

ASS. REC. BY:

REF:

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: SKK5893T Yr Regn: 2013 / Augst

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

Truck / Trailer or

Make: Volkswagen Jetta c.c. 1390

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

Sp. Reading: 162905 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ16ZDM023091

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R17

R: 225/45R17

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

TOYO / YOKO or Continental

Front

Rear

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

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

D.O.A. _____ D.O.I. 2/02/22

Survey held at Hua Meng

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 MS16</u>
	<u>MV: 211C</u>
	<u>PV: 13K</u>
	<u>Nett: 8K</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:

3 + RS. SI

Photos

Other

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Inve (\$)

Report Format: _____

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	09/12/2022 14:20 (SGT)
Reported by	Driver
Date of Accident	08/12/2022 07:49 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5893T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHI YULAN
NRIC No	S7077473I
Email Address	HAPPIEBLUE123@GMAIL.COM
Mobile Phone No	(Phone) +65-93956210
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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	1400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5101295537-04

DRIVER

Name of Driver	LIN BIN
NRIC No	S7274410A
Date Of Birth	26/03/1972
Occupation	Indoor

Date Of Driving Pass	03/09/1995
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96379698
Alt. Phone Number	-
Email Address	HAPPIEBLUE123@GMAIL.COM
Address	115 YISHUN RING RD #02-499 S.760115
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Cross Junction
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	NAR YU XIANG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED REPORT AND 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	SCH8182C
-----------------------------	----------

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	LIN BIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	NAR YU XIANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

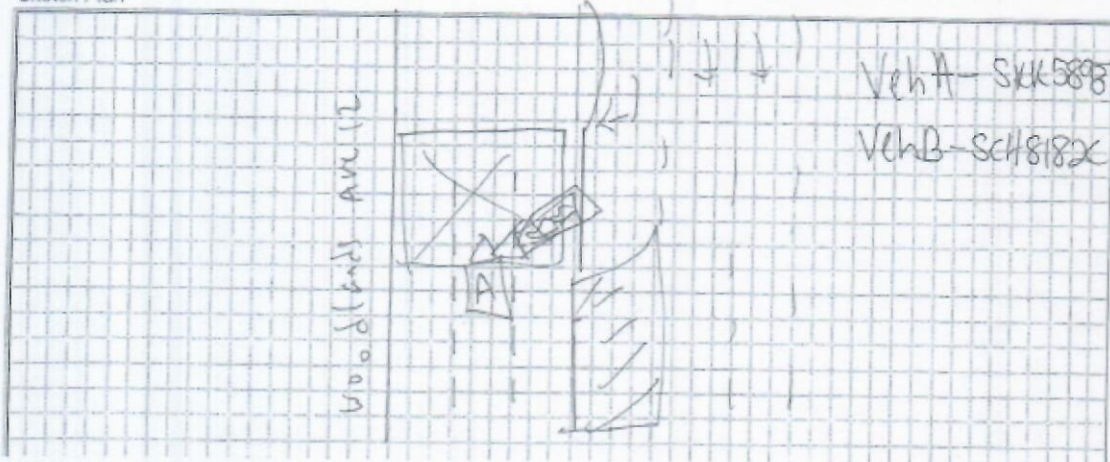
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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

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

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

Sketch Plan



Describe Circumstance of the Accident

I WAS TRAVELLING STRAIGHT IN MY OWN LANE.
WHILE TURN RIGHT I WENT ON MY FURTHER
PORTION.

Declaration

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

SAI

Policyholder's Signature / Date & Time

[Signature]

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

09/11/2022 13:41hr



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



L/20221208/7047

1 of 2

POLICE REPORT (NP299)

Report No. L/20221208/7047

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 08/12/2022 15:57	Vide Report No.	Station Diary No.
Name Of Informant LIN BIN	Address 115 YISHUN RING ROAD #02-499 SINGAPORE 760115	
ID Type / ID No. NRIC NO / S7274410A	Contact No. Home/Office:	Mobile: 96379698
Nationality CHINESE	Email Address linshiwen1999@gmail.com	
Occupation Construction manager	Sex Male	Age 50
Institution/School Name	Date of Birth 26/03/1972	Race Chinese
Date/Time Of Incident 08/12/2022 07:50 - 08/12/2022 07:55	Location Of Incident WOODLANDS AVENUE 12	

Brief details.

I was driving along Woodlands Ave 12. I was in the middle lane. Suddenly a vehicle (SCH8182C) from the opposite direction whom was performing a u-turn hit the front right portion of my vehicle. We both exchange contacts and decided to settle this accident through insurance claim.

After the incident, both my passenger and I felt some pain and went to see a doctor. Both of us receive 4 days mc.

Subjects Involved

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2022 15:57
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20221208/7047

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20221208/7047

Victim			
Person Name	LIN BIN		
ID Type	NRIC NO	ID No	S7274410A
Gender	Male	Age	50
Race	Chinese	Language	English
Occupation	Construction manager	Address	115 YISHUN RING ROAD #02-499 SINGAPORE 760115
Mobile No	96379698	Is Informant A Victim?	Yes
Person Name	Nar Yu Xiang		
ID Type	NRIC NO	ID No	S9346835Z
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Other health professionals	Address	217 Marsiling Crescent #08-91 SINGAPORE 730217
Mobile No	96417537	Relation To Informant	Son in law
Person Name	LIN BIN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
08/12/2022 15:57

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 473I

Vehicle Details

Vehicle No.: SKK5893T
Vehicle to be Exported: Yes
Intended Deregistration Date: 12 Dec 2022
Vehicle Make: VOLKSWAGEN
Vehicle Model: JETTA 1.4 TSI AT 1623Q5
Primary Colour: Grey
Manufacturing Year: 2012
Engine No.: CTH003151
Chassis No.: WVVZZZ16ZDM023091
Maximum Power Output: 118.0 kW (158 bhp)
Open Market Value: \$24,589.00
Original Registration Date: 01 Aug 2013
First Registration Date: 01 Aug 2013
Transfer Count: 1
Actual ARF Paid: \$16,425.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 31 Jul 2023
PARF Rebate Amount: \$8,212.00

Intended COE Rebate Details

COE Expiry Date: 31 Jul 2023
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
QP Paid: \$73,989.00
COE Rebate Amount: \$4,693.00
Total Rebate Amount: \$12,905.00

The information contained herein is correct as at 12 Dec 2022

OK

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financial services

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- ✓ Instant pre-approval
- ✓ Attractive interest rates from 2.98%

Get pre-approved now!



JETTA

Price Range



Depreciation



2013



Vehicle Type



Search

Advanced Search

Used Car Comparison

--- Comparing 2 Vehicles ---

Volkswagen Jetta 1.4A TSI



Clear All

Add all to Shortlist

Back to search result

Add to Shortlist

Volkswagen Jetta 1.4A TSI



Add to Shortlist



NO IMAGE AVAILABLE

Use search bar above to select another car to compare.



NO IMAGE AV

Use search bar above to select another car to compare.

CAR DETAILS

Price	\$19,800	\$22,000
Instalment	\$3,497	\$1,576
Registration Date	16-Apr-2013	30-Oct-2013
Manufactured	2012	2013
Mileage	54,000 km	38,500 km
Transmission	Auto	Auto
Engine Cap	1,390 cc	1,390 cc
Road Tax	\$620 /yr	\$620 /yr
Power	90.0 kW (120 bhp)	90.0 kW (120 bhp)
Curb Weight	1,417 kg	1,417 kg
Features	1.4L 4 cylinders inline 16 valves turbocharger engine, 7 speed DSG transmission, ABS, SRS airbag.	1.4L 4-Cylinder In-Line 16-Valve TSI Turbocharger Engine. 7-Speed (A) DSG. Front-Wheel Drive.
Accessories	Multi function steering, auto headlights, reverse sensor, dual zone aircon, cruise control, knockdown rear seat. Park sensors.	Player. Multi-Zone/Rear Aircon. Knockdown Rear Seats. 6 Airbags. Reverse Sensors. Leather Seats. 16" Sports Rims With Pirelli Cinturato P7 Tyres. Etc.
Description	One owner Volkswagen Jetta 1.4L TSI, powerful and fuel efficient vehicle! Genuine mileage! Owner loves his car and fully service from Volkswagen servicing center since the day he bought the car from day one out of Volkswagen showroom! Stock condition no mods, everything from factory. Flexible loan schemes can be arranged! Trade ins most welcomed, viewings by appointment basis only.	Agent Unit. Regular Maintenance. Serviced Done. Recent Full Health Check Performed With Receipts. No Major Worn Parts. Daily Sheltered Parking. Hassle-Free. Accident-Free, Inspection Welcome. Attractive Financing Rates, High Loan, Trade-In, Consignment Options Available. Any Queries Please Feel Free To Contact Us. By Appointment Only. Price Negotiable. Option To Purchase With/Without COE Renewal.
COE	N.A.	\$76,889
OMV	\$21,138	\$19,385
ARF	\$11,594	\$9,385
Depreciation	N.A.	\$19,680 /yr
No. of Owners	1	3