ASS:	IGNMENT
rom: Date:	Veh No: SJP 5636 E Yr Regn: 2009 March
Estimated Cost:	Type: M.Car M.Cycle Bus Van Lorry Taxi Prime Mover
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:	Make: Hyurdai Avante c.c (59)
t Wastehan m/c	Colour Red A/C: Insured / Std / NI / NA
f	Sp.Reading / 0 4 / 0 / T/Radio: Insured / Std / NI / NA
nsured	Eng/No:
II a b	C/No: KMI+ DY41BR94712943
laims No.	Gen. Cond. Good / Fair / Poor / Burnt
um Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
lake of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: /85/65 R15
(Policy Condition)	R: 185/65R15
emark The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Westlake.
al. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal.
IA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06. mm
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 02/08/22
um Sum: % 3 Val.: Yes or No	Survey held at
A / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
ate:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	10E E 27/22/20
1 Sompo	COE Expiry: 27/03/29.
MV : 50K	
PY: 171C	
Nett: 33K	-
te/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	· · · · · · · · · · · · · · · · · · ·
te/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
Add Fed	(institute)
	: Interview (\$ Photos
	71 117/000 8

SA1D227Q000C / Ajax Mars Pte Ltd ENTRY DATE & TIME: 28/07/2022 22:23 (SGT) SUBMITTED BY: Saiful VERSION: 1 (28/07/2022 22:23 (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 Actual 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 28/07/2022 22:23 (SGT) Reported by Driver Date of Accident 24/07/2022 11:40 (SGT) Exact Location of Accident Singapore Additional Location Information 241 Kim Keat Carpark Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP5636E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ZENG HAN YI NRIC No SXXXX596Z **Email Address** zz.Jae.y@gmail.com Mobile Phone No (Phone) +65-96235124 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante 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? Vehicle Category Transmission

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number FWD Singapore Pte. Ltd. PNPV202100003992

No - Claiming third party

Private car

Auto

DRIVER

Name of Driver ZENG JIEYING NRIC No SXXXX250G Date Of Birth 03/11/1994 Occupation Indoor

Date Of Driving Pass 26/12/2013 Driving experience 8 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-96235124 Alt. Phone Number **Email Address** zz.Jae.y@gmail.com Address 10-50 Address complement Postcode 310257 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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 - Head on collision 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) 4 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 PASSENGER 1 Name NOEL Gender Male PASSENGER 2 Name CINDY Gender Female PASSENGER 3 Name MR.CHEANG Gender Male 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 I was driving straight along the carpark towards the gantry when suddenly vehicle B came out from the parking lot without any signal and collided with my car. My front left was badly damaged. No injury involved.

Yes

Are accident photos available for attachment?

ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ7778Z
Vehicle Manufacturer	Mercedes
Vehicle Model	Glc250
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WILSON
Contact Number	(Phone) +65-94525238
Address	
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

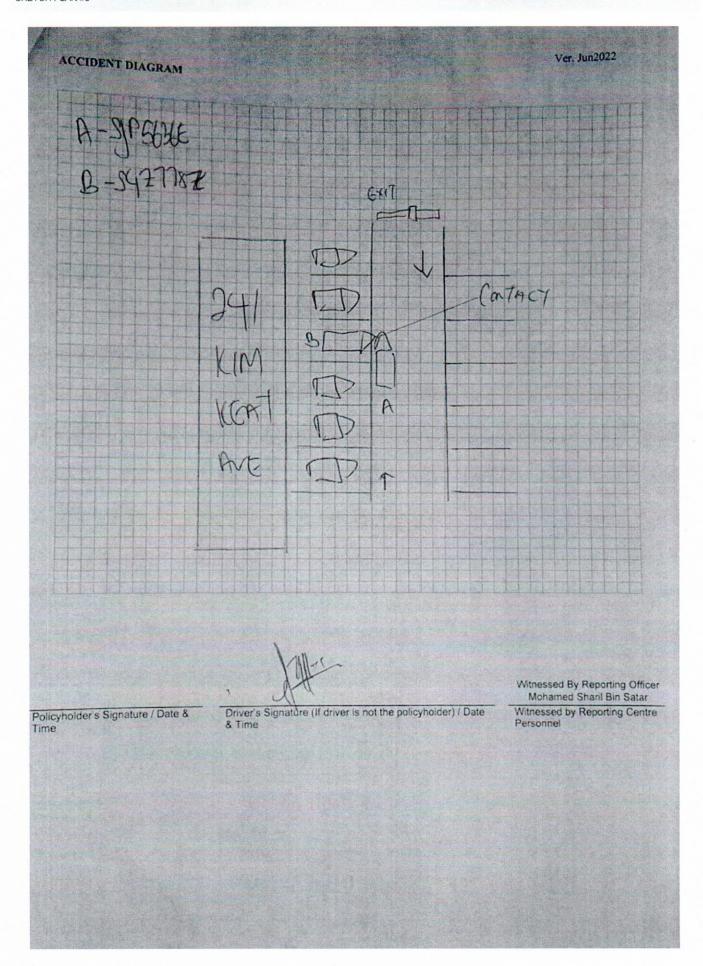
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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.
- (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:
 - 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: Driver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

KETCH PLAN		
REFER TO ATTA	CHED ACCIDENT DIAGRAM	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
came out from the	ie parking lot without any sig damaged. No injury involved	the gantry when suddenly vehicle mal and collided with my car. My l.
ECLARATION		
We declare the foregoing par	ticulars are true in every respect.	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Singapore NRIC	
Owner ID:	596Z	
Vehicle Details	5702	
Vehicle No.:	SJP5636E	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	03 Aug 2022	
Vehicle Make:	HYUNDAI	
Vehicle Model:	HD AVANTE 1.6 A	
Primary Colour:	Red	
Manufacturing Year:	2009	
Engine No.:	G4FC9U618809	
Chassis No.:	KMHDU41BR9U712943	
Maximum Power Output:	89.7 kW (120 bhp)	
Open Market Value:	\$12,045.00	
Original Registration Date:	28 Mar 2009	
First Registration Date:	28 Mar 2009	
Transfer Count:	1	
Actual ARF Paid:	\$12,045.00	
Intended PARF Rebate Details PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	- *0.00	
PARF Rebate Amount: Intended COF Repate Details	\$0.00	74
COE Expiry Date:	27 Mar 2029	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
PQP Paid:	\$25,525.00	
COE Rebate Amount:	\$16,968.00	
Total Rebate Amount:	\$16,968.00	

The information contained herein is correct as at 03 Aug 2022

