

(08/11/13) wef

ASS. REC. BY: mm

REF:

283/ALS22008872/Rcy3

715H

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SND 5233A

at Workshop m/s Kun Chen

of 160, SIN MINE DR #05 -

Insured: AS

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.

Bal. or Market Value: 185K

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: SND 5233A Yr Regn: 2022, JAW

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

Truck / Trailer or

Make: TOYOTA NOAH HYBRID 18X c.c. 1797

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

Sp. Reading: 25967 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80US06370

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 155/65R15 R: _____

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

TOYO / YOKO or

Front Rear

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

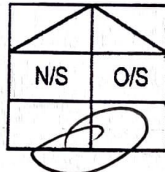
L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 07/09/22 D.O.I. 09/09/22

Survey held at Kun Chen

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

REPAIR LIMIT - 90K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS (4K - 5K) / 6 days

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: _____

1)

Date/Time, File Return to?

☐

: Final Report

Resurvey No. of Trip: _____

2)

Survey Fee:

Transportation: _____

S + RS, SI

Photos

Others

Report Format :

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 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	07/09/2022 10:55 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 08:30 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5233A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE LTD
Company Reg No	1XXXXX775H
Email Address	dannyng@cdgrentacar.com.sg
Mobile Phone No	(Phone) +65-93768888
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0000326_02

DRIVER

Name of Driver	NOOR RAMLI BIN MD NOR
NRIC No	SXXXX045Z
Date Of Birth	24/07/1959
Occupation	Outdoor



Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

25/07/1983
39 YEARS AND 2 MONTHS
Male
(Phone) +65-93768888
-
dannying@cdgrentacar.com.sg
BLK 629 WOODLANDS RING ROAD #12-340
-
730629
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
Yes
No
Yes
2
No
-
-
-
-
-

PASSENGER 1

Name
Gender

UNKNOWN
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

ON 07/09/2022 AT AROUND 0820HRS, I WAS DRIVING VEHICLE A (SMD5233A) ALONG WOODLANDS AVENUE 12 ON THE EXTREME LEFT LANE. I SLOWED DOWN AND STOPPED UPON APPROACHING A TRAFFIC JAM ENTERING SLE(TPE/CTE) AND AS I WAS STATIONARY, VEHICLE B (SMW1641T) SUDDENLY REAR ENDED VEHICLE A. I SUFFERED NECK AND BACK PAIN BUT I AM UNSURE WHETHER MY PASSENGER ON BOARD SUSTAINED ANY INJURY. NO OTHER VEHICLES INVOLVED.

ATTACHMENT(S)

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

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMW1641T

Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO ENG LEE
NRIC No	SXXXX655C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NOOR RAMLI BIN MD NOR
Gender	Male
Phone No	(Phone) +65-93768888
Address	BLK 629 WOODLANDS RING ROAD #12-340
Address Complement	-
Post Code	730629
Approximate Age Years Old	63
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SMD5233A
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 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 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

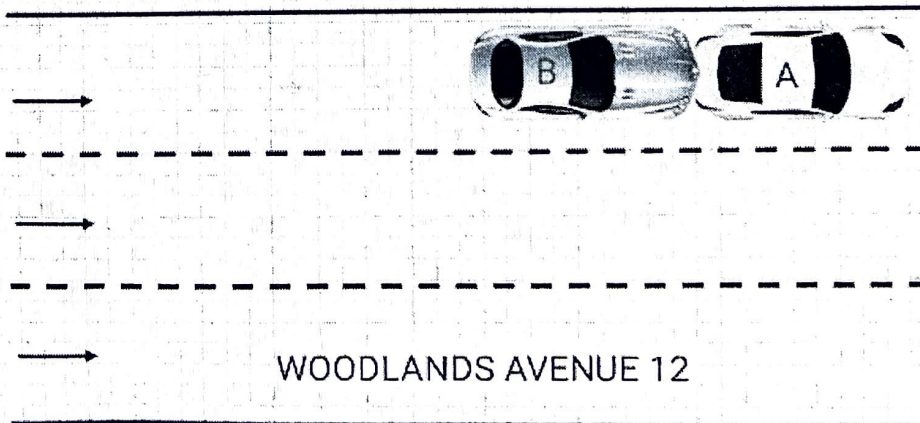
Driver's Signature (if driver is not the policyholder) / Date & Time

07/09/2022 1000HRS

Witnessed by Reporting Centre Personnel FRO Sufiyan

Sketch Plan

A - SND5233A
B - SMW1641T

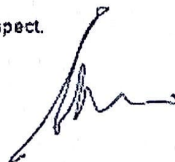


Describe Circumstances of the Accident

ON 07/09/2022 AT AROUND 0820HRS, I WAS DRIVING VEHICLE A (SMD5233A) ALONG WOODLANDS AVENUE 12 ON THE EXTREME LEFT LANE. I SLOWED DOWN AND STOPPED UPON APPROACHING A TRAFFIC JAM ENTERING SLE(TPE/CTE) AND AS I WAS STATIONARY, VEHICLE B (SMW1641T) SUDDENLY REAR ENDED VEHICLE A. I SUFFERED NECK AND BACK PAIN BUT I AM UNSURE WHETHER MY PASSENGER ON BOARD SUSTAINED ANY INJURY. NO OTHER VEHICLES INVOLVED.

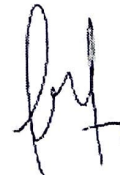
Declaration

I/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 07/09/2022 1000HRS



Witnessed by Reporting Centre
Personnel FRO Sufiyan

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	775H

Vehicle Details

Vehicle No.:	SND5233A
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 1.8X CVT
Primary Colour:	White
Manufacturing Year:	2021
Engine No.:	2ZR2M83535
Chassis No.:	ZWR800506370
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,151.00
Original Registration Date:	05 Jan 2022
First Registration Date:	05 Jan 2022
Transfer Count:	0
Actual ARF Paid:	\$23,412.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jan 2032
PARF Rebate Amount:	\$17,559.00

Intended COE Rebate Details

COE Expiry Date:	04 Jan 2032
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$88,000.00
COE Rebate Amount:	\$77,102.00
Total Rebate Amount:	\$94,661.00

The information contained herein is correct as at 12 Sep 2022

OK

Toyota Noah Hybrid 1.8A X

Overview

Financial

Accessories

Similar

Research

Photos

Map



HUA YANG CREDIT PTE LTD



Price **\$185,800**

Depreciation ⓘ \$18,690 /yr
[View models with similar depre](#)

Reg Date 11-Jan-2022
(9yrs 3mths 29days COE left)

Mileage 8,000 km

Manufactured ⓘ 2021

Road Tax ⓘ \$974 /yr

Transmission Auto

Dereg Value ⓘ \$89,562 as of today ([change](#))

Fuel Type Petrol-Electric

COE ⓘ \$77,700

OMV ⓘ \$32,652

Engine Cap 1,797 cc

ARF ⓘ \$22,713

Curb Weight ⓘ 1,610 kg

Power 100.0 kW (134 bhp)