

ASS. REC. BY:

REF:

ALG / 23001864/KW

Kenneth

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.Bal. or Market Value: 832K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 06 days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

01'26

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SKH 6013BYr Regn: 01, 11

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

Truck / Trailer or

Make: VolkswagenColour: M. GreySp. Reading: 221179

Eng/No: _____

C/No: WVG 8881T8BW 045078Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

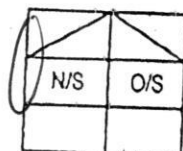
Front

R/Bal. 2 mmL/Bal. 2 mmD.O.A. 21/1/23

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.



Date / Time Action / Instruction

1) / PRS, no estimate. Owner pass to lawyer

2) In repair con 83-4K

27/02/2023 Submit DAR Report

Date/Time, File Pass to?

24/02/2023

☐ : Prel. Report☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

) S - RS. SI

) Fuel

) Others

Add Fee: ☐

: Site Insp (\$

☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format: DAR (TP)

Lump Sum / I.B.I: (\$ 3K ~ \$4K

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	25/01/2023 20:24 (SGT)
Reported by	Both
Date of Accident	21/01/2023 00:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CAUSEWAY TOWARD SINGAPORE CUSTOM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH6013B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZURAIDDY BIN JUPRI
NRIC No	SXXXX571G
Email Address	ZURAIIDY72@GMAIL.COM
Mobile Phone No	(Phone) +65-90050153
Alternative Phone No	-
VEHICLE PARTICULARS	
Manufacturer	Volkswagen
Model	TOURAN 1.4L AT TSI 1T32B4
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	1390

INSURANCE COMPANY

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

DRIVER

Name of Driver	ZURAIDDY BIN JUPRI
NRIC No	SXXXX571G
Date Of Birth	25/11/1974
Occupation	Indoor

Date Of Driving Pass	28/07/2020
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90050153
Alt. Phone Number	-
Email Address	ZURAIDY72@GMAIL.COM
Address	17 TELOK BLANGAH CRESCENT
Address complement	02-276
Postcode	090017
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 - Change/cross lane
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?	Yes
Police Station Name	Commonwealth Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004749999
Alt. Police Station Phone No	(Fax) +65-64715297
Police Station Address	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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	SKX3366T
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	ZURAIDDY BIN JUPRI
Gender	Male
Phone No	(Phone) +65-90050153
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKH6013B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5320422545-02

Cover: 1. Private CLASS 1

1. Index mark and Registration Number of Vehicle

SKH60138

Chassis Number

WVG277172RW045075

2. Name of Policyholder

ZURABDY BIN JUFRI

3. Effective Date of Insurance

20 Jan 2023

4. Expiry Date of Insurance

19 Jan 2024

5. Persons or Classes of Persons entitled to drive

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission

Provided that the person driving is permitted in accordance with the Licensing or other law or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation to that behalf from driving the Motor Vehicle.

6. Limitations as to Use

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

This Policy does not cover

(a) Use for hire or reward

(b) Use for racing, pace-making, reliability trial or speed testing

(c) Use for the carriage of goods (other than samples) in connection with any trade or business

(d) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

This Policy, the Schedule, endorsement and the Certificate of Insurance are to be read together as one document

EXCESS (SECTION 1)

SS600

EXCESS (SECTION 2)

N/A

WINDSCREEN EXCESS

SS100

ADDITIONAL EXCESS

N/A

UNNAMED DRIVER EXCESS

PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

NO

INSURE WITH COI

YES

NCD PROTECTION

NO

ROADSIDE ASSISTANCE AND WELLNESS COVER

NO

TRANSPORT ALLOWANCE

NO

EXCESS WAIVER

NO

PRIMARY DRIVER

ZURABDY BIN JUFRI

NAMED DRIVER (1)

N/A

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

MONEY/MAX LEASING PTE. LTD.

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : THEYSON INSURANCE AGENCY PTE. LTD. (50000572832)

Date of Issue : 18 Jan 2023 12:51 hrs


For INCOME INSURANCE LIMITED

Chief Executive


Describe Circumstance of the Accident	
VEHICLE NO: SKH 6013B	ACCIDENT DATE & TIME: 21/01/2023 00:00
CONTACT NUMBER: 90050153	E-MAIL: zuraiddy92@gmail.com
LOCATION: Refer to Police Report	
<p style="font-size: 24px; text-align: center;">Refer to Police Report</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
<p>PLEASE STATE: <input checked="" type="checkbox"/> I CLAIM OWN POLICY <input type="checkbox"/> I CLAIM THIRD PARTY <input type="checkbox"/> I CLAIM OTHER AT OTHER WORKING <input type="checkbox"/> I REPORT ONLY</p>	

Declaration

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

 21/01/23
 Policyholder's Signature / Date & Time:

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


 Witnessed by Reporting Person's (Name as in NAICQ card)

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 true 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 this 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.

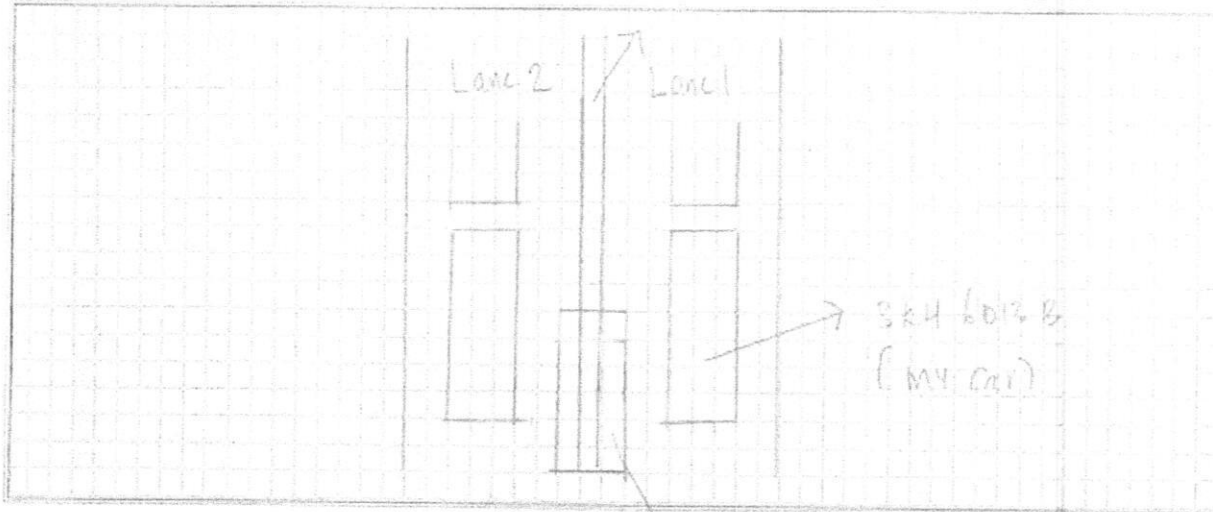
Policyholder's Signature / Date & Time
25/01/2023

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

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

Sketch Plan

Centre White Line (Towards ICA)



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	571G
Vehicle Details	
Vehicle No.:	SKH6013B
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Feb 2023
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	TOURAN 1.4L AT TSI 1T32B4
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	CAV253568
Chassis No.:	WVGZZZ1TZBW045078
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$18,690.00
Original Registration Date:	20 Jan 2011
First Registration Date:	20 Jan 2011
Transfer Count:	5
Actual ARF Paid:	\$18,690.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	19 Jan 2026
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$19,069.00
COE Rebate Amount:	\$11,082.00
Total Rebate Amount:	\$11,082.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 23 Feb 2023

OK