ASS	FIGNMENT
	Veh No: EGSSIGA Yr Regn: 2008 / Nov
Stimated Cost:	Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	1 1 1 1
t Workshop m/s	Make: Hyundai Avente c.c 1591
	Colour A/C: Insured / Std / NI / NA
	Sp.Reading 283d 52 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
olicy No.	C/No: KMHD441B1794608402
laims No.	Gen. Cond. Good / Fair / Poor / Burnt
um Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Morder / Jammed / Leaked / Burnt or
lake of Veh:	Modí: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 195/65/R17
(Policy Condition)	R: 175/65 R13
emark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO OF FURNZS.
al. or Market Value:  OAC Accident Rport:  Consistent?: Yes or No	Front Rear
AC Accident Rport: Consistent? : Yes or No  IA / PR Seen: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
st. Repairs: days Res.: Yes or No	L/Bal.
um Sum: % 3 Val.: Yes or No	
	Survey held at MG Solution.
A / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT ate:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / Instruction	o, o, o, o inacete maine / Body off actual an ecited due to complete
TP AIG.	COE Expiry : 16/11/2028.
·	
mv . 541c	· · · · · · · · · · · · · · · · · · ·
PV: 18:11C	
Nett: 35.9 K	
11611 , 33, 16	
processing	
le/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
te/Time, File Return to?	Transportation:
Add Fee	9:   : Site Insp (\$ )   8+R8SI

Bonist Franc & B FR Co 700

DATE OF ACCIDENT	28 109 12022 ·c.c. 1.6
TIME OF ACCIDENT	06:30 AND PM
LOCATION OF ACCIDENT	
	Carpark premises of BIX 121-123 potary pair Ave
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	LEE KHENG SIAH
EMAIL: leekhengsiah@gmail.com	m Office: MOBILE: 9619 2729
VRIC	S0053793D
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY	YES / (13) ?
NSURANCE CO.	NTUC INCOME
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5039922547-12
NAME OF DRIVER	AS ABOVE / IF NO:
VRIC	S0053793D
DATE OF BIRTH	23 101 1954
ANY PASSENGER	YES / NO:
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Infloor
DATE OF DRIVING PASS	09 / 11 / 1971
GENDER	Male / Female
CONTACT NO.	
	Mobile 9619 2739 Office
EMAIL:	leekhengsiah@gmail.com
ADDRESS	BLK 121 POTONG PASIR AVE: 1 #18-287 S(350121)
DOES DRIVER OWN OTHER VEHICLES?	10 / If yes : Reg No: INSURER:
RELATIONSHIP	Employee / If No. OWNER
WEATHER CONDITION	Clear / Raining / Other:
road surface	Ory / Wet / Other:
any injuries	NO / IF WES : WHO? DRIVER , BACK & NECK PAIN
CONVEYED BY AMBULANCE	No/ If yes : Who?
POLICE REPORT	No / If fels: Where? ONUNE.
NOTICE OF INTENDED PROSECUTION GIVE	
VEHICLE B NO.	SITATISE Any Passenger:   Male whenown.
NAME	
CONTACT NO.	53/4152
VEHICLE C NO.	Any Passenger
VEHICLE D NO.	Any Passenger
VEHICLE E NO.	Any Passenger
VEHICLE F NO.	Any Passenger
any witness	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / KO
WAS THERE ANY AUDIO RECORDED?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
Who is Reporting	Driver / Owner / Both
Original Language Used	English / Mandarin / Others:
Have you been approach by unknown person	
offering accident claims assistance?	YES / 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - 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 reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

P		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time: I hereby authorise SME Motor Pte Ltd to send it Accident report to my workshop	NRIC/FIN No.: my
	via email / fax	

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

Date & Time:





1 of 3

Report No. T/20221003/7047

Station Diary No.:

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

03/10/2022 09:14

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Informant'	s Particul	ars						
Name of In LEE KHEN	Complete Control of the Control of t		Addres 121 PC 35012	OTONG PA	SIR AVENUI	E 1 #18-2	287 S	INGAPORE
ID Type / II NRIC NO /		BD	Contac Home/	ct No.: Office:		Mobile	: 9619	92729
Nationality: SINGAPOR		N	Email: leekhe	ngsiah@gn	nail.com			
Sex: Male	Age: 68	Date of Birth: 23/01/1954	Type of Driver	of Informant.				
Race: Chinese			Langu			Instituti	ion / S	School Name:
Occupation Part Time	n:		Driving Class:	g Licence In	formation:	Date of	f Expi	ry:
General Inf	ormation	of the Accident	ı					
Type of Accident:		ury hers		Drink Drive: No	Date/Tim Accident 28/09/20		)	Type of Location: Car Park
Location:				1110	120/00/20			
CARPARK	PREMISE	ES OF BLK 121-1:	23 POT	ONG PASIF	R AVENUE 1			
Weather: Clear			Road Dry	Surface:			Roa	d Speed Limit:
Traffic Flov	v:		-	Control:			Traf	fic Volume:
Type of Co Between M		icles - Head To S	ide					one conveyed by oulance:

Vide Report No.:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
EG5516A	Car					0
SJP4115Z	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20221003/7047

#### **CONTINUATION OF REPORT**

Driver						
Name	LEE KHENG SIAH		ID No		S0053793D	
Related Vehicle	EG5516A (Car)			Conta	ct No.	96192729
Hospital/Clinic	CHERN MEDICAL CLINIC			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL		
No. of Days granted Medical Leave 07			Degree of		Serio	us

## Brief Details.

ON 28/09/2022 AT ABOUT 0630HRS WITHIN THE CARPARK PREMISES OF BLK 121-123 POTONG PASIR AVENUE 1. I WAS TRAVELLING AT ALONG THE DRIVEWAY INFRONT OF BLK 123 POTONG PASIR AVENUE 1 AND SUDDENLY A VEHICLE (B) TRAVELLING BETWEEN BLK 121 & 122 POTONG PASIR AVENUE 1 AND DID NOT STOP AT THE STOP LINE AND DASHED OUT ONTO THE DRIVEWAY AND HIT ONTO MY VEHICLE (A) CAUSING DAMAGES TO MY LEFT PORTION OF MY VEHICLE (A). I HAVE 7 DAYS MC FOR MY INJURY.

VEHICLE A: EG5516A VEHICLE B: SJP4115Z





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221003/7047

CONTINUATION OF REPORT

Sketch	Dlan
Skelli	riali

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2022 09:14
Officer In Charge Of Case: TP / TPHQ / HAIDIL BIN OSMAN Contact No.: 90914407	Classification Of Case:

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Singapore NRIC	ALL HOLDS
Owner ID:	793D	
Vehicle Details And All Part And		
Vehicle No.:	EG5516A	
Vehicle to be Exported:	No	
Intended Deregistration Date:	04 Oct 2022	
Vehicle Make:	HYUNDAI	
Vehicle Model:	HD AVANTE 1.6 M	
Primary Colour:	Grey	
Manufacturing Year:	2008	
Engine No.:	G4FC8U530835	
Chassis No.:	KMHDU41BR9U608402	
Maximum Power Output:	89.7 kW (120 bhp)	
Open Market Value:	\$9,920.00	
Original Registration Date:	11 Nov 2008	
First Registration Date:	11 Nov 2008	
Transfer Count:	0	
Actual ARF Paid:	\$9,920.00	
Intended PARF Rebate Details		Lin
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details  COE Expiry Date:	10 Nov 2028	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
PQP Paid:	\$29,670.00	
COE Rebate Amount:	\$18,098.00	
Total Rebate Amount:	\$18,098.00	

The information contained herein is correct as at 04 Oct 2022

