy Condition) 205/55R16 Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR) SUMI / repair at the time of inspection. TOYO / YOKO or Bal. or Market Value: 833/c **Front** IDAC Accident Rport: Consistent?: Yes or No Rear R/Bal. GIA / PR Seen: R/Ba! Consistent?: Yes or No L/Bal. Est. Repairs: D.O.A. 26/5 Lum Sum: 3 Val.: Yes or No Survey held at CA / REV / REP. / 24 HRS Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction EST NOT read : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trip: Cate/Firme, File Return to? Survey Fee: Transportation Add Fee: : Site Insp (\$ S + RS.__SI Interview (\$ Report Format:) Fint 75 Tech Invs (\$ Lump Sum / I.B.I: (\$ 1. Others Weekend (\$ CTAL

noi

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: Vehicle Details | 546A |
| Vehicle No.: | SJW2148E |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 26 May 2022 |
| Vehicle Make: | B.M.W. |
| Vehicle Model: | 318I 2.0L A/T ABS D/AIRBAG 2WD 4DR SR |
| Primary Colour: | Black |
| Manufacturing Year: | 2010 |
| Engine No.: | B4861629N46B20BZ |
| Chassis No.: | WBAPF72040A793605 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$30,274.00 |
| Original Registration Date: | 10 Mar 2010 |
| First Registration Date: | 10 Mar 2010 |
| Transfer Count: | |
| Actual ARF Paid: | \$30,274.00 |
| Intended PARF Rebate Details | \$50,27 1 .00 |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | 40.00 |
| COE Expiry Date: | 09 Mar 2025 |
| COE Category: | E - Open Category |
| COE Period(Years): | 5 |
| PQP Paid: | |
| COE Rebate Amount: | \$17,708.00 |
| Total Rebate Amount: | \$9,846.00 |
| Message | \$9,846.00 |
| | |

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or white 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

| Country/State of Loss STADIUM W |
|---------------------------------|
|---------------------------------|

DETAILS OF OWN VEHICLE

1995

SJW2148E

| AND CONTRACTOR OF THE CONTRACT | |
|--|------------------------------|
| INSURED/POLICYHOLDER . | |
| Is company? Name Of Registered Owner | No |
| NRIC No Email Address | ASHISH CHANDHOK SXXXX546A |

Email Address ashishchandhok@gmail.com Mobile Phone No (Phone) +65-91396687 Alternative Phone No +65-91396687

VEHICLE PARTICULARS

Vehicle Registration Number

| Manufact | |
|--|---------------------------------------|
| Manufacturer Model | BMW |
| 110-11-11-11-11-11-11-11-11-11-11-11-11- | 318I 2.0L A/T ABS D/AIRBAG 2WD 4DR SR |
| Variant | - ABO BIAINBAG ZWD 4DR SR |
| 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? Vehicle Category | No - Claiming third party |
| T | Private car |
| CC | Auto |

INSURANCE COMPANY

| Name of Insurance Company Type of Coverage Fleet Policy | China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive |
|--|---|
| Policy Number Cover Note Number | No DMPCSNW00057612201 10/03/22 - 09/03/23 |
| A STATE OF THE PARTY OF THE PAR | |

DRIVER

| Name of Driver | ASHISH CHANDHOK |
|----------------|-----------------|
| NRIC NO | SXXXX546A |

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer SKH6911J Vehicle Model Audi Vehicle Variant **A3** Vehicle Colour Vehicle Category Red Name of Driver Private car **CHNG YING YING** NRIC No. SXXXX295J Contact Number (Phone) +65-98333673

08,00 A-SJWDI48E B: SKH 6911 J DESCRIBE CIRCUMSTANCES OF THE ACCIDENT HP-98333673 Stadium MRT WW drivin Walk grouts the MO on WW in cass WAS hos oralogatic Note: Please note that your insurer may pave 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. DECLARATION I/We declare the foregoing particulars are true in every respect. 26 MAY 2022 Policyholder's Signature Driver's Signature Date & Time: 26 5 2 (If driver is not the policyholder) Reporting Centre Personnel's Signature Date & Time: () Claim Own Policy Name: () Claim Third Party () Reporting Only () Claim OD/TP at other workshop (NRIC/FIN No.: (Muk)

Fee.

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