

ASS. REC. BY:

REF:

ALS / 220111421kp

ASSIGNMENT

Kenneth

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Car Times

of

Insured:

Policy No.

Claims No.

Sum Insured:

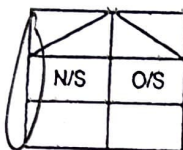
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

875k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SDU 5355K

Yr Regn:

12, 16

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

Truck / Traller or

Make:

Mit Outlander

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

94685

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JMYXTGIF3WGZ 004309

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/55R18

R:

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

TOYO / YOKO or

Continental

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

4/11/22

D.O.I.

8/11/2022

Survey held at

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

N/S body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 / EIT not ready

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. \$

Penalty

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

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	05/11/2022 15:55 (SGT)
Reported by	Both
Date of Accident	04/11/2022 13:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF ANG MO KIO AVE 3 & SERANGOON NORTH AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDU5355K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FRANCISCO CHERYL JEAN
NRIC No	S7939405Z
Email Address	HENRYNCHERYL@GMAIL.COM
Mobile Phone No	(Phone) +65-92702977
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	OUTLANDER 2.4 CVT AWD S/R FACELIFT
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	2360

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00837173/02

DRIVER

Name of Driver	HENRY RAMAS
NRIC No	S7973494B
Date Of Birth	20/03/1979

SKETCH PLAN

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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.



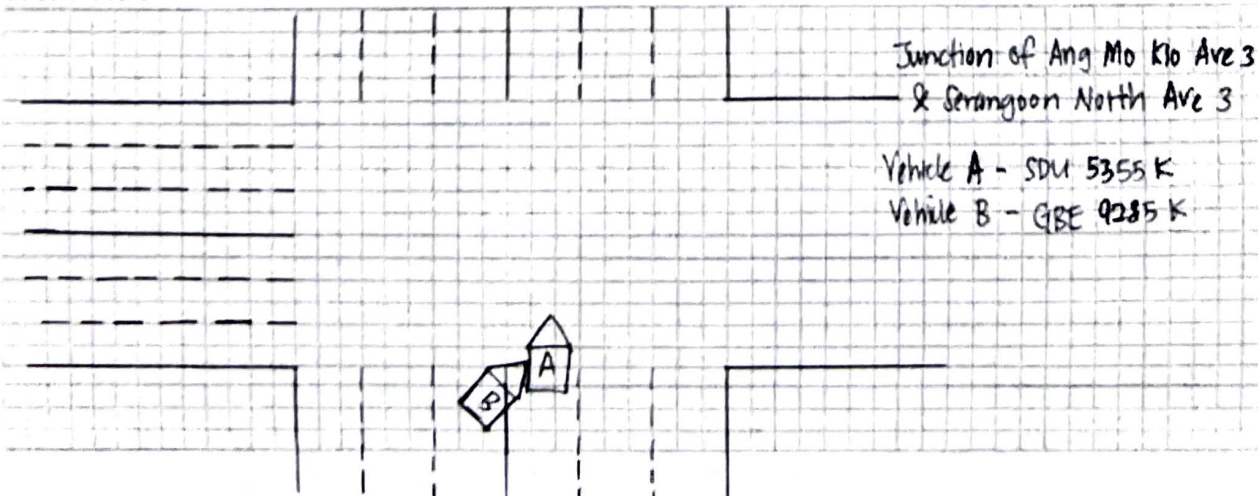
[Signature]

Witnessed by Reporting Centre
Personnel

[Signature]
Policyholder's Signature / Date &
Time

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

Sketch Plan



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	405Z
Vehicle Details	
Vehicle No.:	SDU5355K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 Nov 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	OUTLANDER 2.4 CVT AWD S/R FACELIFT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4B12RS7895
Chassis No.:	JMYXTGF3WGZ004309
Maximum Power Output:	123.0 kW (164 bhp)
Open Market Value:	\$24,269.00
Original Registration Date:	23 Dec 2016
First Registration Date:	23 Dec 2016
Transfer Count:	1
Actual ARF Paid:	\$25,977.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Dec 2026
PARF Rebate Amount:	\$18,183.00
Intended COE Rebate Details	
COE Expiry Date:	22 Dec 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,206.00
COE Rebate Amount:	\$23,162.00
Total Rebate Amount:	\$41,345.00

The information contained herein is correct as at 08 Nov 2022

OK