

Ass. Fed. BN:

REF: CS/SMR22007178/Avy3

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 SMB 1629R

Policy No. _____

Claims No. TAX/07/22/7024

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: _____

IDAC Accident Rport: _____ 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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SFX7391C Yr Regn: 2008, May

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

Truck / Trailer or

Make: Fiat BRAVO c.c. 1368

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

Sp.Reading: 383340 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZFA19800004103194

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: 205/55R16

R: 205/55R16

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. 25/7/2022 D.O.I. 27/07/22

Survey held at H D Perfect.

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

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

Date / Time	Action / Instruction
	<u>TP 1st Cap.</u> <u>COE Expiry: 26/05/23.</u>
16/10/22	Adrian informed LS \$5300 (Red 14,618.27, 73%)
	<u>MV: 8.5K (Depreciation @ 9.5 x 0.9 = 8.5K)</u>
	<u>PV: 3.2K</u>
	<u>Nett: 5.3K</u>

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

Days Of Repair: 5

Resurvey No. of Trip: 2

Date/Time, File Return to?
2) 17/10/22-typist

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

Survey Fee:	
Transportation:	
_____ S + RS. _____ SI	
Photos	
Other	

Report Format: TP

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	26/07/2022 17:38 (SGT)
Reported by	Both
Date of Accident	25/07/2022 17:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH ROAD BEFORE CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX7391C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PETER THAM YEJIE (TAN YEJIE)
NRIC No	S9106240B
Email Address	thamyejie@gmail.com
Mobile Phone No	(Phone) +65-92212566
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	BRAVO 1.4 MANUAL TURBO AIRBAG SUNROOF
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	Manual
CC	1368

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2021-V0099213-VDP-R005 COMPREHENSIVE18.12.21-17.12.22

DRIVER

Name of Driver	PETER THAM YEJIE (TAN YEJIE)
NRIC No	S9106240B
Date Of Birth	11/02/1991
Occupation	Outdoor

Date Of Driving Pass	23/03/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92212566
Alt. Phone Number	-
Email Address	thamyejie@gmail.com
Address	636 WOODLANDS RING ROAD #05-85 S730636
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Change/cross lane
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	THE FILE SIZE TOO LARGE TO UPLOAD

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1629R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WAI CHAI CHONG
NRIC No	S2743309Z
Contact Number	(Phone) +65-93984992
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	PETER THAM YEJIE (TAN YEJIE)
Gender	Male
Phone No	(Phone) +65-92212566
Address	636 WOODLANDS RING ROAD #05-85 S730636
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFX7391C
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 :

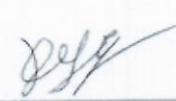
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

 26.07.2022
 12.55 pm

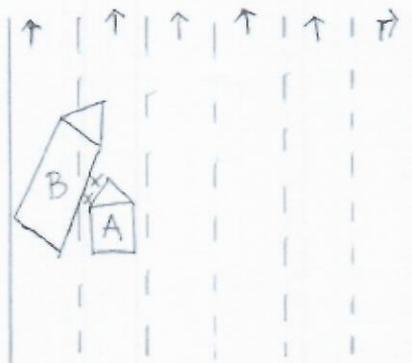
 Driver's Signature (If driver is not the policyholder) / Date & Time



 Witnessed by Reporting Centre Personnel

Sketch Plan

Bukit Timah Road
towards Clementi Road.



Vehicle A : JFX 7391C
Vehicle B : SMB1629R

Describe Circumstances of the Accident

Please refer to police report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 26.07.2022

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220726/7011

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220726/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2022 12:25	Video Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: PETER THAM YEJIE		Address: 636 WOODLANDS RING ROAD #05-85 SINGAPORE 730636	
ID Type / ID No.: NRIC NO / S9106240B		Contact No.: Home/Office: Mobile: 92212566	
Nationality: SINGAPORE CITIZEN		Email: THAMYJEIE@GMAIL.COM	
Sex: Male	Age: 31	Date of Birth: 11/02/1991	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Assistant Engineer		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2022 17:55	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFX7391C	Car	FIAT	BRAVO 1.4 MANUAL TURBO AIRBAG SUNROOF	White	Seriously Damaged	0
SMB1629R	Bus/Coach/Mi nibus				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220726/7011

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220726/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFX7391C	OVERSEAS ASSURANCE CORPORATION LIMITED	V0099213	18/12/2016	17/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	PETER THAM YEJIE		ID No.	S9106240B
Related Vehicle	SFX7391C (Car)		Contact No.	92212566
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/07/2022		Date	25/07/2022
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On 25/07/2022 at around 1755 hrs I was travelling alone Bukit Timah Road on lane 5 towards Clementi road direction. I was going straight on my lane when a Towner Transit bus bearing VRN (SMB1629R) from the left lane, make a lane change abruptly and collided onto my vehicle front left portion. However after the collision the said vehicle continue going straight without stopping until the junction when the light was red. I alighted and confronted the driver of the said vehicle then he came to take photos and exchange particulars with me. After the accident I felt pain and discomfort and consulted a doctor for my injuries and was given 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20220726/7011

3 of 3

Report No. T/20220726/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
26/07/2022 12:25

Classification Of Case:

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 240B

Vehicle Details

Vehicle No.: SFX7391C
Vehicle to be Exported: No
Intended Deregistration Date: 27 Jul 2022
Vehicle Make: FIAT
Vehicle Model: BRAVO 1.4 MANUAL TURBO AIRBAG SUNROOF
Primary Colour: White
Manufacturing Year: 2007
Engine No.: 198A10001235965
Chassis No.: ZFA19800004103194
Maximum Power Output: 110.0 kW (147 bhp)
Open Market Value: \$23,072.00
Original Registration Date: 27 May 2008
First Registration Date: 27 May 2008
Transfer Count: 1
Actual ARF Paid: \$23,072.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 26 May 2023
COE Category: A - Car (1600cc & below)
COE Period(Years): 5
PQP Paid: \$19,096.00
COE Rebate Amount: \$3,163.00
Total Rebate Amount: \$3,163.00

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 27 Jul 2022

OK

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Any Category

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Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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Fiat Bravo 1.4A (COE till 09/2030)

\$64,998

\$7,940 /yr

10-Nov-2010

1,368 cc

118,290 km

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Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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