

ASS. REC. BY:

P. R. M.

REF:

CS/AK20010762/Rivd3

7331

COT. R. P. R. M. 2024/REP

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SJU 5419P

at Workshop m/s: HAN CAR REPAIR

of: 1001, BUKIT MERAH LN 3, #01-48

Insured:

AK

Policy No.

Claims No.

Sum Insured:

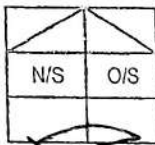
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

25K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

SJU 5419P

Yr Regn:

2009 / DEC

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

HONDA AIRWAVE 1.5 MA c.c. 1496

Colour:

GREY

A/C: Insured / Std / NI / NA

Sp. Reading:

167427

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

6311306376

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size:

F:

195/55R15

R:

1

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

04/10/2020

D.O.I.

07/10/2020

Survey held at

HAN CAR

Des. 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

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Formet:

Lump Sum / L.B.A. (\$)

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

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 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 Report	05/10/2020 15:16
Date Of Accident	04/10/2020 12:00
Exact Location Of Accident	TPE TOWARDS SLE
Country/State of Loss	SINGAPORE

Vehicle Registration Number	SJU5419P
Insured/Policyholder	
Name Of Registered Owner	FA'IZAH BINTE MOHAMED NAZALI
NRIC No	SXXXX733I
Email Address	FAIZAH.NAZALI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87491152
Alternative Phone No	OTHERS-87491152

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 M (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA501494
Cover Note Number	

Driver

Name of Driver	FA'IZAH BINTE MOHAMED NAZALI
NRIC No	SXXXX733I
Date Of Birth	05/11/1983
Occupation	INDOOR
Date Of Driving Pass	10/09/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87491152
Fax Number	
Contact Number	OTHERS-87491152
E Mail Address	FAIZAH.NAZALI@GMAIL.COM

Address 108 YISHUN RING ROAD
#03-331
Postcode 760108
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 3
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

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 TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ120S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JIJOSH GURUDASAN
NRIC/Passport Number SXXXX818Z
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBJ1620C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

KARUNANITHI BASKAR

GXXXX750P

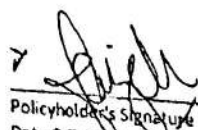
SKETCH PLAN

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 Authorised 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. 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 interested parties.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

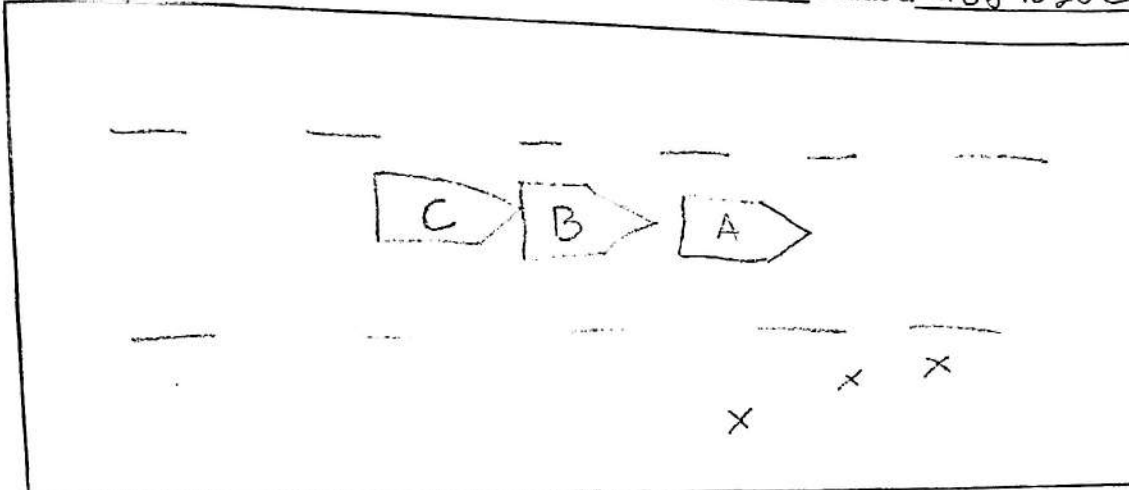

Policyholder's Signature
Date & Time:

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


Reporting Officer's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 4/10/2020 Time: Est 12PM Location: Punggol - Jln Kayu
 My Vehicle: 30US419P Vehicle B: SLJ120S Vehicle C: GBJ 1620C
 SKETCH Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There was a car in front of me who had slowed down as the lane was merging. I was at the second lane and I stopped as the car in front stopped. The Red Audi behind me slowed down and before I knew it, my car was hit at the back and the force of the collision push my car forward. There was a lorry that hit the Red Audi. that causes the Audi to hit my bumper.

Car B - JIOASH KUMARAN
G8673892

Car C - KANNANITHI BASTAR
G2583750P.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address : firzah.nazari@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own Insurer for more information.

DECLARATION

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

x [Signature]
 Policyholder's Signature
 Date & Time:

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

[Signature]
 Reporting Officer's Signature
 Name:
 NRIC/FIN No.:



2020/10/04 10:00 AM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	7331

Vehicle No.:	SJU5419P
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Oct 2020
Vehicle Make:	HONDA
Vehicle Model:	AIRWAVE 15M A
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	L15A5207746
Chassis No.:	GJ11306376
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$17,974.00
Original Registration Date:	15 Dec 2009
First Registration Date:	15 Dec 2009
Transfer Count:	2
Actual ARF Paid:	\$17,974.00

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	30 Sep 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,743.00
COE Rebate Amount:	\$11,737.00
Total Rebate Amount:	\$11,737.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 07 Oct 2020

OK

art.com/used_cars/info.php?ID=904707&DL=3271

▶ Honda Airwave 1.5A M (COE till 07/2024)

Overview

Financial

Accessories

Similar

Research

Photos

Ma

**PRECISE AUTO
TRADING**

BUY-SELL-RENT-CONSIGNMENT-FINANCING-INSURANCE-COE-RENEWAL-EXPORT-SCRAP

Price	\$25,300		
Depreciation ⓘ	\$6,630 /yr	Reg Date	11-Nov-2009 (3yrs 9mths 24days COE left)
Mileage	N.A.	Manufactured ⓘ	2008
Road Tax ⓘ	\$750 /yr	Transmission	Auto
Dereg Value ⓘ	\$11,645 as of today (change)	OMV ⓘ	\$18,489
COE ⓘ	\$15,256	ARF ⓘ	\$18,338
Engine Cap	1,496 cc	Power	81.0 kW (108 bhp)
Curb Weight ⓘ	1,160 kg	No. of Owners ⓘ	3
Type of Vehicle	Stationwagon		

Features

1.5L 16 Valves I-VTEC Engine Producing 108Bhp, 5 Speed CVT Auto Transmission, Dual Airbags, ABS, Digital Auto Climate Aircon, Super Fuel Efficiency. View specs of the Honda Airwave (2008-2014)

