18/11/13) wef REF: (\$3 CT(2	2005900 Rty3 4242
33. REG. DI. 11311	SSIGNMENT
Detail	Veh No: _ SGU [3] L Yr Regn: NOT / JAN
rom: Date.	Type: (M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
D / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
Inspect Vehicle No: SGM 131L	Make: Subaru FORBIER 200XI SPEC 1998
Workshop m/s 1111 DESIGN	Colour GROY A/C: Insured / Std / NI / NA
Workshop m/s LYN XESIGN 10, AMK IND PK 2A +to4-04	Sp.Reading 091656 . T/Radio: Insured / Std / NI / NA
sured: CTI	Eng/No:
olicy No.	C/No: JF1539K85467079692
aims No.	Gen. Cond: Good / @ Poor / Burnt
um Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
ake of Veh:	Modi: Nil / (Rim / STD A/Rim or
•	Tyre Size: F: D28 S5RJ8
(Policy Condition)	R: ~ ~ ~
	DIS BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	10Y0 / YOKO or
al. or Market Value: 80K	Front Rear
AC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
IA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
st. Repairs: days Res.: Yes or No	D.O.A. 76 66 22 D.O.I. 21/06/22
dm Sum; % 3 Val.: Yes or No	Survey held at Lyn Mashin
A / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN/C	
ate: Person Contacted: Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
REPORT LIMIT - 42K	rir Ino-of 1940- BK-4K1/6 days
SUBMIT PRS REPORT	
ite/Time, File Pass to? : Preli. Report	Days Of Repair: 6
: Final Report	Resurvey No. of Trip: Survey Fee:
ate/Time, File Return to?	Transportation:
Add	Fee: : Site Insp (\$)S+RS,SI
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
.ump Sum / I.B.I: (\$: Weekend (\$
	TOTAL

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	20/06/2022 15:57 (SGT)
Date of Accident	20/06/2022 08:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE (2ND LANE)
Country/State of Loss	Singapore

Country/State of Loss	Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SGU131L
INSURED/POLICYHOLDER	Spanish and American
Is company?	No
Name Of Registered Owner	CHIA YONG KWANG
NRIC No	SXXXX424Z
Email Address	CHIA_Y_K@YAHOO.COM
Mobile Phone No	(Phone) +65-98427593
Alternative Phone No	+65-98427593
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Subaru FORESTER 2.0XT CVT AWD SR - Private use No - Claiming third party Private car Auto 1998
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy	Sompo Insurance Singapore Pte. Ltd. Comprehensive
Policy Number	D22MTPV01000379
Cover Note Number	19/01/2022 - 18/01/2023

CHIA YONG KWANG

SXXXX424Z

DRIVER

	20/06/1970	s Port Muniter
Date Of Birth	Indoor	Sport Mur
	11/01/1991	htect ses com
as a diag Docc	31 YEARS AND 5 MONTHS	dd1.655 18
Date Of Driving Pass Driving experience	Male	rizet Mit
Gender		derressone Postcole Postcole
Mobile Number	(Phone) +65-98427593	11, 10,
Alt. Phone Number	+65-98427593	Market
Email Address	CHIA_Y_K@YAHOO.COM	14
Address	BLK 311C ANCHORVALE ANE #16-26	\ \
Address complement		1
Postcode	543311	,
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured		
Does Driver Own Other Vehicles?	No	H 19
Vehicle Registration Number of Other Vehicle Owned by Driver		A 250 g
	-	
Insurance Company of Other Vehicle Owned by Driver	- · · · · · · · · · · · · · · · · · · ·	**
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	X
Weather Conditions	Raining	
Road Surface	Wet	1 minutes
	vvet	
OTHER INFORMATION		
STALL IN CHARACTER		
Was any foreign vehicle involved in the annial to		4
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No	* *
Was anybody injured in the Assident?	2	
Was any injured convoyed to be site!	Yes	
Was any other vehicle or property demand 2	No	
Was any other vehicle or property damaged?	Yes	No.
Number of Passengers (Including Driver)	1	A 10
soliciting/offering accident claims assistance?	No	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	Yes	
Police Station Name	Sengkang Neighbourhood Police Centre	
Police Station Phone No	(Phone) +65-18003438999	
Alt. Police Station Phone No	(Fax) +65-63438939	3
Police Station Address	2 Sengkang Square #01-02	
Was notice of intended Prosecution given?	No	
If yes, against whom?		and the same
CIRCUMSTANCES OF ACCIDENT		
REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.		2 -
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	Yes	х .
Was there any audio recorded?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
Vehicle Registration Number	GBC2466L	
Vehicle Manufacturer	-	
Vehicle Model	-	91
Vehicle Variant	-	
Vehicle Colour		
Vehicle Category	Commercial vehicle	1

Page 2 of 22

Vehicle Category

me of Driver ssport No/FIN ontact Number	RAVICHANDRAN SURESHKUMAR GXXXX851T	
Address	-	
Address complement	<u>-</u>	
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	
Gender	CHIA YONG KWANG
Phone No	-
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	•
Injuries Sustained	- DODY// Without
Injured person in which vehicle?	BODY UNWELL
Were seat belts worn?	SGU131L
Was this injured conveyed to hospital by ambulance?	Yes No

ehicle A: SGU 131	2022_Time: 8.35am Locat L Vehicle B: 6.84, 24	ion: Along CTE (2nd lanc)
H PLAN	Section Market Control of the Contro	COV C. Veintle C:
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		the second of the second of the second
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1	RIN	
	$B \rightarrow H$	
RIBE CIRCUMSTANCES O	F THE ACCIDENT	
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ound 8.35 a.	n. The behble h	1 25 - 1 2 2 3 4 6 1 2 4
	A 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The second and and
top my Car	· Hs my Com was	in startnary a van
PRC 54885)	hitter onto f	he back at my con
he name out	the down is R	aulchandran Sucreshbu
Work Pernty	No - 0 3593561	4). The van 10 owned
2 Cool Inne	Nother Englosering	PIL
	3	
^		\$1.00 miles
Affached	Poker Report 1	50.
	T/2022 61	20/2020
	- // 3 - 3 - 3 - 3	370/30/3
· · · · · · · · · · · · · · · · · · ·		The property of the second sec
		}
] Claim OD/TP at Ah Lim	Motor Claim OD/TP at other	workshop Reporting Only
emarks : Please forward a	copy of my efile accident report to:	
y workshop:		
mail address :		
myself : nail address :		
ote: Please take note that	your insurer have 14 days timeframe for k with your own insurer for more inform	r you to submit own damage claim under
	with your own insurer for more inform	nation.
ARATION	ars are true in every respect.	CAHA
DECIMIE THE TOTEGOING ARTHOUGH	or and the microit teapert.	A NO
declare the foregoing particul		1.41 1172
A C		
declare the foregoing particular the foregoing	Driver's Signature	Reporting Centre Personnel's Signature

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.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 malling 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
- 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.

Policyholder's Signature

Date & Time:

20/06/2002

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	THE REPORT OF THE PROPERTY OF
Vehicle No.:	SGU131L
Vehicle to be Exported:	No.
Intended Deregistration Date:	22 Jun 2022
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 20XT CVT AWD SR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	FA20B854894
Chassis No.:	JF1SJGK85GG079692
Maximum Power Output:	177.0 kW (237 bhp)
Open Market Value:	\$19,237.00
Original Registration Date:	19 Jan 2017
First Registration Date:	19 Jan 2017
Transfer Count:	
Actual ARF Paid:	\$19,237.00
PARF Eligibility:	9
PARF Eligibility Expiry Date:	18Jan 2027
PARF Rebate Amount:	\$13,465.00
COE Expiry Date:	18 Jan 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,104.00
COE Rebate Amount	\$24,283.00
Total Rebate Amount:	\$37.748.00

The information contained herein is correct as at 22 Jun 2022

Subaru Forester 2.0A XT Sunroof

Overview

la intendental

Accessories

Similar

Research

Photos

Map



Curb Weight

1,682 kg

THE AUTOMOTIVE GUYS

Price	\$80,800		
Depreciation (\$15,550 /yr View models with similar depre	Reg Date	19-Jan-2017 : . (4yrs 6mths 27days COE left)
Mileage	108,000 km (19.9k /yr)	Manufactured ()	2016
Road Tax	\$1,210 /yr	Transmission	Auto
Dereg Value	\$37,778 as of today (change)	OMV 3	\$19,237
COE	\$53,106	ARF	\$19,237
Engine Cap	Î1,998 cc	Power	177.0 kW (237 bhp)

No. of Owners