(08/11/13) wef  ASS. REC. BY: March S	1621000900/Ub93
	GNMENT
From: Date: Estimated Cost:	Veh No: SLE 487/6/ Yr Regn: 23/7/16  Type: Mart M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TTP NWS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or (A/
To Inspect Vehicle No: SLE 4871H	Make: Thando vezel c.c 1496
at Workshop m/s Ten Lim	Colour While A/C: Insured / Std / NI / NA
of	Sp.Reading 774/5 T/Radio: Insured / Std / NI / NA
Insured: SLK32282	Eng/No:
Policy No.	C/NO: RU/11/1654
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Medder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
•	Tyre Size: F: 215/602/6
(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.	TOYO/YOKO or Continentel
Bal. or Market Value:	Front 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: days Res.: Yes or No	D.O.A. 18/1/2/ D.O.I. 19/1/2/
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction  LIMES 36503	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report F	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee:	Application of the Control of the Co
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	: Weekend (\$
	TOTAL

# **©** 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
- 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 Submission 18/01/2021 17:01 (SGT) Date of Accident 18/01/2021 14:08 (SGT)

**Exact Location of Accident** Singapore

Additional Location Information CTE - SLE (BEFORE AMK AVE 3 EXIT)

Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SI F4871H

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner **LIM JIAMING** NRIC No SXXXX181Z

**Email Address** JIMMYLJM@HOTMAIL.COM Mobile Phone No (Phone) +65-9846553

Alternative Phone No. (Office) +65-98465503

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel

Variant

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 - Claiming third party

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Sompo

Type of Coverage Comprehensive

Fleet Policy

Policy Number D20MTPV01010050

Cover Note Number

DRIVER

Name of Driver **LIM JIAMING** NRIC No SXXXX181Z Date Of Birth 29/06/1983 Occupation Indoor

Date Of Driving Pass

Driving experience Gender

Mobile Number Alt. Phone Number

**Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver Contact Number

Accident report SK0L211I000G

SLK3225Z

26/09/2008

Male

824272

Yes

No

Clear

Dry

Nο

Yes

No

Yes

2

No

Female

No

No

POH MEI SHAN

2

12 YEARS AND 4 MONTHS

JIMMYLJM@HOTMAIL.COM

BLK 272D PUNGGOL WALK #16-597

(Phone) +65-9846553

(Office) +65-98465503

Collision - Head to Rear

Private car

(Phone) +65-92955725

Address		-
Address complement		
Postcode		
Insurance Company Name		
Nature Of Damage		_
Details of property damaged in accident		
No. Of Passenger (Including Driver)		

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	LIM JIAMING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SLE4871H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

	and any area of the mospital by ambalance.	NO
	INJURED 2	
•	Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	

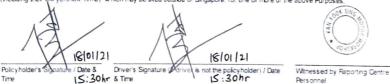
#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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 law yers/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' law yers/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 law yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes



Sketch Plan 1

A; SLE 4871H B: 5LK 3215 Z

Personnel

#### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's sociature / Date & Time

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



Witnessed by Reporting Centre Personnel

#### Annex A

On 18/01/2021 at about 1408hrs, I was driving my vehicle (A: SLE4871H) on the extreme right lane along CTE (SLE) before Ang Mo Kio Avenue 3 exit. A vehicle in front of me slowed down and I followed suit. Suddenly, an impact from my vehicle behind and realised that a vehicle (B: SLK3225Z) had hit onto rear portion of my vehicle. After accident, my passenger and me felt unwell.



# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

wner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	181Z
Vehicle No.:	SLE4871H
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jan 2021
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X A
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	L15B4031661
Chassis No.:	RU11111654
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,749.00
Original Registration Date:	23 Jul 2016
First Registration Date:	23 Jul 2016
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$9,749.00 487 Y
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Jul 2026
PARF Rebate Amount: Intended COE Rebate Details	\$7,311.00
COE Expiry Date:	22 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,000.00
COE Rebate Amount:	\$29,192.00
Total Rebate Amount:	\$36,503.00

The information contained herein is correct as at 19 Jan 2021

OK

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Anv

\$9,530 /yr

Single Owner With Low Mileage! Exceptionally Under Utilized, Non-PHV. Zero Mods Zero Repair Needed! Comes With 6 Months Warranty...

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2016

15-Sep-2016

08-Dec-2016

05-Sen-2016

29-Anr-2016

24-Jun-2016

18-Oct-2016

Model

Advanced Search M.

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Make

Veze

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Honda Vezel 1.5A X

Honda Vezel 1.5A S

Honda Vezel 1.5A X

Honda Vezel 1.5A X

Honda Vezel 1.5A X

Private hire drivers love these 7 cars

SKL Automobile Pte Ltd

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Price

\$59,800

\$63,499

**\$56.800** 

\$55,800

\$54,800

\$58,000

Reg Date Depreciation

Eng Cap

Any

1,496 cc

1.496 cc

1,496 cc

1,496 cc

1,496 cc

Mileage

Any

40,000 km

50,000 km

90,000 km

46,000 km

61,000 km

Veh Type

Anv

SUV

SUV

SIN

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SUV 26,241 km

Available PREMIUM AD 19-Jan-21

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