

08/11/13 wsf

ASS. REC. BY: Rome

REF: CS3/ASM23000545/Rvp3

822A

ASSIGNMENT

CoE - 2027/APC

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SJE 2289Bat Workshop m/s Sinclair Lemof 48, T/H Luan RD #02-126Insured: SHC 1788T ASM

Policy No. _____

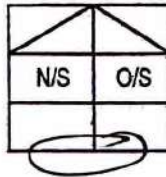
Claims No. S3M04HX3

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: 40K

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lam Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJE 2289B Yr Regn: 2007 MayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Accord Euro R2.0M cc 1998Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 356510 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: CL 71360417Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R18

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 10/01/23 D.O.I. 16/01/23Survey held at Sinclair LemDes. 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 LINT - HK

17/1/23 ESTIMATE RANGE OF REPAIR / NO OF days - (3K-4K) / 5 days

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2) 17/1/23-typist

Add Fee: ☐ : Site Insp (\$ _____) S+RS \$ _____

Report Format: _____

Lump Sum / I.B.I. (\$) _____

☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

TOTAL



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	11/01/2023 18:42 (SGT)
Reported by	Both
Date of Accident	10/01/2023 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Jurong East Central Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE2289B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LAM KOK MENG AARON
Company Reg No	SXXXX822A
Email Address	botaklam@gmail.com
Mobile Phone No	(Phone) +65-98712891
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ACCORD EURO R 2.0 M
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	Manual
CC	1998

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA540255/1

DRIVER

Name of Driver	LAM KOK MENG AARON
Company Reg No	SXXXX822A
Date Of Birth	18/11/1983
Occupation	Indoor



Date Of Driving Pass	05/04/2003
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98712891
Alt. Phone Number	-
Email Address	botaklam@gmail.com
Address	Apt Blk 460 Jurong West Street 41
Address complement	-
Postcode	640460
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	Collision - Head to Rear
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to attached sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1788T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Ho Chwee Kim
NRIC No	SXXXX071E

Contact Number	
Address	(Phone) +65-96172904
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?	SJE2289B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

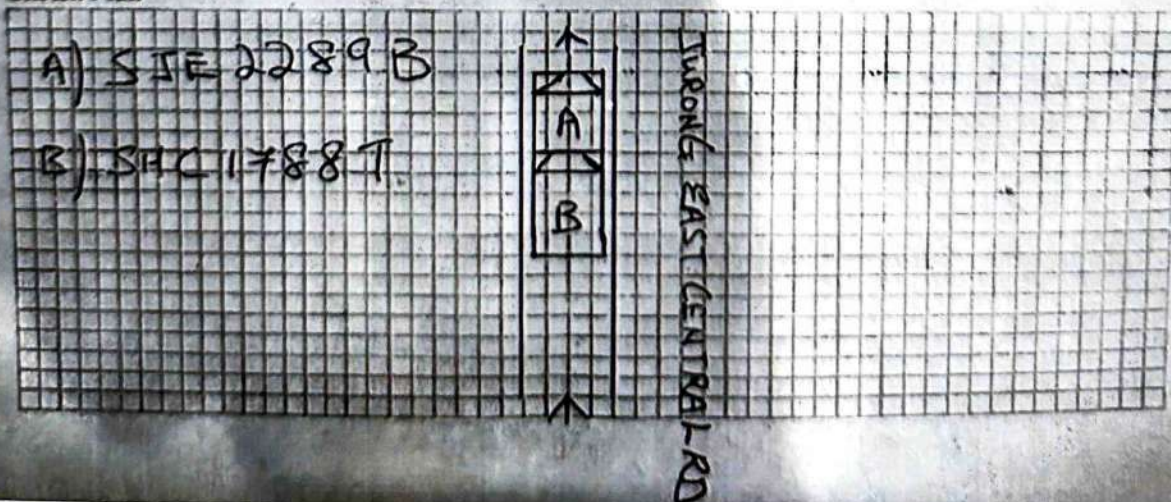
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

LM
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

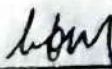
On the stated time and date, I was driving along Jurong East Central Road, suddenly I feel a great impact from my rear. Then I realized a vehicle bearing registration no. SHC 1788T hit onto my rear. We then exchanged particulars. I sustained some ^{pain} on my neck and seek for medical advised doctor given 2 days MC from HeartlandHealth.

Third party claim at Sincerelead Garage Pte Ltd. please email GIA report to them.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	822A
Vehicle Details	
Vehicle No.:	SJE2289B
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jan 2023
Vehicle Make:	HONDA
Vehicle Model:	ACCORD EURO R 2.0 M
Primary Colour:	White
Manufacturing Year:	2006
Engine No.:	K20A6540452
Chassis No.:	CL71300417
Maximum Power Output:	162.0 kW (217 bhp)
Open Market Value:	\$26,101.00
Original Registration Date:	16 May 2007
First Registration Date:	16 May 2007
Transfer Count:	2
Actual ARF Paid:	\$28,712.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Apr 2027
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$52,008.00
COE Rebate Amount:	\$22,305.00
Total Rebate Amount:	\$22,305.00

The information contained herein is correct as at 16 Jan 2023