

(08/11/13) wef

ASS. REC. BY: Pam

REF:

CS/ASM 22010201/RVY3

S17A

COE-2023/SEP

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: 5JJ 6279Cat Workshop m/s MJE MOTORof 7, SIN MINH Ind sec C #01-94

Insured:

ASM

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:

7K

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

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

REPAIR LIMIT - 4K

TOTAL LOSS

Veh No:

8JJ 6279C

Yr Regn: 2008 / SEPType: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

HYUNDAI GETZ 1.45DRA c.c. 1399

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

KMHBUSIDR 9U845371

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

175/65R14

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

TOYO / YOKO or

Front

R/Bal.

S

mm

Rear

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

12/10/22

D.O.I.

14/10/22

Survey held at

MJE MOTOR

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

REAR 8 N/S FRG

The UIC / Chassis frame / Body Structure affected due to collision.

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:

S + RS \_ \$

Photos

Others

Report Format :

Lump Sum / I.B.I.: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	12/10/2022 15:57 (SGT)
Reported by	Both
Date of Accident	12/10/2022 02:00 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	IN FRONT OF UNIT 254 UPPER THOMSON ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ6279C
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOY HWEE KIAT @WENDY LOY
NRIC No	SXXXX517A
Email Address	wendyloy258@gmail.com
Mobile Phone No	(Phone) +65-97233348
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Getz
Variant	-
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	1399

### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00693552/02

### DRIVER

Name of Driver	LOY HWEE KIAT @WENDY LOY
NRIC No	SXXXX517A
Date Of Birth	20/01/1950
Occupation	Indoor



Date Of Driving Pass	08/08/1975
Driving experience	47 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97233348
Alt. Phone Number	-
Email Address	wendyloy258@gmail.com
Address	258 UPPER THOMSON ROAD
Address complement	-
Postcode	574385
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	Collided into Parked Vehicle
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### 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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

#### 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	SNB5456J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

# SKETCH PLAN

Insurer: Direct

Asia

Vehicle: SJ 6279C

## 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.

## Sketch Plan

75C 2511	75C 2511	95C 2511	85C 2004 FW 2511	09C 2511
-------------	-------------	-------------	------------------------	-------------

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





Date of accident: 12/10/22 Time: 0200 am Location: hwy 1 of unit 254 Upper Thomson Rd  
 My Vehicle A: SU6279C Vehicle B: SNB 54565 Vehicle C: \_\_\_\_\_

**SKETCH PLAN**

Describe Circumstances of the Accident.

Refer to attach Police Report  
 No: T/20221012/7040  
 dd: 12/10/2022

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

Vehicle: SU6279C

Policyholder's Signature / Date & Time

*[Signature]* 12/10/22

Driver's Signature (if driver is not the policy holder) / Date & Time

Witnessed by Reporting Personnel



*[Signature]* 12/10/22  
 AH LIM MOTOR COMPANY



## Inquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	517A

### Vehicle Details

Vehicle No.:	SJJ6279C
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Oct 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	GETZ1.4 5DRA
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	G4EE8124217
Chassis No.:	KMHBU51DR9U845371
Maximum Power Output:	69.9 kW (93 bhp)
Open Market Value:	\$9,065.00
Original Registration Date:	22 Sep 2008
First Registration Date:	22 Sep 2008
Transfer Count:	2
Actual ARF Paid:	\$7,872.00

### Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	21 Sep 2023
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$16,170.00
COE Rebate Amount:	\$3,009.00
Total Rebate Amount:	\$3,009.00

### Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 16 Oct 2022