From: Date:	Veh No: SFL974E Yr Regn: 2017, Dec.
Estimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyindur Accent c.c 1368
at Workshop m/s	Colour Grey, A/C: Insured / Std / NI / NA
of	Sp.Reading 67493 T/Radio: Insured / Std / NI / NA
Insured: SFS 5697K	Eng/No:
Policy No. DMPCSN00122762000	C/No: KMHCU41BTJU404096
Claims No. SNM20D204508/C02/TANKL	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim STD A/Rim or
	Tyre Size: F: 185/60 R15
(Policy Condition)	R: 185/60RIS.
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.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal.
Est. Repairs: days Res.: Yes or No	D.O.A. 14/11/20 D.O.I. 35/11/20
Lum Sum: % 3 Val.: Yes or No	'Survey held at S · K ·
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	,
mv:53k	- 10 TENNES   - 10 TENNES   10
PV:39.4K.	and the Managara
Nett: 13.61C	
10/0/04	17.040.00 500()
18/3/21 Adrian confirmed LS \$11,700 (Red	17,246.88, 59%)
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 18
	Resurvey No. of Trip: 1 Survey Fee:
Date/Time. File Return to?  2. 26/3/21 Typict  Add Fee	
2) 26/3/21-Typist	: Interview (\$ ) Photos
Report Format : Merimen	: Tech. Invs (3 ) Others
Lump Sum / LBJ: G LS \$11,700	: Weet end (\$
Lattip state Lead, in LO \$11,700	1. 18001 0117

CN TAIPING

## 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 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.

	ACCIDENT STATEMENT
Date Of Report	19/11/2020 14:12
Date Of Accident	14/11/2020 08:25
Exact Location Of Accident	ALONG YISHUN CENTRAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFL974E
Insured/Policyholder	
Name Of Registered Owner	SEAH POH FATT
NRIC No	SXXXX927G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96824574
Alternative Phone No	OTHERS-96824574
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ACCENT (RB) 1.4 CVT
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0019838-MVA-R001
Cover Note Number	
Driver	

## Driver

SEAH POH FATT Name of Driver NRIC No SXXXX927G 17/05/1959 Date Of Birth **INDOOR** Occupation 11/07/1980 Date Of Driving Pass 40 YEARS AND 4 MONTHS **Driving Experience** Gender MALE Mobile Number (LOCAL) +65-96824574 Fax Number

Contact Number OTHERS-96824574

EMail Address NOEMAIL

BLK 788C WOODLANDS CRESCENT Address

#08-172

Postcode 733788

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 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address

SINGAPORE

2

NO

YES

NO

1

YES

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201115/2013

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH TRAFFIC POLICE

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SFS5697K

Vehicle Make/Model/Colour

HONDA STREAM

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

JARED ANG JUN WEI

NRIC/Passport Number

SXXXX336E

Contact Number

96951685

Address

Postcode

No. Of Passenger (Including Driver)

1

No. Of Passenger (including briver)		
<b>数据的复数形式的现在分词形式</b>	DETAILS OF INJURED PERSON 1	
Name	SEAH POH FATT	
Approximate Age		
Injuries Sustain	SLIGHT INJURY	
Injured person in which vehicle?	SFL974E	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

#### Accident Sketch Plan

#### 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
- 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 Signature Date & Time:

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

Date & Time: NRIC/FIN No.

Reporting Centre

Name

GIARMC SeaschPlanForm: VS

## Accident Sketch Plan

A) SFL 97  B) SFS 56  A   A   B    RIBE CIRCUMSTANCES OF THE ACCIDENT  REF 70 POLICE REPORT /2020 1115/2013	
B) SFS 56	
B) SFS 56	
A B B SINCE CENTRAL.  RIBE CIRCUMSTANCES OF THE ACCIDENT	97K
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KET 70 YOLICE REPORT. 7/20201115/2013	
ALTERNATION OF THE PROPERTY OF	
ARATION	
eclare the foregoing particulars are true in every respect.	
and wi	
100 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	,
14/1/1/1/	10/1
older's Signature	10/1
Time: (If driver is not the policyholder) Name:	10 / January Jan
Date & Time: NRIC/FIN No.: ACYA	o / / enaturas flo

GOOMS SARCONGEROUS VS.





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

1 of 4 Report No. T/20201115/2013

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2020 08:12			Vide Report No.: L/20201114/0111	Station Diary No.: 20	
Informa	nt's Partic	ulars .	2.4	NEW YORK THE PARTY OF THE PARTY	
A. Street, Str	f Informant: OH FATT		Address: APT BLK 788C WOODLAN SINGAPORE 733788	NDS CRESCENT #08-172	
	/ ID No.: O / \$13849	27G	Contact No.: Home/Office: Mobile: 96824574		
Nationality: SINGAPORE CITIZEN		'EN	Email:		
Sex: Male	Age: 61	Date of Birth: 17/05/1959	Type of Informant:		
Race: Chinese		-	Language:	Institution / School Name:	
Occupation: SPECIALIST ASSOCIATE		CIATE	Driving Licence Information Class: 3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/11/2020 08:2	Type of Location X-Junction	
Vishun CEN	ITRAL	Road Surface:		Road Speed Limit:	
Clear Traffic Flow:		Dry Traffic Control: Traffic Light - Working		Traffic Volume:	
Traffic Flow:		The second secon	king		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFL974E	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Grey	Totally Damaged	0
SFS5697K	Car	HONDA	STREAM	White	Seriously Damaged	0

Details of V	ehicle Insurance		AND THE PARTY OF T	A A REPORT OF
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20201115/2013

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No. 1800-7679999

2 of 4 Report No. T/20201115/2013

CONTINUATION OF REPORT

Details of V	ehicle Insurance	A SECURITION OF STREET		
Vehicle No.	Insurance Company	Insurance No	Effective	I POST SIGNATURE
			Enective	Expiry Date
	QBE Insurance (Singapore) Pte Ltd	V0019838	18/12/2019	17/12/2020

Any Pedestrian		CONTRACTOR OF THE PARTY OF THE		SE LE LE MANAGEMENT
No. of Pedestria	ns Injured: NIL	Lien of De	deating 0	
Driver	TON SEE STATE OF STREET STATE OF	Use of Pe	destrian Cro	ssing: NA
Name	SEAH POH FATT		ID No.	S1384927G
Related Vehicle	SFL974E (Car)	ere	Contact No	0. 96824574
Hospital/Clinic	Driving Licence		Class of Driving Licence & Expiry Date	Date of Expiry: NIL
Date Treatment		Date Disc	harge 14/	
No. of Days gran	led Medical Leave   NIL	Degree of	Injury Slig	
Driver	THE STREET STREET, STR	NA COLUMN	any cong	No. of the last of
Name	JARED ANG JUN WEI		ID No.	S9723336E
Related Vehicle	SFS5697K (Car)		Contact No	96951685
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL	
No. of Days grant	ed Medical Leave NIL	Degree of	Injury NIL	

## Brief Details.

On 14/11/2020 at around 0824hrs, I was driving along Yishun Central towards Yishun Street 61. As I was at the junction waiting for the green arrow to be flash, all of the sudden a car bang my car hard and my car was moved about a few distance from the junction. Due to the impact, my body moved forward and hit the steering wheel.

I then came out from the car to make a check and noticed that my car was badly damaged. I felt giddy due to the huge impact. I sustained cuts at my left eyebrow and it was bleeding. My rear bumper was dented badly and it dropped. My car boot was opened and dented badly.

The driver of the other car came towards me and checked on me. He also apologized to me. The driver do not have any injuries. His car was slightly damaged. The damaged was the front bonnet was dented and some dented at the bumper. His front car plate was broken. Due to the impact, the car front airbag came out.

Ambulance was along the way and stopped by to ask whether I need any medical assistance. During that





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

3 of 4 Report No. T/20201115/2013

CONTINUATION OF REPORT

time, I was unsure of it and I mentioned to them that I do not required. After a few minutes, Traffic Police came to the incident and enquired me regarding the incident.

My car was installed with in-car camera and the SD memory card was taken by Traffic Police. I am not sure whether the other vehicle had in-car camera installed.

After the whole incident, I waited for the tow truck to come and towed my vehicle. I then followed them once they towed to workshop as I need to settle the paperwork. After settling all the admin matter, I went to the clinic near my house as I feel pain at my head. The doctor advised me to monitor my health and if I have any fever or vomiting. I will need to go hospital for further checks.

This is not the first time such incident had happened to me.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

4 of 4 Report No. T/20201115/2013

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
L /
Sgt 3 KHADIJAH BINTE AB SAMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case.
TP / GIT /

Contact No.:

Authentication Stamp re
NP168

Signature Of Informant:

Signature Of Informant:

Classification Of Case:

Classification Of Case:

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	927G
Vehicle No.:	SFL974E
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Nov 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	ACCENT (RB) 1.4 CVT
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	G4LCJUR04745
Chassis No.:	KMHCU41BTJU404096
Maximum Power Output:	73.6 kW (98 bhp)
Open Market Value:	\$7,979.00
Original Registration Date:	18 Dec 2017
First Registration Date:	18 Dec 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$7,979.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2027
PARF Rebate Amount: Intended COE Rebate Details	\$5,984.00
COE Expiry Date:	17 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,112.00
COE Rebate Amount:	\$33,324.00
Total Rebate Amount:	\$39,308.00

The information contained herein is correct as at 20 Nov 2020

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