ASS. REC. BY:	S/FCI24070471/Kvp3e2
	SSIGNMENT
	1
From: Date:	Veh No: Smp 89 48m Yr Regn: 09, 18
	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD MP WS I TP RES I OD RES I EVA I INV I MV	Truck/Trailer or Wager
To Inspect Vehicle No:	Make: Honda Odyssey c.c 235
at Workshop m/s Chen I toe	Colour M. Pilve A/C: Insured/Std/NI/NA
01	Sp.Reading //44/0 T/Radio: Insured / Std / N1 / NA
Insured: SH 9354C	Eng/No:
Policy No.	CNO: JHMRC188050203040
Claims No. D24006574MFCT	Gen. Cond: Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingrder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STO A/Rim or
	Tyre Size: F: 2/5/55R17
(Policy Condition)	R:
Plemark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value: 8 96/6	Front
IDAC Accident Rport: Consistent? : Yes or No	769
GIA / PR Seen: Consistent?: Yes or No	mm R/Bai. mm
Est. Repairs: 06 days Res.: Yes or No	mm UBai. Irim
Lum Sum: 20 % 3 Val.: Yes or No	20116
The State of the S	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt Rear O/S N/S U/C Rooftop or
Date: Person Contacted:	The U/C / Chasele frame / Park Ci
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
(10)	
19/1 2/ hap & 2550/ Call	(red 1191.20, 31%)
	The same of the sa
	The angle approximation is the second
Displana February	
Date/Time, File Pass to? Prell. Report D	ays Of Repair: 4
: Final Report	esurvey No. of Trip: Survey Fee:
	Transportation
Add Fee:	: Site Insp (\$) _ s - Rs si
	: Interview (\$), Finitis
Report Format:	Tech Invs (\$) Others
ump Sum / I.B.I: (\$	Weekend (\$
	1014)
·	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID:	009Н	
Vehicle Details		
Vehicle No.:	SMD8948M	
Vehicle to be Exported:	No	
Intended Deregistration Date:	26 Jul 2024	
Vehicle Make:	HONDA	
Vehicle Model:	ODYSSEY 2.4 EXV-S CVT SR	
Primary Colour:	Silver	
Manufacturing Year:	2018	
Engine No.:	K24W72401586	
Chassis No.:	JHMRC1890JC203048	
Maximum Power Output:	129.0 kW (172 bhp)	
Open Market Value:	\$30,704.00	
Original Registration Date:	10 Sep 2018	
First Registration Date:	10 Sep 2018	
Transfer Count:	0	
Actual ARF Paid:	\$34,986.00	
Intended PARF Rebate Details		
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	09 Sep 2028	
PARF Rebate Amount: Intended COE Rebate Details	\$24,490.00	
COE Expiry Date:	09 Sep 2028	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$32,429.00	
COE Rebate Amount:	\$13,366.00	
Total Rebate Amount: Message	\$37,856.00	
THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	t COE (including unused COE from any lay-up period/s), if you renew your COE.	
The same of the sa		

The information contained herein is correct as at 26 Jul 2024



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

4. The Issue and acceptance of this referred to the Police for investigation.

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

26/07/2024 16:43 (SGT) Date of First Submission Reported by **Actual Driver** 25/07/2024 18:45 (SGT) Date of Accident Exact Location of Accident JUNCTION OF YISHUN RING RD/YISHUN AVE 9 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD8948M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner INFINITY HARDWARE HOLDING PTE LTD Company Reg No 2XXXXXX009H Email Address trish.huijin@gmail.com Mobile Phone No (Phone) +65-94526397 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda **ODYSSEY 2.4 EXV-S CVT SR** Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 2356

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D23MTPV01012084

DRIVER

Name of Driver TAY QI HUA NRIC No SXXXX819G Date Of Birth 03/07/1993 Occupation Indoor

16/07/2012 **Driving Pass Date** 12 YEARS Driving experience Male Gender (Phone) +65-91727501 Mobile Number Alt. Phone Number rouge_24_42@hotmail.com **Email Address** BLK 804 WOODLANDS ST 81 #06-45A Address Address complement 730804 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? 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 SKETCH ATTACHED 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 SH9354C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

SEE CHONG HUA

SXXXX270F

Vehicle Category

Name of Driver

Describe Circumstance of the Accident	
** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE	
Claim under your Own Comprehensive policy. Pls check your policy for more information.	
() Claim Own Policy () Claim Third party () Reporting Onlly	
() Claim OD/ TP at other workshop ()	
Sketch Plan	
A= SMD 89 48 M A= SMD 89 48 M See Chong Hun S7 75 14270 F NP - 8822 9966	
Dua: 25/7/24 Time: 1845hrs 1/15. Sompo	
Described the State of Authority	
Accident occurred at the junction of Yishun Rig Rd / Yishun	
Reg. my car was stationary waity for green light.	
Out of sudden, I fett an impact on the rear and realized	
trys had collised onto my (av.	
No inimula on amone. Both vehicles have no passengers.	
No injunder on anyone. Both which have no passengers. Clear, dry weather condition.	
lear, any whater condition.	

Declaration

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

Ju

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

Elecola (43) 26/7/24

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

SKETCHPLAN

VEHNO. SM) 8948M...
INSURER: SOMPO.

DATE OF ACC: 25/7/24

(2) 1846/10

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 allo 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 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan PLEASE TURN OVER



Cheng Hoe Motor Pte Ltd



ES2400636/YISHUN

D23MTPV01012084

HONDA ODYSSEY 2.4

JHMRC1890JC203048

05 Aug 2024

SMD8948M

K24W72401586

10/09/2018

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg GST:201001158E RCB NO:201001158E

MS FIRST CAPITAL INSURANCE LTD M/S:

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 068877

TEL: 65073848

ATTN: Motor Claim Department

WS Ref: Claim Type: TP/MSFC Third Party

Accident Date: TP Veh Reg No:

25/07/2024 SH9354C

FAX: 65073849

NOT Northanks

Classis No Engine No. Reg. Date:

Chassis No: Engine No:

Date:

4day,

Estimate No:

Policy No:

Veh Reg No:

Make/Model:

Estimate Repair Cost to Vehicle No: SMD8948M

Description **U/Price** Quantity **List Price** Amount S\$ S\$ List Price By 1,171.50 -REAR TAILGATE 1,171.50 1 PC 2 TAILGATE EMBLEM (ODYSSEY) 45.80 -45.80 1 PC 3 TAILGATE INNER LOCK nd 203.90 2 203.90 1 PC REAR WINDSCREEN GLASS MOULDING 4 210.30 1 PC 210.30 REAR BUMPER Bu 698.70 L 698 70 1 PC REAR BUMPER LH SIDE RETAINER 23.50 X 6 23.50 1 PC 7 REAR BUMPER CLIPS 23.40 -3.90 6 PCS 8 REVERSE SENSOR 292.40 1 PC 292.40 7 REVERSE SENSOR RETAINER COVER 69.50 1 PC 69.50 4 2,739.00 Less 20% 547.80 2,191.20 Special Net Me 10 REAR WINDSCREEN GLASS GUM 40.00 1 PC 40.00 40.00 40.00 Labour 11 REMOVE AND REFIX REAR WINDSCREEN GLASS 100.00 100.00 1 LA 12 REMOVE & REFIX TAILGATE, LOCK ASSY, TOP 600.00 1 LA 600.00 SPOILER, REFLECTORS, TAILLAMPS, REAR BUMPER, RENEW REAR END PANEL AND REALIGN THE SAME REMOVE & REFIX REVERSE CAMERA, REVERSE SENSOR 50.00 1 LA 50.00 AND RESET SYSTEM PUTTY & RESPRAY ON REAR END PANEL, TAILGATE, REAR 700.00 700.00 1 I A BUMPER 15 RUSTPROOFING 60.00 1 LA 60.00 301 1,510.00 1,510.00

> LKK Auto Consultants hence notify the Repairer of the following:

- · To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer Signature:

For Cheng Hoe Motor Pte Ltd

Total

Add GST @ 9%

Total Amount Payable

S\$ 3,741.20

S\$ 4,077.91

336.71

AUTHORISED SIGNATURE