ASS. REC. BY:	3006884 1/cv
Kenneth	SIGNMENT
From: Date:	Veh No: SML 9419A Yr Regn: 06, 19
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD / TP / WS / TP RES / QD RES / EVA / INV / MV	Truck / Trailing or
To Inspect Vehicle No:	Make: Ifanda Fred G.G 1496
at Workshop m/s Car feels	Colour As 10
of 05-18 3308	D
Insured: SJY 3154U	Sp.Reading 3/390 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	
Claims No. SJY 3154U	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/Jammed/Leaked/Burnt or
Make of Veh:	Modi: NII / S/Rim / STO A/Rim or
	Tyre Size: F: 185/65R15
(Policy Condition)	R: 703783K73
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA MICT OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value: \$108K	Front
IDAC Accident Rport: Consistent? : Yes or No	P.P. G
GIA / PR Seen: Consistent? : Yes or No	WBal. S mm
Est. Repairs: O days Res.: Yes or No	D.O.A. 30/6/23 DOLG 7/2023
Lum Sum: 26 % 3 Val.: Yes or No	Survey held at D.O.I. 10/7/2023
CA / REV / REP. / 24 HRS	
Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:  Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
ACCOUNT INSTRUCTION	
11/7/23 En apri- COH & 3-4/C	
Oato/Timo, File Pass to? Prell. Report Day	rs Of Repair: 4
11	survey No. of Trip: Survey Fee:
z) 11/7/23-typist Add Fee:	Transportation
Add Pee:	: Site Insp (\$ ) _ s - Rs si
Report Format:	: Interview (\$ ), Fire '8
Lump Sum / I.B.I: (S	Tech Invs (\$ ) Dihers
	Weekend (\$

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	330Z	
Vehicle No.:	SML9419A	
Vehicle to be Exported:	No	
Intended Deregistration Date:	11 Jul 2023	
Vehicle Make:	HONDA	
Vehicle Model:	FREED HYBRID 1.5G AUTO	
Primary Colour:	Red	
Manufacturing Year:	2018	
Engine No.:	LEB5625870	
Chassis No.:	GB71087760	
Maximum Power Output:	101.0 kW (135 bhp)	
Open Market Value:	\$27,218.00	
Original Registration Date:	12 Jun 2019	
First Registration Date:	12 Jun 2019	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$20,106.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	11 Jun 2029	
PARF Rebate Amount: Intended COE Rebate Details	\$15,079.00	
COE Expiry Date:	11 Jun 2029	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$39,728.00	
COE Rebate Amount:	\$23,505.00	
Total Rebate Amount:	\$38,584.00	

The information contained herein is correct as at 11 Jul 2023

SL0M23740002 / Lai Huat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: 04/07/2023 16:31 (SGT) SUBMITTED BY: LHMK -3 VERSION: 1 (04/07/2023 16:31 (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 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 Submission Reported by Date of Accident **Exact Location of Accident** 

Additional Location Information

Country/State of Loss

04/07/2023 16:31 (SGT)

Both Policyholder and Actual Driver

30/06/2023 13:00 (SGT)

Ubi Rd 1, Singapore

Parallel parking lots

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SML9419A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** Mobile Phone No

Alternative Phone No

TING ZHI CHAO, EUGENE (CHEN ZHICHAO, EUGENE)

S8109330Z

eugene13@gmail.com (Phone) +65-96246013

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

Honda

Freed

Private use

No - Claiming third party

Private car

Auto

1496

**INSURANCE COMPANY** 

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

2070086886-03

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

TING ZHI CHAO, EUGENE (CHEN ZHICHAO, EUGENE)

S8109330Z

13/03/1981

Indoor

Date Of Driving Pass 14/02/2002 Driving experience 21 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-96246013 Alt. Phone Number **Email Address** eugene13@gmail.com Address 26 SUMANG WALK #14-12 Address complement Postcode 828618 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions 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) 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJY3154U Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

CHEN ZHENG WEI

Vehicle Colour Vehicle Category

Name of Driver

Contact Number

Address	-
Address complement	
Postcode	_
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

#### 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 <u>truthful and accurate as 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

# 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.
- 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 enquines 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

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

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

Sketch Plan

Parallel Parking lots Ubi Rand 1

SMLa419A

Dunge Right Front Portion

1

Describe Circumstance of the Accident
Com
my Car SML9419A was parked in a parking lot along the Rd 1
on 30/6/23. I was not in the car. When I come back, I
my Cor SML9419A was parked in a parking lot along this Rd 1 on 30/6/23. I was not in the car. When I come tack, I saw my right front porton danage. It was at about I pm.
A note was left on my car by the other driver of vehicles

I/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 Roporting Centre Personnel
(Name as in NRIC/ID card/SOHJIT HOON
2