

(08/11/13)

wef

ASS. REC. BY: gmm

REF:

CS3/AIS 22009296/Rvg3

612 I

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SBX 66892at Workshop m/s Kink's Autoof 176/SM MINH DR #62-10

Insured:

AB

Policy No.

Claims No.

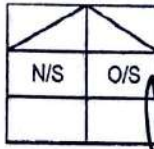
Sum Insured:

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:

114K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBX 66892Yr Regn: 2018 / MARType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA HARRIER M4RADEc.c. 1998

Colour:

grey

A/C: Insured / Std / NI / NA

Sp. Reading

61009

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTEZB36HX001435Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

235/55ZR18

R:

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

TOYO / YOKO or

KAPSON

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

16/09/22

D.O.I.

10/10/22

Survey held at

Kink's Auto

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

o/s Rear

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

Date / Time Action / Instruction

REPAIR LIMIT - 66KESTIMATE RANGE OF REPAIR / NO. OF DAYS (2K-3K) / 4 days

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: (\$

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION	
Date of Accident:	16/09/2022
Exact Location:	43 The Inglenood
Time of Accident:	8:13am
DETAILS OF OWN VEHICLE	
Vehicle Registration No.	SRX 66892
Name of Registered Owner:	ONG AH HOON
Owner's Email:	thenmetg91@gmail.com
Owner's Address:	43 The Inglenood
Vehicle Make:	Toyota
Engine Capacity (cc):	
Vehicle Model:	Yaris
Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire
Name of Insurance Co:	AXA
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft
Policy Number:	6A537283

DRIVER	
Name of Driver:	Ac Above
NRIC / FIN / Passport no:	
Occupation:	Indoor / Outdoor
Contact Number:	
Address:	
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:
Translator Name:	
Translator Contact no:	
Date of Birth:	
Driving Pass Date:	
Gender:	Male / Female
Translator NRIC:	
Translator email:	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:
Weather Condition:	Clear / Raining / Others:
Video available:	Yes / No
Was anybody injured?	Yes / No
No. of passenger onboard (including driver):	0
Road Surface:	Dry / Wet
Police Report Made?	Yes / No

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	XE 72837		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

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 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 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.

Policyholder's Signature / Date & Time

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 = SBX6689Z

B = XE 7283T



House

Describe Circumstance of the Accident

On 16/09/2022, @ ~~8.13pm~~ 8.13am

While I was still sleeping, my helper wake me up to inform that a truck Rubbish Driver wanted to talk to me (XE 7283T).

When I get out to my landed property gate, where I parked my car (SBX 66892), I notice there was some scratches/damages at Rear Side (Right End) of my car.

Apparently, this truck Driver had hit/knocked my stationary parked car just outside my own gate/house.

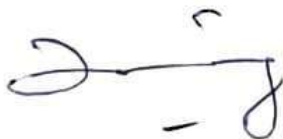
He apologise to me & said that he had accidentally hit my car.

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

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	6121
Vehicle No.:	SBX6689Z
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Oct 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER M GRADE
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	8ARZ110955
Chassis No.:	JTEZB3GHX0J001435
Maximum Power Output:	170.0 kW (227 bhp)
Open Market Value:	\$30,808.00
Original Registration Date:	29 Mar 2018
First Registration Date:	29 Mar 2018
Transfer Count:	0
Actual ARF Paid:	\$35,132.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Mar 2028
PARF Rebate Amount:	\$26,349.00
COE Expiry Date:	28 Mar 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$38,801.00
COE Rebate Amount:	\$21,194.00
Total Rebate Amount:	\$47,543.00

The information contained herein is correct as at 11 Oct 2022

OK

Toyota Harrier Turbo 2.0A M

Overview

Financial

Accessories

Similar

Research

Photos

Map



AUTO ZOOM



Price **\$112,800**

Depreciation ⓘ \$17,880 /yr
[View models with similar depre](#)

Reg Date 07-Feb-2018
(5yrs 3mths 26days COE left)

Mileage 89,000 km (19k /yr)

Manufactured ⓘ 2017

Road Tax ⓘ \$1,210 /yr

Transmission Auto

Dereg Value ⓘ \$49,070 as of today ([change](#))

OMV ⓘ \$30,808

COE ⓘ \$42,661

ARF ⓘ \$35,132

Engine Cap 1,998 cc

Power 170.0 kW (227 bhp)

Curb Weight 1,695 kg

No. of Owners ⓘ 2