AS	SSIGNMENT		
From: Date:	Veh No: SNBS 2034 Yr Regn: 2018, April		
Estimated Cost:	Type:(M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No:	Make: Kin Cento c.c 1591		
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA		
of	Sp.Reading 70804 T/Radio: Insured / Std / NI / NA		
nsured:	Eng/No:		
Policy No.	C/No: KNAFZ411MJ5764445		
Claims No.	Gen. Cond. Good Fair / Poor / Burnt		
Sum Insured: Excess:	Steering: Injorder / Jammed / Leaked / Burnt or		
(Client's Record)	Brake: inorder / Jammed / Leaked / Burnt or		
Make of Veh:	Modí: Nil / S/Rim / STD A/Rim or		
	Tyre Size: F: 215/45 R17		
(Policy Condition)	R: 215/45R17		
Remark: The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the time of inspection.	TOYO /YOKO or		
Bal. or Market Value:	Front Rear		
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm		
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 96 mm L/Bal. 06 mm		
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 04/10/22		
Lum Sum: % 3 Val.: Yes or No	Survey held at U GCC 1 ttl		
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or		
Vehicle: IN / Of Date: Person Contacted:			
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision		
TP Somo PRS			
Repair Range-\$9K-\$10K @ 13	days		
mv. 70k			
MV: 70K			
Nett: 371C			
ale/Time, File Pass to? : Preli. Report	Days Of Repair:		
: Final Report	Resurvey No. of Trip: Survey Fee:		
ate/Time, File Return to?	Transportation:		
Add F	( LIZI )		
/~IF.0.4.5 11*	/		
\-dex## #.	: Interview + ) Photos		



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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

Additional Location Information

Country/State of Loss

**Exact Location of Accident** 

BUKIT BATOK WEST AVE 3

03/10/2022 14:02 (SGT)

01/10/2022 15:25 (SGT)

Singapore

Singapore

Both

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SNB5203Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

TAY CHIN LAI

SXXXX086J

taywubui@gmail.com (Phone) +65-81130603

#### VEHICLE PARTICULARS

Manufacturer

Model

Kia Cerato

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

No - Claiming third party

Private car

Auto

1591

#### INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd.

D22MTPV01002417

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SE0M22A30002

TAY CHIN LAI SXXXX086J

17/04/1970 Indoor

Page 1 of 25

Date Of Driving Pass 13/08/2010

Driving experience 12 YEARS AND 2 MONTHS

Gender

Mobile Number (Phone) +65-81130603

Alt. Phone Number

Email Address taywubui@gmail.com

Address 26 TECK WHYE LANE #11-174

Address complement - 680026

Is the driver the policyholder?

Yes

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Incurred Company of Other Vehicle Owned by Priver

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

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 Passangers (Including Driver)

Number of Passengers (Including Driver) 1
Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? No 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKZ8324X

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour -

Vehicle CategoryPrivate carName of DriverNG ENG LAMNRIC NoSXXXX279A

Accident report SE0M22A30002

Page 2 of 25

Contact Number	-
Address	-
Address complement	-
Postcode	-
nsurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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
- 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.
- 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)

Lunderstand, 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.

Policyholder's Signature Date & Time Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Pergornel's Signature Name: NRIC/FIN No. Selam at Shann

der Consultation (4)

SKETCH PLAN				
(1) - SNB5203Y				
3) - SKZ-8324X		>		
DESCRIBE CIRCUMSTANCES OF T I am driving all alone land I I plocked to change a vehicle on land impact on my v the right and st Sustain rear and	me Bukit Batole L	vest right I s sud my	Ave 3. While As I checked as I	Led and here was was an swing to vehicle
Important: You have been advised by the worksh claim against your own policy (OD CLADAYS CLAUSE WHEREBY MUST BE MA from the day of the occurrence.  DECLARATION  I/WE declare the foregoing particular.	MM), There is a FOURTEEN (14)  ADE within the stipulated time frame	V	- Reporting O - Claim OO - Claim TP - Claim OO/TP	)
Policy older's signature Date & Time D3 10   2 2	Driver's Signature (if driver not the policyholder) Date & Time		Reporting Centre Pays Name: Nric/Fin No	onnel's Signature



## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC		
Owner ID:	086J		
Vehicle Details 12.00 Bit and	Production and the second of t		
Vehicle No.:	SNB5203Y		
Vehicle to be Exported:	No		
Intended Deregistration Date:	06 Oct 2022		
Vehicle Make:	KIA		
Vehicle Model:	CERATO K3 1.6A SUNROOF		
Primary Colour:	Grey		
Manufacturing Year:	2017		
Engine No.:	G4FGJH694651		
Chassis No.:	KNAFZ411MJ5764445		
Maximum Power Output:	95.3 kW (127 bhp)		
Open Market Value:	\$15,268.00		
Original Registration Date:	19 Apr 2018		
First Registration Date:	19 Apr 2018		
Transfer Count:	2		
Actual ARF Paid:	\$15,268.00		
Intended PARF Rebate Details	THE RESERVE OF THE PROPERTY OF THE PROPERTY OF THE PARTY		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	18 Apr 2028		
PARF Rebate Amount:	\$11,451.00		
intended COE Rebate Dotails	inania (de al Caracia de La Caracia de Caracia)		
COE Expiry Date:	18 Apr 2028		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	10		
QP Paid:	\$38,830.00		
COE Rebate Amount:	\$21,485.00		
Total Rebate Amount:	\$32,936.00		

The information contained herein is correct as at 06 Oct 2022

New Cars

**Used Cars** 

Rental Cars Sell My Car

Directory

Products

Insurance

Articles

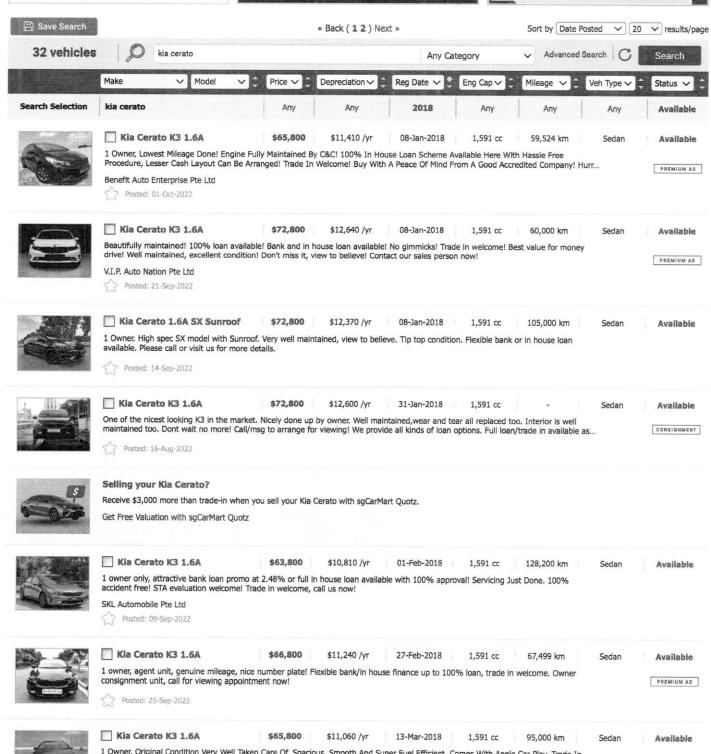
Forum

Resources











1 Owner, Original Condition Very Well Taken Care Of. Spacious, Smooth And Super Fuel Efficient. Comes With Apple Car Play. Trade In elcome. Please Call Our Sales Person For Availability Or Viewing Appointment Today. Thank You.

Zenith Automobile

Posted: 22-Sep-2022