

REF:

C9 (ACT 24080173/APP3)

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MV

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA4595B Yr Regn: 2016, March.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Shuttle CO: 1496Colour: Bronze A/C: Insured / Std / NI / NASp. Reading: 182851 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK81000 175Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15R: 185/60R15BS / DUN / EXNOVA / GY / FS / LIZA / MMC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 07/08/24Survey held at Xin HuaDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP Budget Direct

COE Expiry: _____

LS \$4800, 6 days (Red \$7265.92, 60%)

Estimate given during: Yes C✓1st Survey: No C)

MV: _____

PV: _____

Nett: _____

Date/Time, File Pass to?

☐

Preli. Report

1) 06/12 Typist

Date/Time, File Return to?

☐

Final Report

2) _____

Days Of Repair: 6Resurvey No. of Trip: 2Addl Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invt (\$ _____)

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format: _____

Report Form: _____

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	05/08/2024 12:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/08/2024 16:00 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	NEAR TRINITY CHRISTIAN CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4595B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG WAI HON
NRIC No	S8077072C
Email Address	CAPRICORN_03@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81884280
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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?	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	ECICS Limited
Policy Number / Cover Note Number	MPC24A00055300

DRIVER

Name of Driver	ONG WAI HON
NRIC No	S8077072C
Date Of Birth	03/01/1980
Occupation	Outdoor
Driving Pass Date	10/04/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81884280
Alt. Phone Number	-
Email Address	CAPRICORN_03@HOTMAIL.COM
Address	222 BUKIT BATOK EAST AVE 3 #04-134
Address complement	-
Postcode	650222
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	Raining
Road Surface	Wet

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED TIME AND DATE, I AM DRIVING ALONG ADAM RD ON MY LANE. I HAVE SLOWED DOWN AND STOPPED AS VEHICLE IN FRONT HAS STOPPED NEAR AT TRINITY CHRISTIAN CENTRE. SUDDENLY I HAVE FELT AN IMPACT FROM REAR SIDE. I GOT DOWN AND REALISED THAT THE VEHICLE B HAS COLLIDED TO YREAR OF MY CVEHICLE

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	SNL4248Y
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	ONG WAI HON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLA4595B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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 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

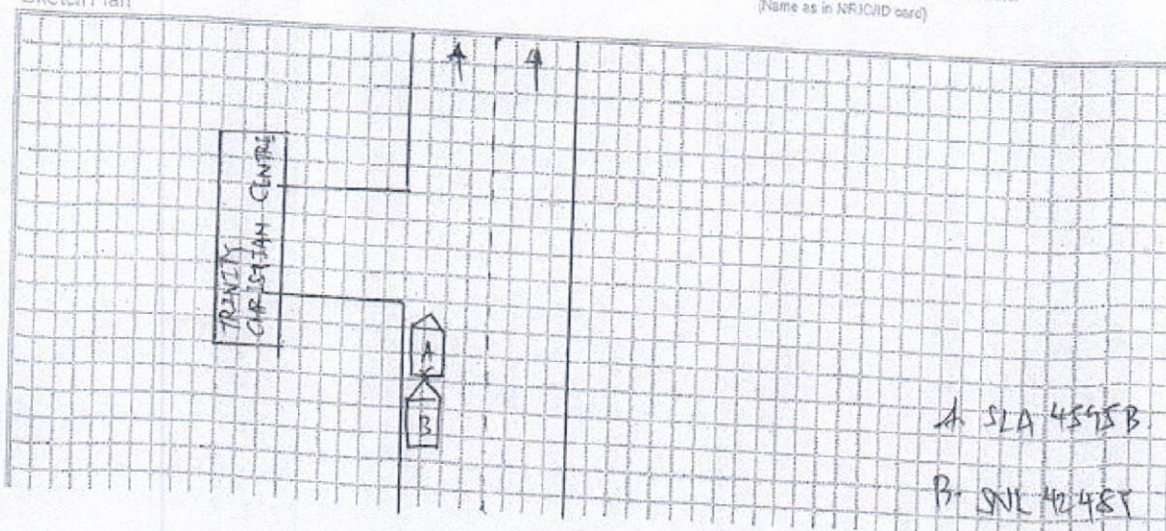
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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





Describe Circumstance of the Accident

On the stated time and date, I am driving at along Adm Road on my lane. I have slowed down and stopped as vehicle in front has stopped near at Trinity Christian Centre. Suddenly, I have felt an impact from rear side. I got down and realised that the vehicle B has collided to rear of my vehicle.

Declaration

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	072C
Vehicle Details	
Vehicle No.:	SLA4595B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Aug 2024
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	L15B3530245
Chassis No.:	GK81000175
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$15,955.00
Original Registration Date:	01 Mar 2016
First Registration Date:	01 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$5,955.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Feb 2026
PARF Rebate Amount:	\$3,275.00
Intended COE Rebate Details	
COE Expiry Date:	28 Feb 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,651.00
COE Rebate Amount:	\$7,289.00
Total Rebate Amount:	\$10,564.00
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 07 Aug 2024

OK

REPUBLIC OF SINGAPORE — DRIVING LICENCE

Licence Number: S8077072C

Name: ONG WAI HON

Birth Date: 03 Jan 1980

Issue Date: 14 Sep 2010

001892242K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8077072C

Name: ONG WAI HON

黄伟汉

Race: CHINESE

Date of birth: 03-01-1980

Country of birth: MALAYSIA

Sex: M

S8077072C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 10 Apr 2001

NP 428A

Licence No: S8077072C

4504128

NRIC No: S8077072C

Date of issue: 04-01-2010

Address: APT BLK 222 BUKIT BATOK EAST AVENUE 3 #04-134 SINGAPORE 650222

NRIC No: XXXXX072C

Date of change: 15/1/2024

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks 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)

SCHEME WORKSHOPS

MZ300
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: **MPC24A00055300**
Agency Name: **BCVRD Private Limited**
Agency Code: **A0000183**

Chassis No: **GK81000175**
Engine No: **L15B3530245**

1. Index Mark and Registration Number of Vehicle: **SLA4595B**
2. Name of Policyholder: **ONG WAI HON**
3. Period of Insurance (both dates inclusive): **01 March 2024 to 28 February 2025**

4. Persons or Classes of Persons entitled to drive

- a) The Policyholder and all Named Drivers declared under the Policy.
b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car.

5. 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, race, 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.

6. EXCESS APPLICABLE

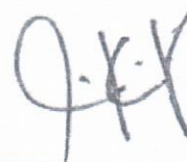
WINDSCREEN	SGD 100.00
SECTION I - STANDARD EXCESS (INSURED/NAMED DRIVER)	SGD 500.00

ADDITIONAL EXCESS:

SECTION I - UNNAMED DRIVERS	SGD 500.00
SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS EXCESS (AGE <26, >70 OR HOLDS A VALID DRIVING LICENSE FOR <2 YEARS)	SGD 3,000.00

7. Hire Purchase Company: **OVERSEA-CHINESE BANKING CORPORATION LIMITED**

Signed for and on behalf of ECICS Limited



AUTHORISED SIGNATORY

Important Notice:

- Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.