ADD	IGNMENT
	Veh No: SML8374Byr Regn: 2019, June
From: Date: Date:	Veh No: Yr Regn: 2019 / June Typer M.Carly M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
	Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No:	
at Workshop m/s	Colour Red , A/C: Insured / Std / NI / NA Sp.Reading 4507) T/Radio: Insured / Std / NI / NA
nf	
nsured:	Eng/No: KNA F 5416 MK 503 / 561
Policy No.	
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: dnorder / Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 225/45R17
(Policy Condition)	R: 225/45/66
Remark: 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 or
DAC Accident Roort: Consistent? : Yes or No	R/Bal. R/Bal. R/Bal. mm R/Bal. mm
DAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No	Line I The I
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 74/(D/2)
Lum Sum: % 3 Val.: Yes or No	Survey held at
	Des. of Damages/ Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
TP China.	
mv: 801C	
PV: 36-3K	
Nett: 43.71C	
ale/Time, File Pass to?	Days Of Renair:
The state of the s	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
	Resurvey No. of Trip: Survey Fee: Transportation:

S gering. Grane & B. R. De 700

SCIX229T0007 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 30/09/2022 12:07 (SGT)

SUBMITTED BY: TAN SHIEH YUEN VERSION: 1 (30/09/2022 12:07 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 Reported by Date of Accident

Exact Location of Accident ditional Location Information

Country/State of Loss

30/09/2022 12:07 (SGT)

Both

29/09/2022 06:50 (SGT)

SLE, Singapore

SLE TOWARDS BKE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SML8374B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

EWE CHUN QIANG, ALVIN (YOU JUNQIANG)

S8725196I

ALVINEWE.87@GMAIL.COM

(Phone) +65-94889663

VEHICLE PARTICULARS

i...nufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Kia

Cerato

Private use

No - Claiming third party

Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

1900105977-02

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SC1X229T0007

EWE CHUN QIANG, ALVIN (YOU JUNQIANG)

S8725196I

16/08/1987 Indoor

Page 1 of 8

Date Of Driving Pass
Driving experience

Condor

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

ce Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

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

Reasons for not uploading a video of the accident

No

08/08/2007

Male

670175

Raining

Wet

No

Yes

Yes

Yes

No

Yes

No

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

3

Yes

No

15 YEARS AND 1 MONTH

ALVINEWE.87@GMAIL.COM BLK 175 LOMPANG ROAD #06-45

Collision - Change/cross lane

(Phone) +65-94889663

Yes

VEHICLE AND SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

GZ5157D

-

-

Page 2 of 8

Vehicle Variant

Vehicle Colour

Vehicle Category Commercial vehicle

Name of Driver

Address complement

Postcode

Insurance Company Name China Taiping Insurance (Singapore) Pte. Ltd.

Nature Of Damage --

Details of property damaged in accident

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLV7330T

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour -

Vehicle Category Private car

Name of Driver Contact Number -

dress -

rudress complement -

Postcode

Insurance Company Name
- Nature Of Damage -

Details of property damaged in accident

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person EWE CHUN QIANG, ALVIN (YOU JUNQIANG)

Gender Male

Phone No (Phone) +65-94889663

Address

Address Complement -

Post Code -

Approximate Age Years Old

'ries Sustained LEG & NECK INJURY.HEARING LOSS

ligured person in which vehicle? SML8374B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Yes

Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful insrepresentation 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
- 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
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w crkshop 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' law yers/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;
- (a) 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/moil
- (v) complying with applicable law in administering, processing thandling 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 GA to their third party service providers or agents including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Pélicyholder's Signature / Date & Time

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

(fowards BICE)

Witnessed by Reporting Centre

Sketch Plan

As Misse	driving	f the Acci	SLE.	Lorra	C. Herry A	. 11	1.
Straight	Cri Inn	Pact	collision	0 1	INCOL	right to	s lane 1. Vehilli 1:
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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC			
Owner ID:	1961			
Vehicle Details MA, While Hard And Control				
Vehicle No.:	SML8374B			
Vehicle to be Exported:	No			
Intended Deregistration Date:	06 Oct 2022			
Vehicle Make:	KIA			
Vehicle Model:	CERATO 1.6(A) SUNROOF			
Primary Colour:	Red			
Manufacturing Year:	2018			
Engine No.:	G4FGJH723254			
Chassis No.:	KNAF5416MK5031561			
Maximum Power Output:	93.8 kW (125 bhp)			
Open Market Value:	\$18,844.00			
Original Registration Date:	07 Jun 2019			
First Registration Date:	07 Jun 2019			
Transfer Count:	0			
Actual ARF Paid:	\$18,844.00			
intended PARF Rebate Details	PARTITION OF THE PROPERTY OF THE PARTY OF TH			
PARF Eligibility:	Yes			
PARF Eligibility Expiry Date:	06 Jun 2029			
PARF Rebate Amount:	\$14,133.00			
Intended COE Repate Details				
COE Expiry Date:	06 Jun 2029			
COE Category:	A - Car up to 1600cc & 97kW (130bhp)			
COE Period(Years):	10			
QP Paid:	\$33,199.00			
COE Rebate Amount:	\$22,132.00			
Total Rebate Amount:	\$36,265.00			

The information contained herein is correct as at 06 Oct 2022

