

A.S.S. REC-BY: Tauy

REF:

CS/10322010815/Tuy 3.

ASSIGNMENT

COE 2031 Jan

From: _____ Date: _____

Estimated cost: _____

OD / (TP) / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

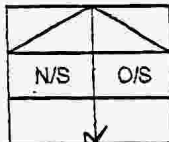
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

\$85K

IDAC Accident Report _____

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

Mr Chng

Veh No: _____

SLL 1620Z

Yr Regn: _____

2011 / Feb.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: _____

Mercedes Benz C180K

c.c

1597

Colour _____

Blue

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

150510

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WDD 2040452 * 449 6059Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: _____

F: _____

225/45R17

R: _____

u nBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____

Rear _____

R/Bal. _____

6

mm

R/Bal. _____

6

mm

L/Bal. _____

6

mm

L/Bal. _____

6

mm

D.O.A. _____

D.O.I. _____

01/11/22

Survey held at _____

EM-1 Auto.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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B. / P's _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 604D

Vehicle Details

Vehicle No.: SLL1620Z

Vehicle to be Exported: No

Intended Deregistration Date: 28 Oct 2022

Vehicle Make: MERCEDES BENZ

Vehicle Model: C180K

Primary Colour: Blue

Manufacturing Year: 2010

Engine No.: 27191031343665

Chassis No.: WDD2040452A496059

Maximum Power Output: 115.0 kW (154 bhp)

Open Market Value: \$31,893.00

Original Registration Date: 21 Feb 2011

First Registration Date: 21 Feb 2011

Transfer Count: 3

Actual ARF Paid: \$31,893.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 Jan 2031

COE Category: A - Car (1600cc & below)

COE Period(Years): 10

PQP Paid: \$38,137.00

COE Rebate Amount: \$31,493.00

Total Rebate Amount: \$31,493.00

The information contained herein is correct as at 28 Oct 2022

OK

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 14:19 (SGT)
Reported by	Both
Date of Accident	27/10/2022 23:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	along BUKIT PANJANG RING RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL1620Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMAD FAUZAN BIN YUSOFF
NRIC No	SXXXX604D
Email Address	SUBARUZAN99@GMAIL.COM
Mobile Phone No	(Phone) +65-87424432
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127504479

DRIVER

Name of Driver	MUHAMAD FAUZAN BIN YUSOFF
NRIC No	SXXXX604D
Date Of Birth	15/07/1982
Occupation	Indoor

Date Of Driving Pass	22/05/2019
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87424432
Alt. Phone Number	-
Email Address	SUBARUZAN99@GMAIL.COM
Address	425 YISHUN AVE 11, #06-574
Address complement	-
Postcode	760425
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	Chain Collision
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)	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?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLES INVOLVED

Vehicle Registration Number	SLL787H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SGD3089X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLL1620Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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.
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. 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 making 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

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

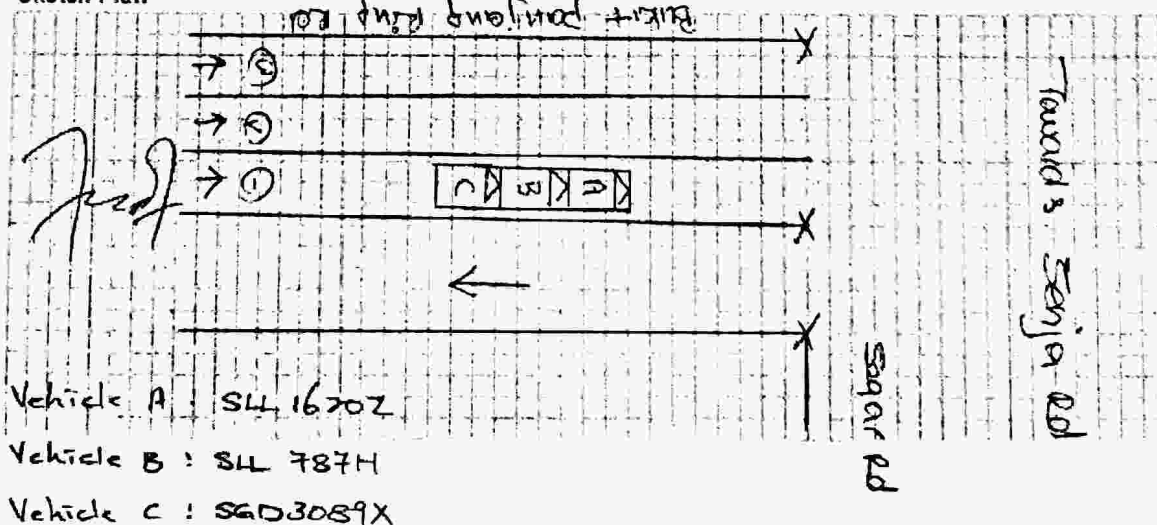
Singapore 575643

Tel: 6453 1235 Fax: 6453 7942

Witnessed by: (Claims Section)

Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to police report no. T/20221028/2022.

Note : Police Officer only request for 2 vehicles number
Total 3 vehicles involved. *[Signature]*

Vehicle A : 3LL16202

Vehicle B : 3LL787H

Vehicle C : SGD3089X

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
5/K 3 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575043
Tel: 6453 1235 Fax: 6453 7944
Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20221028/2022

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20221028/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2022 11:20	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: MUHAMAD FAUZAN BIN YUSOFF			Address: APT BLK 425 YISHUN AVENUE 11 #06-574 SINGAPORE 760425	
ID Type / ID No.: NRIC NO / S8222604D			Contact No.: Home/Office:	Mobile: 87424432
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 15/07/1982	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2022 23:30	Type of Location: Straight Road
Location: BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL1620Z	Car				Slightly Damaged	0
SLL787H						0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20221028/2022

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20221028/2022

CONTINUATION OF REPORT

Driver:			
Name	MUHAMAD FAUZAN BIN YUSOFF	ID No.	S8222604D
Related Vehicle	SLL1620Z (Car)	Contact No.	87424432
Hospital/Clinic	COUNTRYSIDE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/10/2022	Date Discharge	28/10/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 27/10/2022 at about 2330hrs I was driving my vehicle SLL1620Z along Bukit Panjang Ring Road.

It was Red light and I waited at the junction outside the Community Centre. Then suddenly I felt an impact at the rear of my car. That made my vehicle to inch forward.

I felt shocked and felt an impact on my back.

I alighted from my car and made a check. SLL787H had hit onto the rear of my car. There was a dent at the left rear area. The bumper clip fell off. And there were few scratches.

I had seen a doctor and was given 3 days of MC.