ASS. REC. BY: JASIL   REF: CS CTI 200	207321/RI+f3 1 1082
Des Assi	<u>GNMENT</u>
From: Date:	Veh No: SMO 733 Z Yr Regn: 2018 1949
Estimated Cost:	Type: M.CaP/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TPI WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No: SMO 73312	Make: Howa a VEZEL HYBEID 18XA:c 1496
at Workshop m/s _ Kok wanh	Colour BLACK A/C: Insured / Std / NI / NA
of 1, Swon Let ST Atol-40	Sp.Reading 199147 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: RU31302496
Claims No.	Gen. Cond: Good /Fail / Poor / Burnt
Sum Insured: Excess:	Steering: Morder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norde / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SRim / STD A/Rim or
	Tyre Size: F: 215 55R17
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO OF WESTLAKE
Ball. or Market Value: 81K	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. R/Balmm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. (2 mm
Est Repairs: days Res.: Yes or No	D.O.A. 14/07/2020 D.O.L 15/07/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at Kok wank
Cain out.	Des. of Damages (Frt.) I Rear I O/S I (N/S I U/C I Rooftop or
CA / REV / REP. / 24 HRS	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
ESTIMATE ROMANT OF RUDING	an - 10K-12K/14 days
SUBMIT PRS REPORT MV 81K	
*	
	· ·
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	ee: : Site Insp (\$ )_s+Rs_si
And the control of th	later described
Representation	
	: Tech. Invs (\$ ) Others
Lunsp Stun / I.B.f: (%)	: Weellend (\$
	YOTAL

MSI320059545 / STA INSPECTION PTE LTD - Boon Lay ENTRY DATE & TIME: 16/07/2020 08:56 SUBMITTED BY, Woodford Richard Vincent

#### 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 Authorised Orfver.
- 3, Information provided must be as truthful and accurate as possible. Any within misrepresentation or witholding of meterial 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 Centro 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 insurans, you hereby consent to the erchiving of this report at the centro and to copies of the report being made available

#### MCCIDENT:STATEMENT

Date Of Report

15/07/2020 08:56

Date Of Accident

14/07/2020 10:15

Exact Location Of Accident

LIM LIAK STREET - BESIDE BLK - 19

Country/State of Loss

SINGAPORE

#### ETAILS OF OWN VEHICLE

Vehicle Registration Number

SMD7331Z

Insured/Policyholder

Name Of Registered Owner

LEE WEN FAH

NRIC No

SXXXX108Z

Email Address

VICTOR1972LEE@GMAIL.COM

Mobile Phone No

(LOCAL) +65-90061080

Alternative Phone No

OFFICE-90061080

Vehicle Particulars

Manufacturer

HONDA

Model

**VEZEL-1.5 (A)** 

Exact Purpose for which vehicle was being used at

WORK PURPOSE

time of accident

Are you disiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5103177729-01

Cover Note Number

Driver

Name of Driver LEE WEN FAH

NRIC No SXXXX108Z Date Of Birth 07/08/1972 Occupation OUTDOOR

Driving Experience 12 YEARS AND 10 MONTHS

Date Of Driving Pass Gender

MALE

12/09/2007

Mobile Number (LOCAL) +65-90061080

Fax Number

OFFICE-90061080

Contact Number EMail Address

VICTOR1972LEE@GMAIL.COM

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Address

BLK 94 COMMONWEALTH DRIVE #09-764

KW

Postcode

140094

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

OWNER

insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

**COLLISION - OPENING DOOR OF VEHICLE** 

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

NO NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of Intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTAHCED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

EDETAILS OF OTHER VEHICLE PROPERTY A

Vehicle Registration Number

**GBG2781E** 

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

RIGHT FRONT DOOR PORTION

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NA

NRIC/Passport Number

Contact Number

NA

Address

NA NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 27

Sketch Plan ,

ETCH PLAN
British Down Draw British Brit
SCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was young absuphed on a one may traffic
and derly valuele B' draw open the Right front Dock
I spring my braces and court in 30 f
a Hidando/ the Right front Down them.
supplied to the said a
the state of the s
Ill front & LAP SIGE POLOTIM.
DECLARATION  If we declare the foreguing purchases are true in every respect.
- this

### SKETCH PLAN

## IMPORTANT NOTICE

- process.
- 2. This Furm must be completed by the Policyholder and/or the Authorised Driver.
- g. Information provided must be as truthful and accurate as possible. Any will unknown as withholding of material
- 4. The usual and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any take reporting may be referred to the Police for investigation.
- 6. The 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
- 7. By the lockment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to capies of
- 8. Consent under the Personal Data Protection Act (PDPA)

i understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA"; may/are permitted to collect, use, discluse and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or publicased 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) af :
  - processing, handling and/or dealing with my chims including the settlement of the claims and any necessary investigations relating to the citims;
  - (ii) investigating the accident and/or my claims:
  - (iii) earrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (w) administering my claims (including the malling of correspondence, statements, involces, reports or notices to ma. which could involve disclosure of certain parsonal data about me to bring about delivery of the same as well as on the external cover of ortanioper/mill pockages); and/or
  - (v) complying with applicable law in exterir blering, processing, handling ane/or dealing with my claims (collectively the "Purposes" l
- (b) a linearer(s) who have insured vehicle(s) involved in this accident and the insurers' awyors/line items, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- my Personal Information may/can be exclosed by any of the Insurers add/or GIA to their third curty service providers or approblindualing their lawyers? aw firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be not exist and used to compile glaims history for the purpose of traud detection. invostiget on and management in present and all future cicles.
- (n) the information so collected under (d) above may be shared / disc ased;
  - (i) to all mauriers analysis any other third porties that assist in evaluating, levels get ng, controling or managing fraud. regulators, law influentment und guvernment agencies as masonably required for the purposes stated, or

(III) for eamplying with requirements under any regulations, hissory court orders

Uate & Isma:

O-leer's Signature (I) d-iver is not the palicyha derl

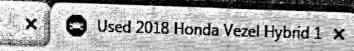
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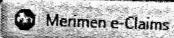
## > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID:	Singapore NRIC 108Z
Vehide No:	SMD783
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Jul 2020
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	LEB6722503
Chassis No.:	RU31302496
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$24,927.00
Original Registration Date:	31 Aug 2018
First Registration Date:	31 Aug 2018
Transfer Count:	0
Actual ARF Paid:	\$16,898,00
- communication contraction	310,876,00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Aug 2028 `
PARF Rebate Amount:	\$12,673.00
● Part Color (1764年度を) 準付の利用(議事)の長利に	
COE Expiry Date:	30 Aug 2028
COE Category;	B - Car above 1600cc or 97kW (130bhp)
COE Period (Years):	10
QP Paid:	\$32,429.00
COE Rebate Amount:	\$26,344.00
Total Rebate Amount:	\$39,017.00
The information contained herein is correct as at 15 Jul 2020	

OK







mart.com/used\_cars/info.php?ID=890848&DL=1213

## Honda Vezel Hybrid 1.5A X

Overview

Financial

Accessories

Similar

Resea

Photos

# Republic Auto



## A member of the Jardine Cycle & Carriage Group

Price	- \$84,800	Fuel Type	Petrol-Electric
Depreciation (2)	\$8,930 /yr View models with similar depre	Reg Date	21-Dec-2018 (8yrs 5mths 5days COE left
Mileage	23,494 km (15k /yr) .	Manufactured :	2016
Road Tax	\$682 /yr	Transmission	Auto
Dereg Value	\$38,104 as of today (change)	OMV	\$26,355
COE	\$30,851	ARF	\$18,897
Engine Cap	1,496 cc	Power	112.0 kW (150 bhp)
Curb Weight	1,280 kg	No. of Owners	1
Type of Vehicle	SUV		

1.5L I-VTEC Hybrid Engine, 7 Speed Auto With ECO Mode, Airbags, ABS, Electric Park Brake, Cruise Control, Knockdown Rear Seats, Consumption At 25Km/L. View specs of the Honda Vezel Hyprid (2014).