

ASS. REC. BY:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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.

N/S	O/S

Bal. or Market Value: _____

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

Veh No: SNC2661Y Yr Regn: 2021, Oct.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volvo V60 C.C. 1969

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 871/6 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV122LITCN1085559

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/57R18

R: 225/52R18

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

TOYO / YOKO or

Front Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 31/10/22

Survey held at Green Forest

Des. 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
	<u>TP Sango</u>
	<u>MV: 205K</u>
	<u>PV: 94.1K</u>
	<u>Nett: 110.9K</u>

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: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

8 + RS SI

Photos

Other: _____

Report Formet: _____

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 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	28/10/2022 12:18 (SGT)
Reported by	Both
Date of Accident	27/10/2022 12:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK @ NO.26 SIN MING LANE (MIDVIEW CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC2661Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRUSTY CARS PTE LTD
Company Reg No	2XXXXX411C
Email Address	KEANE@CARRO.COM
Mobile Phone No	(Phone) +65-96660430
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V60
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1969

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	J 300630981 MTR

DRIVER

Name of Driver	NUR HIDAYAT BIN ROZMAN
NRIC No	SXXXX116D
Date Of Birth	10/10/1999
Occupation	Outdoor

Date Of Driving Pass	16/06/2022
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97864474
Alt. Phone Number	-
Email Address	HIDAYATROZMAN@GMAIL.COM
Address	BLK 918 JURONG WEST STREET 91 #03-104
Address complement	-
Postcode	640918
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	MUHAMMAD RAFIQIN BIN MOHD FAIZAL
Gender	Male

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

PLEASE REFER TO THE ATTACHMENTS

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	GBC5376T
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address 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	NUR HIDAYAT BIN ROZMAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SNC2661Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	MUHAMMAD RAFIQIN BIN MOHD FAIZAL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SNC2661Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

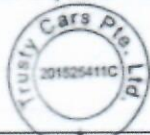
IMPORTANT NOTICE

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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.



Policyholder's Signature / Date & Time

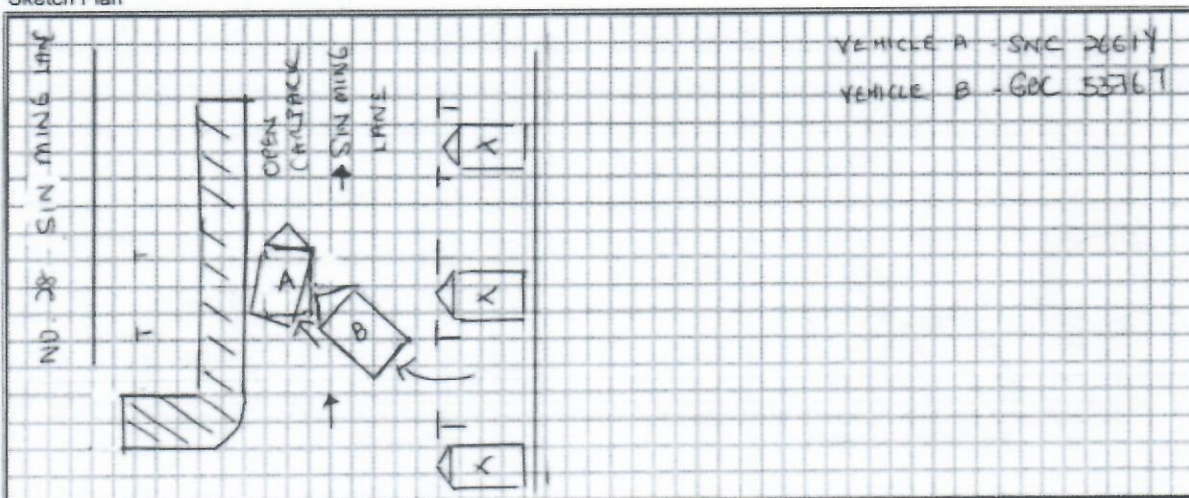
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1/6/2022

1

Describe Circumstance of the Accident

ON 27/10/2022 @ 1220 HRS, I WAS DRIVING ALONG THE OPEN CARPARK @ SIN MING LANE. ALL OF A SUDDEN, I FELT A HUGE IMPACT TO THE REAR RIGHT SIDE OF THE CAR (VEHICLE A). THE IMPACT PUSHED THE CAR (VEHICLE A) TO THE LEFT SIDE OF THE ROAD. I REALISED A VAN (VEHICLE B) HAD HIT MY CAR (VEHICLE A) WHILE LEAVING THE CARPARK LOT. THE CAR'S (VEHICLE A) REAR RIGHT TIRE WAS DAMAGED IN THE ACCIDENT. AT THE SAME TIME, I FELT PAIN IN MY NECK & BACK.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





PEOPLES AUTO TRADING
BLK 3007 UBI ROAD 1 #01-400
TEL 6741 4646



COMPUTERIZED ALIGNMENT SPECIALISTS

CUSTOMER	GREEN	DATE	Oct 31, 2022 11:27:16 AM
FIRST NAME			
LICENSE NO.	SNC 2661 Y		
MILEAGE	8713		
MAKE	CUSTOM	MODEL	VOLVO V60
NOTES			

Front Wheel

TOTAL TOE
PARTIAL TOE
SET BACK
CAMBER
CASTER
KING-PIN
INCL. ANGLE
Toe-out on turns
STEERING IN
STEERING OUT

SPECS				DIAGNOSIS				ADJUSTMEN			
min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
-1.00	0.00	1.00			3.30				3.30		
-0.50	0.00	0.50		2.60		0.60		2.30		0.90	
---	---	---			0°00"				0°00"		
-1°30"	-0°44"	0°00"		-0°14"		-0°50" 0°36"		-0°14"		-0°50" 0°36"	
4°00"	5°00"	6°00"		5°26"		5°16" 0°08"		5°26"		5°16" 0°08"	
---	---	---		8°04"		8°16" 0°12"		8°04"		8°16" 0°12"	
---	---	---		7°48"		7°24"		7°48"		7°24"	
---	---	---		---		---		---		---	
---	---	---		---		---		---		---	
---	---	---		---		---		---		---	

Rear Wheel

TOTAL TOE
PARTIAL TOE
SET BACK
CAMBER
THRUST ANGLE

SPECS				DIAGNOSIS				ADJUSTMEN			
min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
0.00	1.00	2.10			7.60				7.60		
0.00	0.50	1.00		2.80		4.80		2.80		4.80	
---	---	---			-0°08"				-0°08"		
-2°30"	-1°30"	-0°30"		-1°00"		-1°04" 0°04"		-1°00"		-1°04" 0°04"	
---	---	---			-0°08"				-0°08"		

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 411C

Vehicle Details

Vehicle No.: SNC2561Y

Vehicle to be Exported: No

Intended Derogistration Date: 31 Oct 2022

Vehicle Make: VOLVO

Vehicle Model: V60CC B5 PRO

Primary Colour: Grey

Manufacturing Year: 2021

Engine No.: B420T24176659

Chassis No.: YV1ZZL1TCN1085559

Maximum Power Output: 184.0 kW (246 bhp)

Open Market Value: \$35,606.00

Original Registration Date: 07 Oct 2021

First Registration Date: 07 Oct 2021

Transfer Count: 1

Actual ARF Paid: \$41,849.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 06 Oct 2031

PARF Rebate Amount: \$31,386.00

Intended COE Rebate Details

COE Expiry Date: 06 Oct 2031

COE Category: E - Open - all except motorcycle

COE Period(Years): 10

QP Paid: \$72,756.00

COE Rebate Amount: \$62,708.00

Total Rebate Amount: \$94,094.00

The information contained herein is correct as at 31 Oct 2022

OK



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2021

Any

Any

Any

Available



Volvo V60 Cross Country Mild Hybrid B5 2.0A

\$205,888

\$20,700 /yr

07-Oct-2021

1,969 cc

8,677 km

Stationwagon

Available

Fuel Type: Petrol-Electric

Carro certified pre-owned - all our vehicles undergo a strict 160-point inspection to ensure no major accident, and no mileage tampering. Every carro certified pre-owned car comes with 12 months engine and gearbox warranty with a 5-day money back guarantee. No hidden...

Carro

Posted: 16-Sep-2022

PREMIUM AD



Volvo V60 Cross Country Mild Hybrid B5 2.0A

\$208,888

\$20,950 /yr

21-Oct-2021

1,969 cc

7,500 km

Stationwagon

Available

Fuel Type: Petrol-Electric

One Of The Best All Rounder Wagon. Awesome Driving Characteristics, Stylish & Refined Interior. 1 owner unit. 5 years agent Wearnes warranty and servicing package. High spec Cross Country all wheel drive variant. Comes with optioned factory navigation. Flawless condi...

Monster Motors Pte Ltd

Posted: 19-Oct-2022

PREMIUM AD

Save this search criteria, to get email alerts whenever a match is found.

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Price

Depreciation

Reg Date

Eng Cap

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Veh Type

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