| | ASSIGNMENT |
|---|--|
| From: Date: | Veh No: GBK6421 Y. Yr Regn: 2020, Sept |
| From: Date: Estimated Cost: | Type: M.Car / M.Cycle / Bus / Van / Corry / Taxi / Prime Mover / |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| | 71197 |
| To Inspect Vehicle No: | Colour While A/C: Insured / Std / NI / NA |
| at Workshop m/s | Sp. Reading 92 Co. T/Radio: Insured / Std / NI / NA |
| I | Eng/No: |
| | CANO VNCS JX76 LL745 4873 |
| Claimas No. | Gen. Cond: Good / Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: Inorder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: Inorder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil S/Rim / STD A/Rim or |
| | Tyre Size: F: 195R15C Kalker. |
| (Policy Condition) | R: 145R13C. 1cm/s |
| Remark: The veh had commenced its | N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO/YOKO or talker. |
| Bal. or Market Value: | Front Rear |
| IDAC Accident Rport: Consistent? : Yes o | |
| GIA / PR Seen:Consistent?: Yes o | |
| Est. Repairs:days Res.: Yes | 6/5/ |
| Lum Sum: % 3 Val.: Yes o | |
| CA / REV / REP. / 24 HRS | Des. of Damages: Frty / Rear / O/S / N/S / U/C / Rooftop or |
| Date: Person Contacted: | ehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collisi |
| Date / Time Action / Instruction | The Ord T Glidadia Halife T Body Glidadia Glidadia di General |
| TP Allianz. | , |
| | |
| 7nh | 1 20 0 10 10 10 10 10 10 10 10 10 10 10 10 |
| | eciation @ 9k x 7.8 yr = 70k) |
| PV: 211C Nett: 49K. | |
| 11611 . 1 11. | |
| | |
| Date/Time File Pene to? | David Of David |
| Date/Time, File Pass to? :- Preli. Report | Days Of Repair: |
| 1) : Final Report Date/Time, File Return to? | Resurvey No. of Trip: Survey Fee: Transportation: |
| 2) | Add Fee: :Site Insp (\$)_s+Rs_SI |
| | : Interview (\$) Photos |
| Forest Forest | Tech Inva A) Others |

Bonnates, Granus I B FD In 746

SN0922BG0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 16/11/2022 16:26 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (16/11/2022 16:26 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 16/11/2022 16:26 (SGT) Reported by Driver Date of Accident 15/11/2022 17:25 (SGT) Exact Location of Accident Singapore Additional Location Information **BKE TWDS SLE B4 SLE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Manual 2500

No - Claiming third party

Commercial vehicle

Vehicle Registration Number **GBK6421Y** INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **CES-PRECAST PTE LTD** Company Reg No 200616039M Email Address chua@chipengseng.com.sg Mobile Phone No (Phone) +65-65828488

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model K2500 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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00104122202 Policy Number / Cover Note Number

DRIVER

Name of Driver JONY MD DIN ISLAM Passport No/FIN G6933465U Date Of Birth 18/05/1985 Occupation Outdoor

| Date Of Driving Pass | 20/09/2017 |
|--|-------------------------|
| Driving experience | 5 YEARS AND 2 MONTHS |
| | Male |
| Gender Mobile Number | (Phone) +65-81423633 |
| Alt. Phone Number | |
| Email Address | chua@chipengseng.com.sg |
| | 171 CHIN SWEE RD |
| Address complement | #12-01 CES CENTRE |
| Postcode | 169877 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Deiner 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 | |
| | Chain Collision |
| Type of Accident | |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | |
| OTHER INFORMATION | |
| List invalved in the accident? | No |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident | 4 |
| Number of vehicles involved in the accident? | Yes |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other vehicle or property damaged? | 1 |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) | No |
| soliciting/offering accident claims assistance? Translator's name | - |
| Translator's ID | - |
| Translator's phone number | |
| Translator's email | - |
| Original language used in the statement | |
| Original language used in the statement | |
| DETAILS OF POLICE ACTION | |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? | No |
| Was the accident reported to the police? Was notice of intended Prosecution given? | No |
| If yes, against whom? | |
| If yes, against whom? | |
| CIRCUMSTANCES OF ACCIDENT | |
| CINCOMOTATIONS ST. 115 ST. | |
| PLS REFER TO THE ATTACHED STATEMENT | |
| | |
| ATTACHMENT(S) | |
| | Voc |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | . No |
| | |
| DETAILS OF OTH | HER VEHICLE PROPERTY 1 |
| | VD4144I |
| Vehicle Registration Number | XD4144L |
| Vehicle Manufacturer | |

Commercial vehicle

CHAN WAI CHOONG

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category

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 2

| Vehicle Registration Number | SMH8775Z |
|---|---------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | _ |
| Vehicle Colour | 9 |
| 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 December (Including Driver) | - |
| No. Of Passenger (including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| Vehicle Registration Number | SMX675Y |
|---|-------------|
| 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 | JONY MD DIN ISLAM |
|---|-------------------|
| Gender | Male |
| Phone No | - |
| Address | |
| Address Complement | _ |
| Post Code | _ |
| Approximate Age Years Old | _ |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | GBK6421Y |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as trushful and accurate as possible. Any wilful micropresentation 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
- 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)

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:
- (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.

- DOLY

onature / Date & Time

2007

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

Sketch Plan

Vehicle A : GBK 6421 Y D Vehicle B XD 4144 L BKE towneds Vehicle C SMH 87752 SLE before SLE Vehicle D: SMX 675 Y

| 5 0 | above date and time, I was driving my vehicle | |
|---------|---|-----|
| GBK 6 | 21 Y) along BKE towards SLE before SLE on the extreme | 2 |
| eff 1 | of a 4 lare expressiony vehicle (SMH 87752) | |
| raked | and I tollowed accordingly. Out of a sudden, | |
| | B(XD 41444) collided into the rear portion of my | |
| vehicle | Due to the Impact, My vehille surged forward and | |
| Collido | 1 into wehick C - I alighted and discovered [was invol | red |
| · In | 3 4 cac chain collision. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Declaration

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

TO THE SERVICE OF THE

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

Witness Gov Reporting Centre Personnel (Name as in NRICFID Card)

2

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type: | Company | | |
|---|--|--|--|
| Owner ID: | 039M | | |
| Vehicle Details | The same of the sa | | |
| /ehicle No.: | GBK6421Y | | |
| /ehicle to be Exported: | No | | |
| ntended Deregistration Date: | 21 Nov 2022 | | |
| Vehicle Make: | KIA | | |
| /ehicle Model: | K2500 6MT | | |
| Primary Colour: | White | | |
| Manufacturing Year: | 2020 | | |
| Engine No.: | D4CBL019759 | | |
| Chassis No.: | KNCSJX76LL7454873 | | |
| Maximum Power Output: | | | |
| Open Market Value: | \$17,613.00 | | |
| Original Registration Date: | 29 Sep 2020 | | |
| First Registration Date: | 29 Sep 2020 | | |
| Transfer Count: | 0 | | |
| Actual ARF Paid: | \$881.00 | | |
| Intended PARF Rebate Details | | | |
| PARF Eligibility: | No | | |
| PARF Eligibility Expiry Date: | • | | |
| PARF Rebate Amount: | \$0.00 | | |
| Intended COE Rebate Distalls COE Expiry Date: | 28 Sep 2030 | | |
| COE Category: | C - Goods Vehicle & Bus | | |
| COE Period(Years): | 10 | | |
| QP Paid: | \$26,644.00 | | |
| COE Rebate Amount: | \$20,922.00 | | |
| Total Rebate Amount: | \$20,922.00 | | |

The information contained herein is correct as at 21 Nov 2022



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ars Rental Cars

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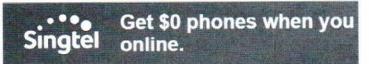
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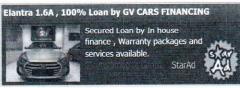
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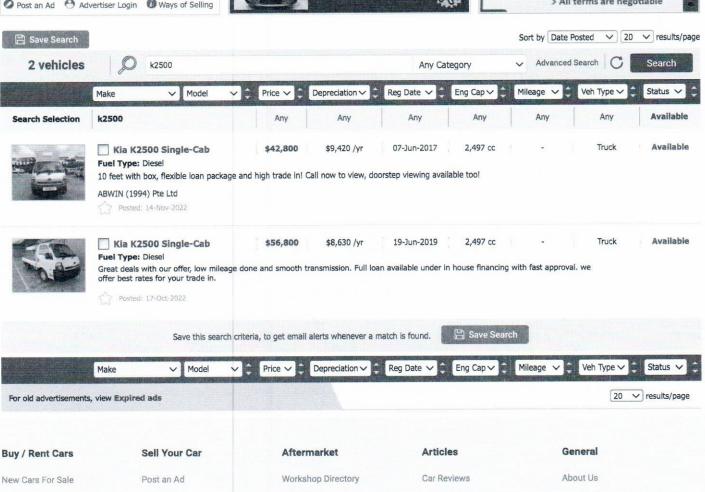
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