



## 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 First Submission	14/08/2024 17:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/08/2024 16:45 (SGT)
Exact Location of Accident	Seletar Expw., Singapore
Additional Location Information	towards CTE (city)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCU735S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Chun Heng (Lin Junxing)
NRIC No	SXXXX137G
Email Address	joelim.19@gmail.com
Mobile Phone No	(Phone) +65-92311119
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCNA00070492405

#### DRIVER



Name of Driver	Lim Chun Heng (Lin Junxing)
NRIC No	SXXXX137G
Date Of Birth	19/08/1981
Occupation	Indoor
Driving Pass Date	22/01/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92311119
Alt. Phone Number	-
Email Address	joelim.19@gmail.com
Address	Blk 69 Moulmein Road #01-81
Address complement	-
Postcode	300069
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

Please refer to the 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	SMN5456H
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Benjamin Lui Liang Jun
Contact Number	(Phone) +65-98503598
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

### SKETCH PLAN


#### IMPORTANT NOTICE

1. Please report correctly the details of the accident, to help set up the data periods.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be true and correct to the best of your knowledge. Any willful misrepresentation or withholding of material facts may allow the insurer to rescind the policy.
4. The driver and attendance of this form by insurance or negligence is not an admission of liability on the part of the insurance company.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurer to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and this copies of this report and for a fee be made available upon application by interested parties.
7. By the submission 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 to the insurer.

#### 5. 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 be permitted to collect, store, duplicate and/or process my personal data (personal information) of my vehicle, (being all or 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 Insurers who have insured vehicles involved in the accident (all insurers) who have insured vehicles 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 purposes of:
  - (i) processing, handling and/or dealing with my claims, including the settlement of my 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) claim relating my claims (including the making 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 correspondence packages), and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes";
- (b) all Insurers who have insured vehicles involved in the accident and the Insurers' lawyers/law firms may be permitted to collect, store, duplicate and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may also 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 sent outside of Singapore, for one or more of the above Purposes.

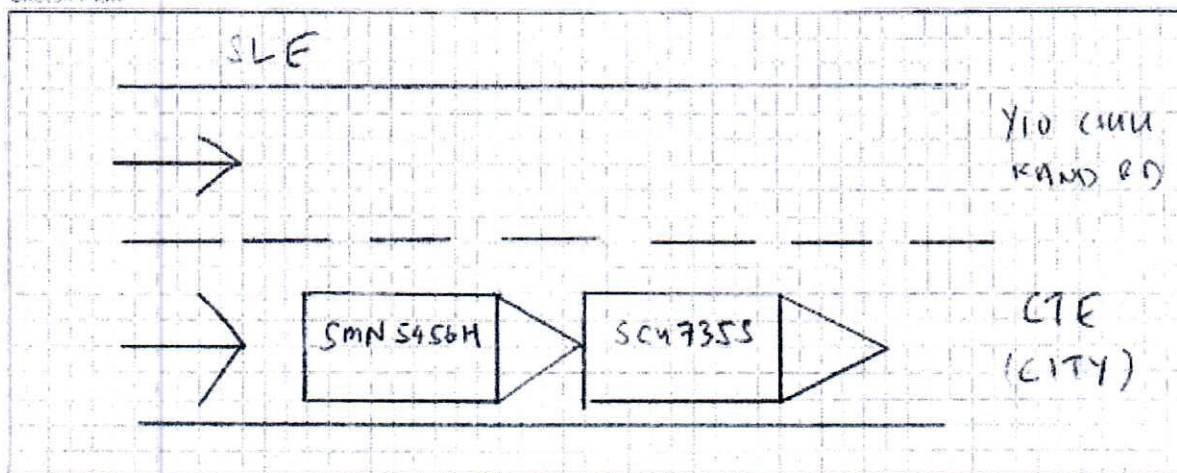
 14/04/2024  
Policyholder's Signature / Date & Time

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

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

Jenny Lim

#### Sketch Plan



Version 25.02

Describe Circumstance of the Accident

On 13th Aug 2024 @ 4.45pm, I was travelling along SLE towards CTE (CITY).

THE CAR IN FRONT OF ME STOPPED AND I FOLLOWED TO STOP. SUDDENLY THE CAR BEHIND ME SMN5456H HIT THE REAR OF MY CAR.

3RD PARTY.

BENJAMIN LUI LIANG JUN

SMN 5456 H

98503598

Declaration

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



14/08/2024

Policyholder's Signature / Date & Time

Actual Driver's Signature (not driver, not the policyholder)  
Date & Time



Witnessed by Reporting Person  
(Name as in NRIC-D card)

Jenny Lim

Motor Private Car

**CERTIFICATE OF INSURANCE**

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1F

R SN

DR0477A

Cov. Type:C

CERTIFICATE No.		DMPCNA00070492405	Engine No.: LEB5600335
			Cha. No.:GB71067160
1. Index Mark and Registration Number of Vehicle	SCU735S	AUTOSAFE	=====
2. Name of Policy Holder	LIM CHUN HENG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06/08/2024 (00:00:00)	Named Drivers Ex Sect. I	\$S500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
4. Date of Expiry of Insurance	05/08/2025	Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$S100.00
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 permission.			
<p>Provided that the person driving is permitted in accordance with the licensing or other laws 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 in that behalf from driving the Motor Vehicle.</p>			
6. Limitations as to use:*			
Use for social, domestic and pleasure purposes and for the Policyholder's business.			
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.			
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.			
One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.			
HIRE PURCHASE CO. : MAYBANK AS HP OWNER <i>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</i>			

**I/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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

 Issued By: \_\_\_\_\_  
 Yap Hwee Ying  
 Authorised Officer

 \_\_\_\_\_  
 Authorised Signatory



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 137G

### Vehicle Details

Vehicle No.: SCU735S  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 14 Aug 2024  
Vehicle Make: HONDA  
Vehicle Model: FREED HYBRID 1.5G AUTO  
Primary Colour: White  
Manufacturing Year: 2018  
Engine No.: LEB5600335  
Chassis No.: GB71067160  
Maximum Power Output: 101.0 kW (135 bhp)  
Open Market Value: \$26,445.00  
Original Registration Date: 06 Aug 2018  
First Registration Date: 06 Aug 2018  
Transfer Count: 0  
Actual ARF Paid: \$19,023.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 05 Aug 2028  
PARF Rebate Amount: \$12,364.00

### Intended COE Rebate Details

COE Expiry Date: 05 Aug 2028  
COE Category: B - Car above 1600cc or 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$32,551.00  
COE Rebate Amount: \$12,941.00  
**Total Rebate Amount: \$25,305.00**

### Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 14 Aug 2024

OK