

ASS. REC. BY: P. Am

REF:

3
CS/ASM 22003461/R_v3-1

9338

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

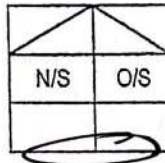
To Inspect Vehicle No: SNC 7770Hat Workshop m/s SIN HUI LEEof 1095, BUKIT MERAH LN2 #01-20Insured: SLP 449M ASMPolicy No. S2M03YIXClaims No. 22.30089

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: 122K

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: SNC 7770H Yr Regn: 2021 / OCTType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA COROLLA ALTIS BLE c.c. 1598Colour: GREEN A/C: Insured / Std / NI / NASp. Reading: 6358 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2BE3BE900016307Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R17

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/04/22 D.O.I. 18/04/22Survey held at SIN HUI LEEDes. 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 - 62K
19/4/22	ESTIMATE RANGE OF REPAIR / NO. OF DAYS - 4K-5K / 6 days
18/11/22	Submit final fig \$4903.35 (Red 3198.55, 39%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 18/11/22-typist

Report Format: _____

Lump Sum / L.B.R. (\$) _____

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

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 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	13/04/2022 14:42 (SGT)
Date of Accident	12/04/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG PIER ROAD INTO AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC7770H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EASE SOH (SU YIXI) @SOH LI LI
NRIC No	S7122933E
Email Address	suyixi90220777@live.com
Mobile Phone No	(Phone) +65-90220777
Alternative Phone No	+65-90220777

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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124281746
Cover Note Number	27/10/2021 - 26/10/2022

DRIVER

Date of Birth	02/07/1971
Location	Indoor
Date of Driving Pass	22/02/1993
Driving experience	29 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90220777
Alt. Phone Number	+65-90220777
Email Address	suyixi90220777@live.com
Address	BLK 98 COMMONWEALTH CRESCENT #10-56
Address complement	-
Postcode	140098
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?	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 TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP449M
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAGJIT SINGH S/O HARJINDAR SINGH
NRIC No.	900425517

SS	-
SS complement	-
code	-
Insurance Company Name	-
Location Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

NITE Income Motor Service Centre

Report No. MT

D.O.A.

Vehicle No.

Make / Model:

Report Date: 13/4/2022 Scan Time: 2:32 PM

Reporting Type: End 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 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.

(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:

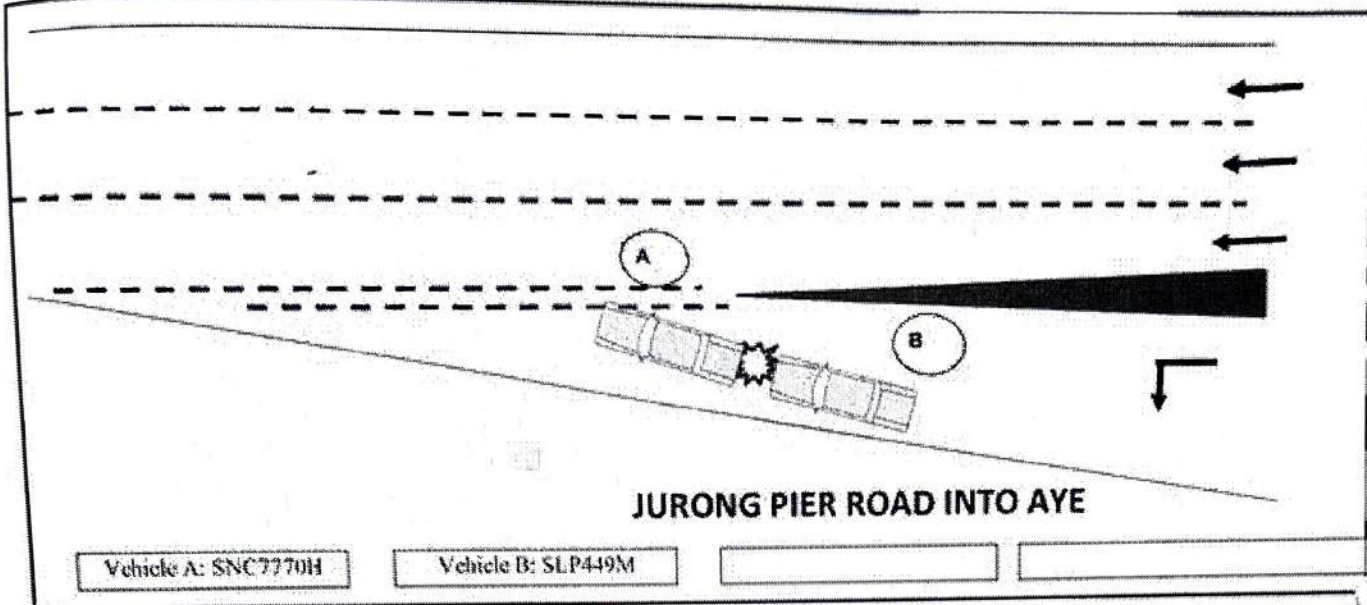
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonable required for the purposes stated, or
- (ii) for complying with requirements under any regulations, law or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/Fin No: S990765

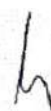
SKETCH PLAN



I WAS DRIVING ALONG THE SLIP ROAD OF JURONG PIER ROAD INTO AYE. VEHICLE B BEHIND MY VEHICLE SUDDENLY SPEED UP AND HIT ONTO MY VEHICLE REAR PORTION. NO ONE WAS INJURED.

DECLARATION

We declare the foregoing particulars are true in every respect.


 13/4/2022 14:32
 Policyholder's Signature
 Date & Time:

13/4/2022 14:32
 Driver's Signature (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: Chen JunLiang
 NRIC/ Fin No: S990765

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	933E
Vehicle No.:	SNC7770H
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS ELEGANCE (AUTO)(2WD)
Primary Colour:	Silver
Manufacturing Year:	2021
Engine No.:	1ZR0H38076
Chassis No.:	MR2BE3BE900016307
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$21,417.00
Original Registration Date:	27 Oct 2021
First Registration Date:	27 Oct 2021
Transfer Count:	0
Actual ARF Paid:	\$21,984.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Oct 2031
PARF Rebate Amount:	\$16,488.00
COE Expiry Date:	26 Oct 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,001.00
COE Rebate Amount:	\$42,835.00
Total Rebate Amount:	\$59,323.00

The information contained herein is correct as at 19 Apr 2022

OK

Toyota Corolla Altis 1.6A Elegance

Overview

Financial

Accessories

Similar

Research

Photos

Map



Price	\$119,999		
Depreciation ⓘ	\$11,760 /yr View models with similar depre.	Reg Date	22-Jul-2021 (9yrs 3mths 2days COE left)
Mileage	8,325 km	Manufactured ⓘ	2021
Road Tax ⓘ	\$742 /yr	Transmission	Auto
Dereg Value ⓘ	\$58,319 as of today (change)	OMV ⓘ	\$21,568
COE ⓘ	\$45,001	ARF ⓘ	\$22,196
Engine Cap	1,598 cc	Power	96.0 kW (128 bhp)
Curb Weight	1,315 kg	No. of Owners	1