(08/11/13) wef
ASS. REC. BY: Jasml

REF: CS3/U012201 3001/RVY3

09466
COE - 2023 / APR

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJE 5019U

at Workshop m/s AF & CARS

of 48, TOH GUAN RD #01-121

Insured: U01

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: 4K

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJE 5019U Yr Regn: 2008 / APR

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

Make: TOYOTA VIOS E AUTO c.c 1497

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

Sp.Reading 203887 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053HY9305057140

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: 185/60R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or DAVANTI

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	21/12/22	D.O.I.	30/12/22

Survey held at AF & CARS

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

REPAIR LIMIT - 2.5K

TOTAL LOSS

Date/Time, File Pass to? ☐ : Prell. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:	
Transportation: __S + RS, __SI	
Photos	
Others	
TOTAL	

SW0H22CM0001 / Woon Meng Motor Pte Ltd [659578]
ENTRY DATE & TIME: 22/12/2022 16:02 (SGT)
SUBMITTED BY: Heng Sew Sow
VERSION: 1 (22/12/2022 16:02 (SGT))

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	22/12/2022 16:02 (SGT)
Reported by	Driver
Date of Accident	21/12/2022 11:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE5019U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Yong Soon
NRIC No	S8020094C
Email Address	lechewdp@gmail.com
Mobile Phone No	(Phone) +65-81235242
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	0

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22007164

DRIVER

Name of Driver	Chew Mun Leong
NRIC No	S1402929Z
Date Of Birth	02/05/1960
Occupation	Indoor

Date Of Driving Pass	21/07/1981
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81235242
Alt. Phone Number	-
Email Address	lechewdp@gmail.com
Address	Blk 282 Choa Chu Kang Ave 3
Address complement	-
Postcode	680282
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Yip Lai Yi
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report no.: T/20221222/2050.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	with traffic police.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF274X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH9565L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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	-
Gender	-
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?	-

IMPORTANT NOTICE

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2. This Form must be completed by the Policy holder 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 thereat.
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 ~~collected 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 of all:

(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 correspondences, 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

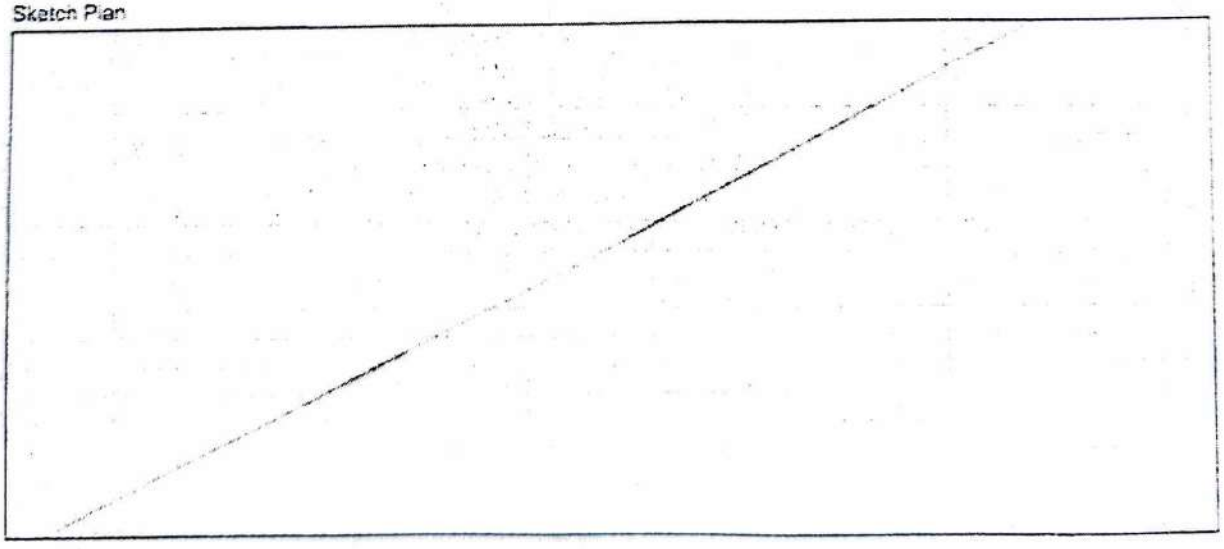
22/12/2022

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

22/12/22

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

Sketch Plan



Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1

( ) Claim Own Damage ( ) Claim Third Party ( ) Reporting Only (✓) Claim OD/ TP at other workshop

own workshop of choice

Describe Circumstance of the Accident

Refer to police report NO T/20221222/2050.

1. Was this statement translated from another language?

( ) Yes (√) No

**** If Yes, please assist to provide the original statement and the details of the translator below:-**

** NOTE: Translated statement is to be signed off by the Translator

2. What is the original language used in the statement?

( ) English ( ) Mandarin ( ) Malay ( ) Tamil ( ) Others ______

2. **Translator Information (all information required to be provided)**

Name of Translator:

Translator ID:

Translator Mobile No.:

Translator Email:

Declaration

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

22/12/2022 | 22/12/22

Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Representative of the Reporting (Name and NRIC/ID card)

2

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	094C

Vehicle Details

Vehicle No.:	SJE5019U
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jan 2023
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	1NZX725264
Chassis No.:	MR053HY9305057140
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	$12,498.00
Original Registration Date:	28 Apr 2008
First Registration Date:	28 Apr 2008
Transfer Count:	5
Actual ARF Paid:	$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	27 Apr 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	$19,328.00
COE Rebate Amount:	$1,234.00
Total Rebate Amount:	$1,234.00

Toyota Vios 1.5A E (COE till 12/2023)

Overview | Financial | Accessories | Similar | Research | Photos | Map

Price	**$14,888**		
Depreciation	$15,220 /yr	**Reg Date**	26-Dec-2008 (11mths 23days COE left)
Mileage	N.A.	**Manufactured**	2008
Road Tax	$958 /yr	**Transmission**	Auto
Dereg Value	$2,697 as of today (change)	**OMV**	$11,834
COE	$13,786	**ARF**	$11,834
Engine Cap	1,497 cc	**Power**	80.0 kW (107 bhp)
Curb Weight	1,095 kg	**No. of Owners**	More than 6
Type of Vehicle	Mid-Sized Sedan		