

ASS. REC. BY: Tauhin

REF: CS/CT/22006594/TCY3

ASSIGNMENT

COE 2027 Aug
Yr Regn: 2007, Aug

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.

<u>OK</u>	
N/S	O/S

Bal. or Market Value: \$80K

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

WP

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SND 8902H Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Audi RS4 C.C. 4163

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

Sp. Reading: 248349 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: WYA 222 8E87-N903286

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 255 / 40 R18 R: _____

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

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____ D.O.I. 12/7/22

Survey held at Biggest

Des. of Damages: Frt / Rear NO/S / N/S / U/C / Rooftop or Frt N/S

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

Date / Time	Action / Instruction

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

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

2) _____ Report Format: _____ Lump Sum / I.B.H. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:	_____
Transportation:	_____
\$ + RS. \$	_____
Photos	_____
Others	_____
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 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	30/06/2022 17:34 (SGT)
Reported by	Owner
Date of Accident	29/06/2022 08:30 (SGT)
Exact Location of Accident	743 Bedok Reservoir Rd, Singapore
Additional Location Information	743 BEDOK RESERVOIR ROAD CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND8902H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE SIEN LIANG JOSEPH
NRIC No	S7822601C
Email Address	LAI@F1TPT.COM
Mobile Phone No	(Phone) +65-87803190
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Rs4
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	0

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00000640

DRIVER

Name of Driver	KHOO CHUON FOOK
Passport No/FIN	F8094416X

Date Of Driving Pass	06/10/2021
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87803190
Alt. Phone Number	-
Email Address	LAI@F1TPT.COM
Address	124B JALAN PARI BURONG
Address complement	-
Postcode	488774
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Collided into Parked Vehicle
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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	GBJ8372Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

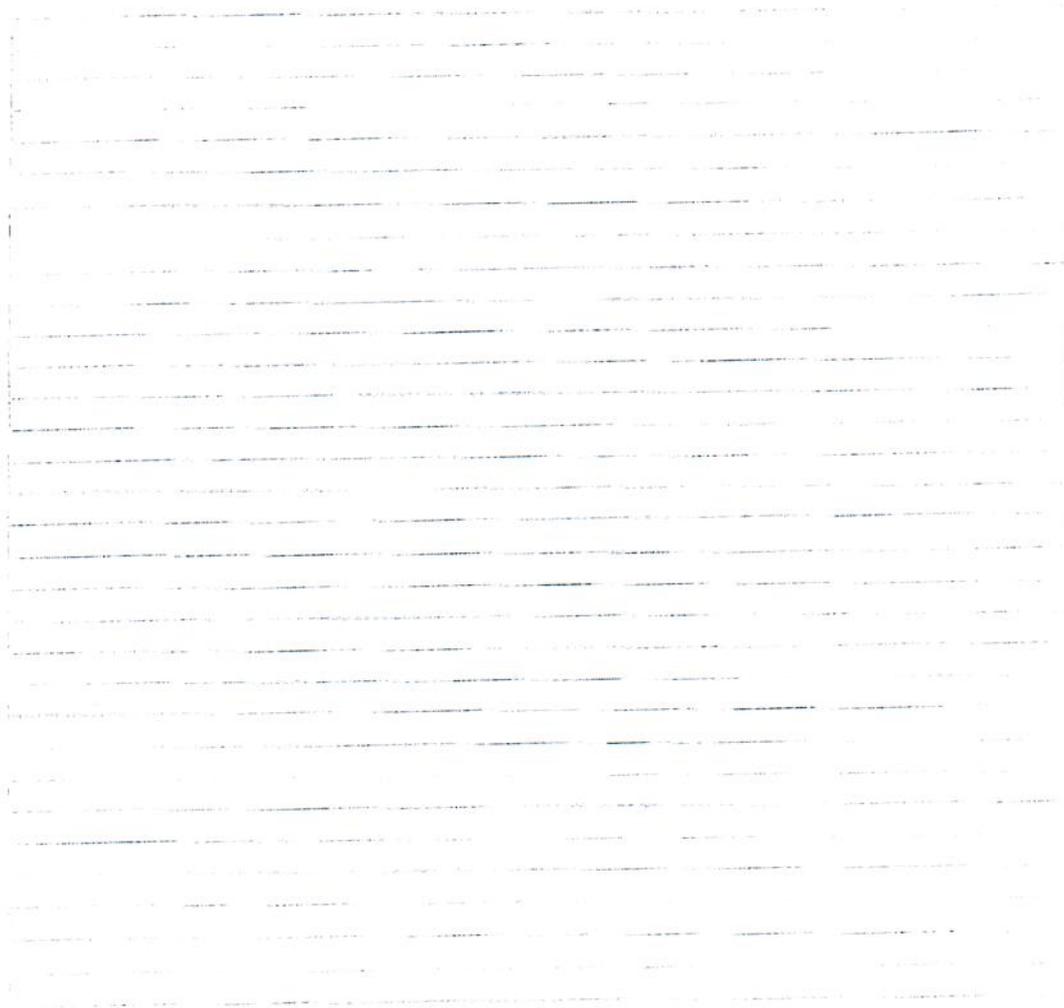
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name BOY
Phone (Phone) +65-94479103
Email -

On 29/06/22 at around 8:30am, my car, vehicle A, SNO8902H was park Stationery in a carpark lot beside block 743 Bedok Reservoir Road. I was walking towards my car after breakfast and I saw Vehicle B, GBJ8372Y hit onto my car left front portion when turning left.



[Handwritten signature]

30/06/22

chickety

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	601C
Vehicle Details	
Vehicle No.:	SND8902H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	12 Jul 2022
Vehicle Make:	AUDI
Vehicle Model:	RS4 4.2 M6Q
Primary Colour:	Grey
Manufacturing Year:	2006
Engine No.:	BNS007841
Chassis No.:	WUAZZZ8E87N903286
Maximum Power Output:	309.0 kW (414 bhp)
Open Market Value:	\$110,130.00
Original Registration Date:	27 Aug 2007
First Registration Date:	27 Aug 2007
Transfer Count:	6
Actual ARF Paid:	\$121,143.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Aug 2027
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$50,972.00
COE Rebate Amount:	\$27,061.00
Total Rebate Amount:	\$27,061.00

The information contained herein is correct as at 12 Jul 2022

OK