SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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

Reported by Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

05/12/2024 11:23 (SGT)

Both Policyholder and Actual Driver

04/12/2024 14:27 (SGT)

Singapore

BLK 1080 EUNOS AVENUE 7 #01-155

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLL143R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

CHIEW TUAN KEE

S7967346C

ATRIC CHIEW@HOTMAIL.COM

(Phone) +65-98319486

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Honda

VEZEL 1.5X CVT

Private use

No - Claiming third party

Private car

Auto

1496

Petrol

10/02/2017

RU11204530

02/10/2018 12:10 (SGT)

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5103978280-05

DRIVER

Name of Driver NRIC No Date Of Birth Occupation **Driving Pass Date Driving License Pass Class Driving License Validity** Driving experience Gender

Mobile Number

Alt. Phone Number **Email Address** Address

Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

CHIEW TUAN KEE S7967346C

01/03/1979 Indoor

16/07/2008

Valid

16 YEARS AND 5 MONTHS

Male

(Phone) +65-98319486

ATRIC_CHIEW@HOTMAIL.COM

BLK 178C RIVERVALE CRESCENT #09-415

543178 Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Hit and run / Vandalism / Damaged whilst parked

Clear 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) 0 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? Was notice of intended Prosecution given? If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

XD1679E Isuzu



SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GA 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)

lunderstand, 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 law yers/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
- (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' law yers/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 law yers/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	Witnesset by	Reporting Ce	entre
Sketch Plan		Personnel	Joelle	tan Autopoint
Blk to	080 Euros Ave 7 #01-15	5		
	187			
A: CLL143	SR TAD			
A: SLL143 B: X0167	9E			

A .

Describe Circumstances of the Accident
My Car was purked in them of they company at 20m - Ht days . They
the neighbour opposite informed one that my car was his by the truck
they hirted to transant dumpster - this truck (XD1679=) helong to
Hua Lian Hang to the Lad Escated at 13 was south st 1 s636 ass.
I thereal the car of my company and found that my car was hit
by this truck at a asymm - the driver tried to load the dumpered
without inturning me to move my car away and ended up
writing my car.
the neighbour opposite, he is do an 90159301 who engaged this
coupaing also gave me contact number of the person in charge
you bavid and he also clearly stated that they would give me
compensation by cubint claim to his instraine capacity.
V

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signalure / Date &

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

Witnessed by Reporting Centre
Personne USELL TON
AMK AUTOPOINT P

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	346C
Vehicle No.:	SLL143R
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Dec 2024
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	L15B4404530
Chassis No.:	RU11204530
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$23,153.00
Original Registration Date:	10 Feb 2017
First Registration Date:	10 Feb 2017
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$14,415.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Feb 2027
PARF Rebate Amount: Intended COE Rebate Details	\$8,649.00
COE Expiry Date:	09 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,000.00
COE Rebate Amount:	\$10,457.00
Total Rebate Amount: Message	\$19,106.00

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 05 Dec 2024