

ASS. REC. BY:

REF:

MK-1 22006414/KC

C

Kenneth

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: 226k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 10 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

07/25

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: STX 7942RYr Regn: 07, 10Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HyundaiA/C: Avante c.c. 1591Colour: M. Maroon

A/C: Insured / Std / NI / NA

Sp. Reading: 195714

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNH0U418MAU 020245Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim orTyre Size: F: 185/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Wind force

Front

Rear

R/Bal. 8 mmR/Bal. 7 mmL/Bal. 8 mmL/Bal. 7 mmD.O.A. 2/7/22D.O.I. 6/7/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s & U/C

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

Date / Time

Action / Instruction

1 / Got BZ, Est not ready

14/7 / 1 Sup @ 5600d Carhu (Red. 6258.68, 52?)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10

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 / I.B.I. (\$

5,600

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	885E

Vehicle Details

Vehicle No.:	SJX7942R
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jul 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Red
Manufacturing Year:	2010
Engine No.:	G4FCAU848546
Chassis No.:	KMH DU41BMAU020245
Maximum Power Output:	89.7 kW (120 bhp)
Open Market Value:	\$11,471.00
Original Registration Date:	13 Jul 2010
First Registration Date:	13 Jul 2010
Transfer Count:	2
Actual ARF Paid:	\$11,471.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	12 Jul 2025
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$16,438.00
COE Rebate Amount:	\$9,915.00
Total Rebate Amount:	\$9,915.00

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 05 Jul 2022

OK

For Surveyor

SS2S22740003 / SIN MING AUTOCARE BFG PTE LTD
ENTRY DATE & TIME: 04/07/2022 15:22 (SGT)
SUBMITTED BY: SMBFG Admin
VERSION: 1 (04/07/2022 15:22 (SGT))

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	04/07/2022 15:22 (SGT)
Reported by	Driver
Date of Accident	02/07/2022 04:00 (SGT)
Exact Location of Accident	Queensway, Singapore
Additional Location Information	TOWARDS JLN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7942R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	W AUTO LEASING PTE LTD
Company Reg No	2XXXXX885E
Email Address	kengsiong@live.com.sg
Mobile Phone No	(Phone) +65-96737337
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122628072

DRIVER

Name of Driver	ANDRY ERFANTO BIN KAMSANI
NRIC No	SXXXX126Z
Date Of Birth	22/11/1972
Occupation	Outdoor

Date Of Driving Pass	28/10/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97994809
Alt. Phone Number	-
Email Address	kengsiong@live.com.sg
Address	BLK 436 FAJAR ROAD
Address complement	#06-398
Postcode	670436
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS AND POLICE REPORT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EL1011P
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
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	ANDRY ERFANTO BIN KAMSANI
Gender	Male
Phone No	(Phone) +65-97994809
Address	BLK 436 FAJAR ROAD
Address Complement	#06-398
Post Code	670436
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJX7942R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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;

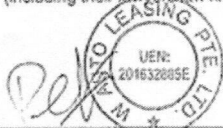
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

Andrey

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

Quarantine

Diagram showing a vehicle (A) and a person (B) with arrows indicating movement.

A) SJX 7942 R

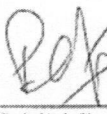

B) EL 1011 P

Describe Circumstance of the Accident

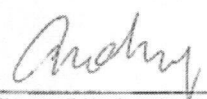
Refer to attached Police Report No: D/20220703/7003

Declaration



I/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
(Name as in NRIC/ID card)







SINGAPORE
POLICE FORCE



D/20220703/7003

1 of 2

POLICE REPORT (NP299)

Report No. D/20220703/7003

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 03/07/2022 02:47	Vide Report No.	Station Diary No.		
Name Of Informant ANDRY ERFANTO BIN KAMSANI	Address 436 FAJAR ROAD #06-398 SINGAPORE 670436			
ID Type / ID No. NRIC NO / S7243126Z	Contact No. Home/Office:	Mobile: 97994809		
Nationality SINGAPORE CITIZEN	Email Address ANDRYSANI@GMAIL.COM			
Occupation Taxi driver	Sex Male	Age 49	Date of Birth 22/11/1972	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 02/07/2022 04:00 - 02/07/2022 04:00	Location Of Incident QUEENSWAY			

Brief details.

On 2 July 2022, at about 4am, I was driving SJX 7942R along Queensway towards Jln Bukit Merah when another car hit me in the rear. The impact caused my car to swerve forcefully. Fortunately there were no other vehicles at that time.

I was able to stop and exit my car safely. However, the offending car had sped away and left the scene. Everything happened so fast, my dashcam could not record the registration plate. I only identified it as a dark coloured Toyota Sienta.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2022 02:47
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20220703/7003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220703/7003

A police car heard the loud crash and arrived shortly. After some questionings, I called for a tow truck and was allowed to leave.

Later during the day, my neck, shoulders and back started to ache. I consulted a doctor and was discharged from Ng Teng Fong General Hospital with 4 days Medical Leave.

Subjects Involved			
Suspect			
Person Name	Unknown		
Victim			
Person Name	ANDRY ERFANTO BIN KAMSANI		
ID Type	NRIC NO	ID No	S7243126Z
Gender	Male	Age	49
Race	Malay	Language	English
Occupation	Taxi driver	Address	436 FAJAR ROAD #06-398 SINGAPORE 670436
Mobile No	97994809	Is Informant A Victim?	Yes
Person Name ANDRY ERFANTO BIN KAMSANI (Informant)			

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
03/07/2022 02:47

Classification Of Case: