

(08/11/13) wef
ASS. REC. BY: *Person*

REF: CS3/CT1220VS439/R9y3

762E

02X0104:224/MAR

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SKU 3326U*

at Workshop m/s *LIAN HENG*

of *160, SIN MINH DR #06-10*

Insured: *CTI*

Policy No. _____

Claims No. *SNM22D203941/C02*

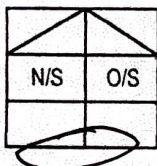
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: *16k*

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: *5* 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: *SKU 3326U* Yr Regn: *2009 MAR*

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

Truck / Trailer or

Make: *TOYOTA LEXUS GS450H A* c.c *3456*

Colour *BLACK* A/C: Insured / Std / NI / NA

Sp.Reading *275316* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *JTABG6SX05018598*

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

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: Nil / ☒ Rim / STD A/Rim or

Tyre Size: F: *245/40ZR18*

R: *v 1*

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ 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. *03/06/22*

D.O.I. *08/06/22*

Survey held at *LIAN HENG*

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

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

Date / Time _____ Action / Instruction

REPAIR LIMIT - 10K

ESTIMATE RANGE OF REPAIR - (3K-4K) / 5 days

Date/Time, File Pass to?

☐ : Preli. Report

1) 09/06 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: *5*

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

) *S + RS* SI

) Photos

) Others

TOTAL

Report Format: *MER-PRS*

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

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

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	04/06/2022 10:25 (SGT)
Date of Accident	03/06/2022 05:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	Along PIE towards Changi before KJE exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV3326U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Ng ShuTing, DiXie
NRIC No	S8606762E
Email Address	dixie.ng@gmail.com
Mobile Phone No	(Phone) +65-96188064
Alternative Phone No	(Home) +65-96188064

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Gs450h
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	3000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA104387/1
Cover Note Number	-

DRIVER

Name of Driver	Ng ShuTing, DiXie
NRIC No	S8606762E

Occupation	Indoor
Valid Driving Pass	02/11/2007
Driving experience	14 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96188064
Alt. Phone Number	(Home) +65-96188064
Email Address	dixie.ng@gmail.com
Address	Blk 218B Boon Lay Avenue #09-275
Address complement	-
Postcode	642218
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	Chain 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	3
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

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 attached report

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ8458E
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Tan JunDa Anthony
NRIC No	S8625131J
Contact Number	-
Address	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBC7033U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
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

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.
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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 insurers 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

Sketch Plan


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

Witnessed by Reporting Centre
Personnel

Along PIE Towards Changi



A' SKV 2326 U B' SJZ 8458E
C' GBC 7033U


Describe Circumstances of the Accident


As attached.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

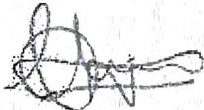
From: Dixie Ng dixie.ng@gmail.com
Subject: SKV3326U statement
Date: 4 Jun 2022 at 9:01:19 AM
To: henrygladys@singnet.com.sg

On Friday, 3 June 2022, the weather was clear and traffic was heavy. At around 5.25pm, I was travelling on the first lane along PIE (towards Changi), right before KJE (BKE) exit, the car in front of me jammed break and I did the same. The car SJZ8458E behind me did not stop in time and bumped onto me. There was another lorry GBC7033U who also knocked onto the car behind me. I exchanged particulars with the car behind me and after taking some photos, left the scene of accident.

I am the driver at point of accident, my car plate number is SKV3326U and I can be contacted at 96188064.

The driver driving the car behind is Mr Tan Junda, Anthony (S8625131J). He can be contacted at 9191114.

Sincerely,
Ng Shuting Dixie
S8606762E



Regards,

Dixie Ng

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	762E
Vehicle No.:	SKV3326U
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Jun 2022
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS GS450H AUTO SUPER LUX
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	2GR8663570
Chassis No.:	JTHBC96SX05018598
Maximum Power Output:	218.0kW (292 bhp)
Open Market Value:	\$67,520.00
Original Registration Date:	05 Mar 2009
First Registration Date:	05 Mar 2009
Transfer Count:	2
Actual ARF Paid:	\$40,512.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	04 Mar 2024
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$16,509.00
COE Rebate Amount:	\$5,728.00
Total Rebate Amount:	\$5,728.00
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 09 Jun 2022

OK