

(08/11/0) wof
ASS. REC. BY: JKM

REF: CS3/FWD 22007864/RVY3

853F

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SLA 9200H
at Workshop m/s PERFECT POWER
of 1, BUKIT BATAK CRESCENT #06-12 @ WILGA
Insured: FWD

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: SBK

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLA 9200H Yr Regn: 2016 / MAR

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

Truck / Trailer or

Make: TOYOTA COROLLA ALTIS 1.6L cc 1598

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

Sp. Reading: 200311 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROS3REH10454552A

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 15/08/22 D.O.L. 19/08/22

Survey held at PERFECT POWER

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

O/S FRONT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT - 2LK

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K 4K) / 4 days

Date/Time, File Pass to?

: Prel. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____) S+RS SI

: Interview (\$ _____) Photos

: Tech. Invs (\$ _____) Others

: Weekend (\$ _____)

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

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 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 16/08/2022 13:55 (SGT)
Reported by Both
Date of Accident 15/08/2022 18:03 (SGT)
Exact Location of Accident Singapore
Additional Location Information CASHEW HEIGHTS BLK 103
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA9200H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH MEI LENG
NRIC No SXXXX853F
Email Address THISISALMOSTUNREAL@GMAIL.COM
Mobile Phone No (Phone) +65-96879259
Alternative Phone No +65-98009408

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant ALTIS
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 1600

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 22-MT001141-R04

DRIVER

Name of Driver KOH MEI LENG
NRIC No SXXXX853F
Date Of Birth 01/04/1947
Occupation Indoor

Date Of Driving Pass	04/12/1968
Driving experience	53 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96879259
Alt. Phone Number	+65-98009408
Email Address	THISISALMOSTUNREAL@GMAIL.COM
Address	99 CASHEW ROAD #08-07
Address complement	-
Postcode	679670
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	Side Swipe
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML5308M
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	TONG CHEUK KA
NRIC No	SXXXX083H

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

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

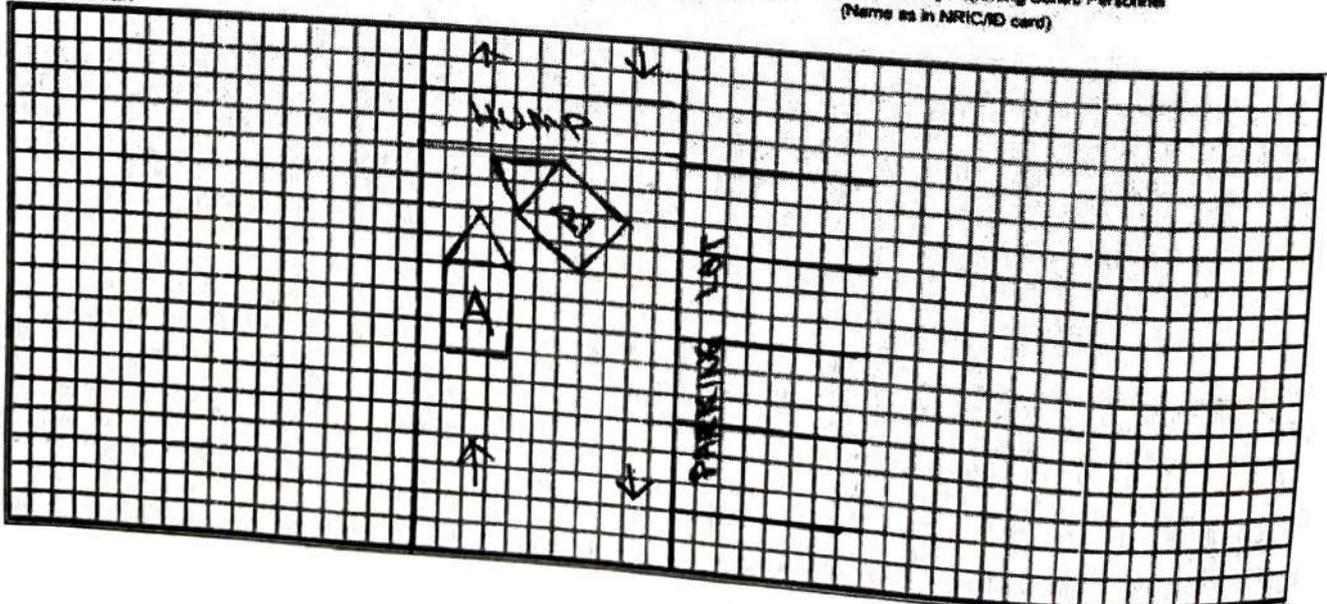
 16/8/22
12:45pm

Policyholder's Signature / Date & Time

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

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

Sketch Plan



A → SLA9200H 1

B → SML5308M

Describe Circumstance of the Accident

Car A and B are entering Cashew Heights. After turning right, in front of Blk 103, Car B filter right to the oncoming direction next to the carpark lots. Her hazard lights are on and brakes are lightly depressed but still moving. This is a single lane dual traffic. All of a sudden, Car B swerve left and collided with Car A. The ^{main} damages are the ^{front door (minor)} front wheel and ^(minor) fender bumper right. Wheel alignment is affected. Car A is going straight and Car B is believed to be completing a reverse park maneuver.

1. She failed to check for clearance.
2. She is moving in the opposite direction of traffic.

Declaration

I/We declare the foregoing particulars are true in every respect.



16/08/2022
12:45pm

Policyholder's Signature / Date & Time

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



JOLINE WONG

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	853F
Vehicle Details	
Vehicle No.:	SLA9200H
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA COROLLA ALTIS 1.6L CVT
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	1ZR552018
Chassis No.:	MR053REH104545529
Maximum Power Output:	90.0kW (120 bhp)
Open Market Value:	\$19,589.00
Original Registration Date:	22 Mar 2016
First Registration Date:	22 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$19,589.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Mar 2026
PARF Rebate Amount:	\$12,732.00
Intended COE Rebate Details	
COE Expiry Date:	21 Mar 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,000.00
COE Rebate Amount:	\$16,070.00
Total Rebate Amount:	\$28,802.00

The information contained herein is correct as at 23 Aug 2022

OK

Toyota Corolla Altis 1.6A

Overview

Financial

Accessories

Similar

Research

Photos

Map

CARRO

The Better Place to Buy Cars

Price \$58,888

Depreciation [?](#) \$12,710 /yr
[View models with similar depre](#)

Reg Date 28-Jun-2016
(3yrs 10mths 4days COE left)

Mileage 72,021 km (11.7k /yr)

Manufactured [?](#) 2016

Road Tax [?](#) \$742 /yr

Transmission Auto

Dereg Value [?](#) \$34,227 as of today (change)

OMV [?](#) \$19,990

COE [?](#) \$55,200

ARF [?](#) \$19,990

Engine Cap 1,598 cc

Power 90.0 kW (120 bhp)

Curb Weight [?](#) 1,215 kg

No. of Owners [?](#) 2