

(10/1/13) wef
ASS. REC. BY: John

REF:

CC4/LPC22008312/Reer3

0183

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLV 8593U

at Workshop m/s ELITE AUTOMOTIVE P/L

of 280 WORKMANS Ind PK

Insured: LPC

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: 85K

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: SLV 8593U Yr Regn: 2018 / JAN

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

Truck / Trailer or

Make: RENAULT GRAND SCENIC 1.5 c.c 1461

Colour: WHITE A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading: 141616 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: VFIRFA00459516679

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: ☒ Nil / ☐ R/Rim / ☐ STD A/Rim or

Tyre Size: F: 195/55R20

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. 24/08/22

Survey held at

ELITE

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 01/09/22

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

FRONT O/S

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

Date / Time Action / Instruction

REPAIR LIMIT - 49K

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) S + RS, SI

) Photos

) Others

Report Format : _____

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

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 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	25/08/2022 11:50 (SGT)
Reported by	Both
Date of Accident	24/08/2022 14:07 (SGT)
Exact location of Accident	116 Bukit Batok West Ave. 8, Singapore 651194
Additional Location Information	OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV8593U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	M KAVITHA
NRIC No	S7298018B
Email Address	kavimtk@gmail.com
Mobile Phone No	(Phone) +65-93827841
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00011702201

DRIVER

Name of Driver	M KAVITHA
NRIC No	S7298018B
Date Of Birth	05/01/1972
Occupation	Outdoor

Date Of Driving Pass	17/09/1998
Driving experience	23 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93827841
Alt. Phone Number	-
Email Address	kavimtk@gmail.com
Address	BLK 416 WOODLANDS ST 41 #101-147
Address complement	-
Post Code	730416
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 - Head to Rear
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)	2
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	NA
Gender	Female

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

ON 24/8/2022 AT ABOUT 1407HRS. MY VEHICLE WAS PARKED AT BLK166 BUKIT BATOK WEST AVE 8 OPEN CAR PARK .WHEN SUDDENLY VEHICLE B REVERSE AND MISJUDGE THEN COLLIDED ONTO MY VEHICLE.

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	YQ535M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant
Vehicle Colour,
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
Commercial vehicle
RAMASAMY PERIASAMY
S1146450E
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

-
-
-
-
-
-
-
-
-
-
-

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 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. 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 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:
 - (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 responsive 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 Purpose(s) 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 Purpose(s).
- (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:
 - (i) 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: 24/5/2021

17:37:40

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name

NR/CR/IN No.

SKETCH PLAN



A: 80W8930

B: Y2535M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/8/2022 at about 1407hrs my vehicle was parked at B1K 166 Bukit Batok

busst Ave 8 open car park when suddenly vehicle B reverse and impinge from

collected onto my vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect.

Police Officer's Signature
Date & Time: 24/8/2022 17:30

Driver's Signature
If driver's not the policyholder,
Date & Time:

Reporting Centre's Signature
Name:
SPIC/IRN No.:

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Singapore NRIC

Vehicle Details

018B

Vehicle No.:

Vehicle to be Exported:

SLV8593U

Intended Deregistration Date:

No

Vehicle Make:

26 Aug 2022

Vehicle Model:

RENAULT

Primary Colour:

GRAND SCENIC IV 1.5 DCI AT EU6

Manufacturing Year:

White

Engine No.:

2017

Chassis No.:

K9KF649D025821

Maximum Power Output:

VF1RFA00459516679

Open Market Value:

81.0 kW (108 bhp)

Original Registration Date:

\$25,440.00

First Registration Date:

18 Jan 2018

Transfer Count:

18 Jan 2018

Actual ARF Paid:

1

Intended PARF Rebate Details

\$17,616.00

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

17 Jan 2028

PARF Rebate Amount:

\$13,212.00

Intended COE Rebate Details

COE Expiry Date:

17 Jan 2028

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$41,400.00

COE Rebate Amount:

\$22,324.00

Total Rebate Amount:

\$35,536.00

The information contained herein is correct as at 26 Aug 2022

OK

Renault Grand Scenic Diesel 1.5A dCi

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

BAVARIAN

MARQUES

Price **\$89,000**

Depreciation ⓘ **\$14,180 /yr**
[View models with similar depre](#)

Reg Date **27-Apr-2018**
(5yrs 7mths 25days COE left)

Mileage **62,000 km (14.3k /yr)**

Manufactured ⓘ **2018**

Road Tax ⓘ **\$1,048 /yr**

Transmission **Auto**

Dereg Value ⓘ **\$34,989 as of today (change)**

Fuel Type **Diesel**
(Euro 5 Engine and Above)

COE ⓘ **\$38,510**

OMV ⓘ **\$25,440**

Engine Cap **1,461 cc**

ARF ⓘ **\$17,616**

Curb Weight ⓘ **1,540 kg**

Power **81.0 kW (108 bhp)**