ASS. REC. BY: Sun Pin REF: CS3/CTI2	0010791/Qqf3
	GNMENT
From: Date:	Veh No: SMR 7976 P Yr Regn: 21/01/2020
Eslimaled Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
QD / TP / WS / TP RES / QD RES / EVA / INV / MV	Truck / Trailor or
To Inspect Vehicle No:	
ul Workshop m/s	- District Transfer of the Control o
ol .	Sp.Reading 43444 T/Radio: Insured / Sid / NI / NA
Insured:	Eng/No:
Policy No. DMCVSNW00064382000	
Claims No. SNM20D203696C02	Gen. Cond: Good (Fail) / Poor / Burn!
Sum Insured: Excess:	Steering: thorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modl: NII (S/Rim) / STD A/Rim or
MONO UI VEII.	
	Tyre Size: F: 205/45 2 R 17
(Policy Condition) Remark: The yeh had commenced its N/S O/S	R: 205/45 2 R17
Remark: The veh had commenced its N/S · O/S repair at the time of inspection.	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO OF STOURGE OF
Bal. or Market Value:	Fron! Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen; Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est Repairs: 3 days Res.: Yes or No	D.O.A. 30/09/2020 D.O.I. 07/10/2020
Lum Sum: % 3 Val.: Yes or No	Survey held al Auto Werkz
	Des. of Damages : Frt / (Rea) / Ols / N/S / U/C / Rooftop or
CA REV REP. 24 HRS	
Date: Person Contacted:	The U/C / Chassis frame I Body Structure affected due to collision.
Date / Time Action / Instruction	
	<u>Kepair day 3days</u>
Mv: 110,000	0 . 0
Pv: 48,028	Repair Range
NV: 61,972	\$ 3,000 \$ 3,000
08/10/20 Submit PRS.	
00/10/20 Submit FNS.	
part of	
	Days Of Repair: 3
100/10 1/10	Resurvey No. of Trlp: Survey Fee:
Dale/Tine, File Return to?	Transportation:
2) Add Fee:	
, , , , , , , , , , , , , , , , , , , ,	:Interview (\$) Photos
Report Formel: MER-PRS	: Tech. Invs (3) Others
Long Sum (U.S.): Ca	:Westend (%)
	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	910Z
Vehicle No.:	SMR7976P
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Oct 2020
Vehicle Make:	HONDA
Vehicle Model:	FREED HYBRID 7-SEATER 1.5G AUTO
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	LEB5608081
Chassis No.:	GB71073393
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$26,773.00
Original Registration Date:	21 Jan 2020
First Registration Date:	21 Jan 2020
Transfer Count:	0
Actual ARF Paid:	\$19,483.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jan 2030
PARF Rebate Amount:	\$14,612.00
Intended COE Rebate Details	
COE Expiry Date:	20 Jan 2030
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$37,989.00
COE Rebate Amount:	\$33,416.00
Total Rebate Amount:	\$48.028.00

The information contained herein is correct as at 08 Oct 2020

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 <u>truthful</u> and <u>accurate</u> 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/10/2020 17:40
Date Of Accident	30/09/2020 14:05
Exact Location Of Accident	EXITING TPE AT LOYANG AVENUE EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR7976P
Insured/Policyholder	
Name Of Registered Owner	ABS RENTAL PTE LTD
Co Reg No	2XXXXX910Z
Email Address	YAMAGUCHISHAHGUMI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87569369
Alternative Phone No	OFFICE-87805404
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MR000438
Cover Note Number	
Driver	
Name of Driver	MOHAMED JUMAAT BIN JAMAT
NRIC No	SXXXX291H

NRIC No SXXXX291H
Date Of Birth 02/11/1979
Occupation OUTDOOR
Date Of Driving Pass 30/11/2000

Driving Experience 19 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87569369

Fax Number

Contact Number OTHERS-87805404

EMail Address YAMAGUCHISHAHGUMI@GMAIL.COM

BLK 406 ANG MO KIO AVENUE 10 Address

#09-729

Postcode 560406

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

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

2

Was any body injured in the Accident?

YES

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? YES

If Yes, Please state which Police Station

Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2440000 - FAX NO: 64443009

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT G/20200930/7088

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 **GBC5714B TOYOTA HIACE** Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 17

DETAILS OF INJURED PERSON 1

Name MOHAMED JUMAAT BIN JAMAT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK AND BACK PAIN

SMR7976P

YES

NO

Accident Sketch Plan

SKETCH PLAN

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 Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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 Si Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnella Signature

name:

NRIC/FIN No.

SKETCH PLAN

loya	mh Authorite	
A) SMR79	76 P	
B) GBC 57		
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	EXIT
		ring vehicle smr7976P exiting
		TO A STOP DUE TO TRAFFIC CONDITION
	erg was a massive impact	
		leacise that GBC 5714B HAO
courses into m	4 Vehicle Reak,	
Polick R	490R7 G/2020930	1708
	/	
olicyholder Stellande	Or / LO / 20 Z1	Reporting Centre Possanitel's Signature
ate & Time.	(If driver is not the policyholder) Date & Time:	NAME NO. FOR MOVED

POLICE REPORT





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20200930/7088

Date/Time Report Made 30/09/2020 22:24	Vide Rep	ort No.		Station Diary No.
Name Of Informant	Address			
MOHAMED JUMAAT BIN JAMAT	406 ANG 560406	MO KIO A	VENUE 10 #09-7	29 SINGAPORE
ID Type / ID No. NRIC NO / S7935291H	Contact Home/O	. ,	Mobile:	
Nationality SINGAPORE CITIZEN	87805404 Email Address YAMAGUCHISHAHGUMI@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Driver	Male	40	02/11/1979	Malay
Institution/School Name	Language English			
Date/Time Of Incident 30/09/2020 14:05	Location Of Incident TAMPINES EXPRESSWAY			
Brief details.	177 4017 117			

On the above mentioned date and time, I was driving my vehicle SMR 7976P, exiting TPE at Loyang Ave Exit.

I gradually came to a stop due to traffic conditions when suddenly, there was a massive impact from the rear.

I alighted to realise that GBC5714B had collided into my vehicle's rear.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2020 22:24		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			

POLICE REPORT





2 of 2

POLICE REPORT (NP299)

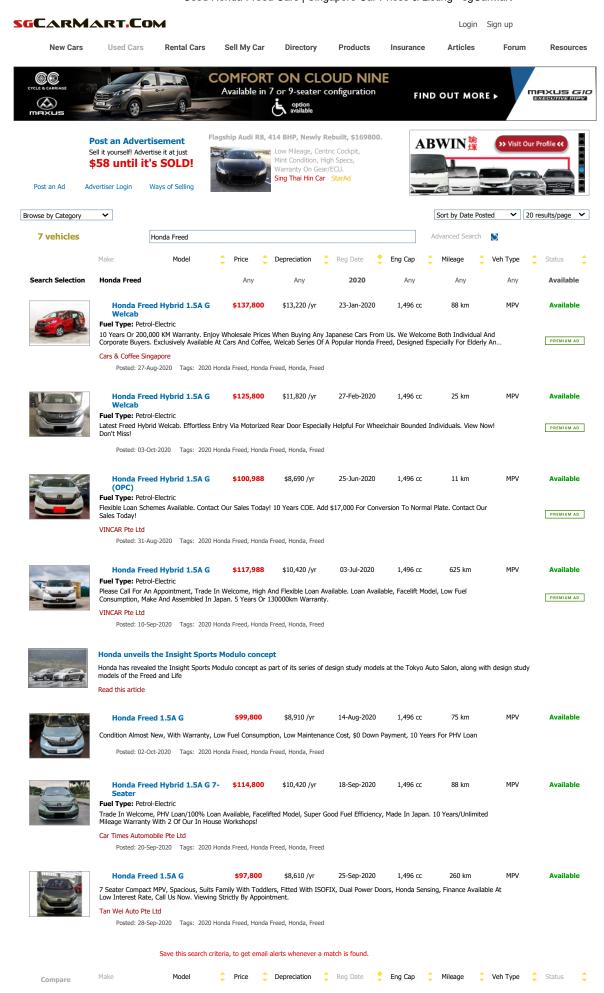
CONTINUATION OF REPORT

Report No. G/20200930/7088

Later that evening, I started feeling soreness over my neck and back areas. As such, I went to my family doctor at Internedical Kovan for treatment and was given 5 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2020 22:24
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



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