

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 21/10/2020 14:11
Date Of Accident 20/10/2020 18:15
Exact Location Of Accident UPPER BUKIT TIMAH ROAD
Country/State of Loss SINGAPORE

Vehicle Registration Number SMP3143H

Insured/Policyholder

Name Of Registered Owner LOH BENG SAN
NRIC No SXXXX296I
Email Address SANLOH3630@GMAIL.COM
Mobile Phone No (LOCAL) +65-81966886
Alternative Phone No OTHERS-81966886

Vehicle Particulars

Manufacturer HONDA
Model SHUTTLE HYBRID 1.5 AUTO

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company HL ASSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number MP311196
Cover Note Number

Driver

Name of Driver LOH BENG SAN
NRIC No SXXXX296I
Date Of Birth 20/09/1978
Occupation OUTDOOR
Date Of Driving Pass 12/11/2012
Driving Experience 7 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81966886
Fax Number
Contact Number OTHERS-81966886
Email Address SANLOH3630@GMAIL.COM

Address	APT BLK 219 JURONG EAST STREET 21 #05-607 SINGAPORE
Postcode	600219
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number	SCL24H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SWEE PONG
NRIC/Passport Number	SXXXX910H
Contact Number	93280486
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2:

Vehicle Registration Number	SLH1593P
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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)

PRIVATE CAR

CHEW HUIHAO (ZHOU HUIHAO)

SXXXX102Z

860 86621

1

DETAILS OF INJURED PERSON

Name

LOH BENG SAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMP9149H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

APT BLK 219 JURONG EAST STREET 21 #05-607
SINGAPORE

Postcode

600219

Sketch Plan

SKETCH PLAN

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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 be permitted to collect, store, 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 insurers 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" or the Insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 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) Any insurer who has insured vehicle(s) involved in this accident and the Insurers' lawyers/law firm may be permitted to request use of or provide such 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 firm, which may be used 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 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;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.

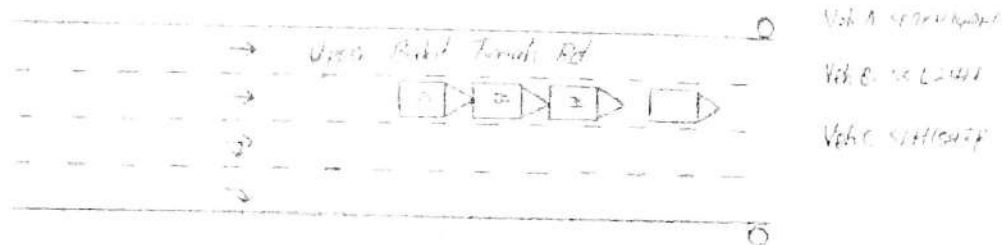
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
No. / ID No.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Upper Bukit Timah Road on the third lane when the vehicle ahead of me stopped. I followed suit and managed to come to a complete stop. Then I felt an impact on the rear of my vehicle. I then came down to check and realised that I have involved in a chain collision accident with Veh B (5662044) that was at the back of my car and Veh C (57115477) I felt some pain at the back of my shoulder after the incident.

DECLARATION

I have read and understood the contents of this report.

[Signature]
 Name: *[Signature]*
 Date: *[Signature]*

[Signature]
 Name: *[Signature]*
 Date: *[Signature]*

[Signature]
 Name: *[Signature]*
 Date: *[Signature]*

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	2961

Vehicle No.:	SMP9149H
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Oct 2020
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	LEB7104529
Chassis No.:	GP72003480
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$23,119.00
Original Registration Date:	22 Oct 2019
First Registration Date:	22 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$14,367.00

Intended PARF Rebate

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Oct 2029
PARF Rebate Amount:	\$10,775.00

Intended COE Rebate

COE Expiry Date:	21 Oct 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$40,512.00
COE Rebate Amount:	\$35,948.00
Total Rebate Amount:	\$46,723.00

The information contained herein is correct as at 25 Oct 2020

OK



Merimen e-Claims



Used 2019 Honda Shuttle Hybrid



PARF/COE

carmart.com/used_cars/info.php?ID=934017&DL=2080

▶ Honda Shuttle Hybrid 1.5A

Overview

Financial

Accessories

Similar

Research

Photos

Map

88 汽车贸易
MOTOR TRADING

Price	\$81,800	Fuel Type	Petrol-Electric
Depreciation ⓘ	\$8,380 /yr View models with similar depre	Reg Date	01-Oct-2019 (8yrs 11mths 5days COE left)
Mileage	N.A.	Manufactured ⓘ	2018
Road Tax ⓘ	\$682 /yr	Transmission	Auto
Dereg Value ⓘ	\$41,741 as of today (change)	OMV ⓘ	\$22,755
COE ⓘ	\$39,889	ARF ⓘ	\$13,857
Engine Cap	1,496 cc	Power	101.0 kW (135 bhp)
Curb Weight ⓘ	1,190 kg	No. of Owners ⓘ	1
Type of Vehicle	Stationwagon		

Features

View specs of the Honda Shuttle Hybrid (2015)

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