

ASS. REC. BY:

REF: C12 / 22 006008/Kc

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Em

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 10.45on

(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: 02 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: SLH 4262A Yr Regn: 11, 16

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

Make: Toy Axi c.c. 1496

Colour: M. Beige A/C: Insured / Std / NI / NA

Sp. Reading: 211831 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NKE165 . 7136912

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: _____

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

Front: _____ Rear: _____

R/Bal: 4 mm R/Bal: 5 mm

L/Bal: 4 mm L/Bal: 5 mm

D.O.A. 13/6/22 D.O.I. 27/6/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>EST NOT READY</u>
<u>28/6</u>	<u>Kenneth said workshop do private settlement with owner. Submit preli report (Final sig \$755.98; 2 days) (Ref. 1304.42, 63%)</u>

Date/Time, File Pass to? : Preli. Report : Final Report

Date/Time, File Return to? 1) _____ 2) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) : Interview (\$) : Tech Invs (\$) : Weekend (\$)

Survey Fee:	
Transportation:	
S - RS - SI	
Fees	
Others	
TOTAL	

Report Format: TP
Lump Sum / (B.I) (\$) 755.98

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	673R
Vehicle Details	
Vehicle No.:	SLH4262A
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jun 2022
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO HYBRID 1.5G A
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1NZR427587
Chassis No.:	NKE1657136912
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$26,602.00
Original Registration Date:	02 Nov 2016
First Registration Date:	02 Nov 2016
Transfer Count:	2
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Nov 2026
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	01 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,507.00
COE Rebate Amount:	\$22,361.00
Total Rebate Amount:	\$25,861.00

The information contained herein is correct as at 29 Jun 2022

OK

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	14/06/2022 16:33 (SGT)
Date of Accident	13/06/2022 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES ST 42 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4262A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FULTONN MOTOR PTE LTD
Company Reg No	201504673R
Email Address	fultonnmotor@gmail.com
Mobile Phone No	(Phone) +65-90700069
Alternative Phone No	(Home) +65-90700069

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA AXIO HYBRID 1.5G A
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	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2001899052
Cover Note Number	-

DRIVER

Name of Driver	KAY HIAN JIN
NRIC No	S7713945A

Date Of Birth	19/05/1977
Occupation	Outdoor
Date Of Driving Pass	22/10/2002
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86680330
Alt. Phone Number	-
Email Address	fultonnmotor@gmail.com
Address	67 TAMPINES CENTRAL 7 #11-32
Address complement	-
Postcode	528598
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SAME AS SKETCH

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	GBA6218X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	BROTHER
Phone	-
Email	-

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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 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.



 Policyholder's Signature / Date & Time



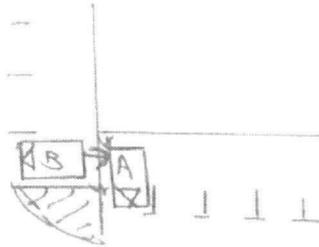
 Driver's Signature (if driver is not the policyholder) / Date & Time



 Witnessed by Reporting Centre Personnel

Sketch Plan

- A) SLH 4262A
- B) GBA 6218X



Tampines St 42 Open C/Park

Describe Circumstances of the Accident

Refer to Police report attached T/20220614/2045

I will be claiming 3rd party at EM SOLUTIONS.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



IMAGES





**SINGAPORE
POLICE FORCE**



T/20220614/2045

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3
Report No. T/20220614/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2022 14:29	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars			
Name of Informant: KAY HIAN JIN		Address: 67 TAMPINES CENTRAL 7 #11-32 SINGAPORE 528598	
ID Type / ID No.: NRIC NO / S7713945A		Contact No.: Home/Office: Mobile: 86680330	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 19/05/1977	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/06/2022 17:45	Type of Location: Car Park	
Location: TAMPINES STREET 42				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBA6218X	Van					0
SLH4262A	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T:20220614/2045

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3
Report No. T/20220614/2045

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	GBA6218X (Van)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Vehicle Owner			
Name	KAY HIAN JIN		ID No. S7713945A
Related Vehicle	SLH4262A (Car)		Contact No. 86680330
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the 13/06/2022 at 4pm plus, I parked my vehicle (SLH4262A) at one of the lot at B/450 Tampines St 42.

At about 1745hrs, my brother who is also the witness who parked opposite my vehicle spotted one van (GBA6218X) reversed into a parking lot and collided to the right rear side of my vehicle. He immediately notified me about it. My brother assisted to take a photo of the van and the damages on my vehicle. My brother then left. Later, I came down to check on my vehicle but the van had already left. There was also no note left behind to notify me about the accident. My vehicle suffered scratches on the rear right side. My brother in-car camera managed to capture the accident and he sent the footages to me.

I am lodging this report for Traffic Police follow-up.



**SINGAPORE
POLICE FORCE**



T/20220614/2045

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3
Report No. T/20220614/2045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: E / SGT 3 MUHAMMAD TAUFIQ BIN ISHAK 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Other SUFIYAN BIN KHAIRI Contact No.: 65476148

Signature Of Informant: 
Date/Time: 14/06/2022 14:29
Classification Of Case:

NP168

SLH 4262A

Rea	Tailor	RIT	COR	481.30	✓
Rea	Bumper			R 655.10	X
"	"	reflector	RIT	R 164.00	X

256

Panel	Beating	\$ 350.00	1801	✓
Spray	Painting	\$ 380.00	200	✓
Check	wiring	\$ 30.00	151	✓

\$2060.40.