ASS. REC. BY: Sun Pin REF:	M21062180	16+fz		
- Mariana - Mari	ASSIGNMENT			
From: Date:	Veh No:	SLM 6513 L	Yr Regn:	04/2017
estimated Cost:		M.Cycle / Bus / Van / Lo	orry / Taxi / Prime Mov	ver l
DD / TP / WS / TP RES / OD RES / EVA / INV / MV		/ Trailer or		
To Inspect Vehicle No:	Make:	Honda shuttl	e 1.5 G c.c	1496.
at Workshop m/s	Colour	Blue.	A/C: Insured / S	Std / NI / NA
of	Sp.Reading	43211	T/Radio: Insured I	Std / NI / NA
Insured:	Eng/No:	-		
	C/No:	GK81007648	r*	
Policy NoClaims No.	Gen. Cond: C	Good / Fair / Poor / Burnt	ł	•
Sum Insured: Excess:	Steering: Inc	order / Jammed / Leaked	/Burnt or	
(Client's Record)	Brake: Ind	de / Jammed / Leaked	/Burnt or	
Make of Veh:	Modi: Nil	/ SIRim / STD A/Rim of	r	
	Tyre Size:	F: 185/6	0 R15	
(Policy Condition)		R: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 R15	
Remark: The veh had commenced its N/S	O/S BS / DUN / B	EXNOVA / GY / FS / LIZA	/ MIC / OHTSU / PIR /	SUMI/
repair at the time of inspection.	₩ 10Y0/Y0	OKO or Roa	edstone	
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/Bal6	mm
Est. Repairs: days Res.: Yes or No	D.O.A. 12,	/02/202 <u> </u>	D.O.I. <u>1810</u>	2/202/
Lum Sum: % 3 Val.: Yes or No	Survey held	lat	long Lee.	
CA / REV / REP. / 24 HRS	Des. of Dan	mages:Frt / Rear / 0/3	I N/S I U/C I Rooff	op or
Vehicle	: IN / OUT			Wi
Date:Person Contacted:	The U/C	C / Chassis frame / Boo	dy Structure affected	due to collision.
Date / Time Action / Instruction			Repair day	3 day
Mv: 56,000	· .		1 C/Air sun	7 - 3
			Repair Range	•
	•		\$2,000 -	\$3,000
,				
· · · · · · · · · · · · · · · · · · ·				
Date/Time, File Pass to? : Preli. Report	Days Of R	epair:	Ĭ	
1) : Final Report	Resurvey	No. of Trip:	Survey Fee:	
Date/Time, File Return to?	A dal E	- In / ¢	Transportation:	
. 2)		e Insp (\$)S + RSSI	
		erview (\$) Photos	
Reput Formal:		ch. Invs (\$) Offners	
Lump Sum / LBJ: (\$)	[]: \(\forall V \)	eel:end (\$		
			TOTAL	Q .

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 Submission 13/02/2021 20:30 (SGT) Date of Accident 12/02/2021 12:00 (SGT) Exact Location of Accident Singapore Additional Location Information KIM KEAT LINK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM6513L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SUNDRUM S/O RAMACHANDRA NRIC No S1751126B Email Address MGRSUNDRUM@GMAIL.COM Mobile Phone No (Phone) +65-90273595 Alternative Phone No +65-90273595

VEHICLE PARTICULARS

Manufacturer Honda Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private use

Are you daiming under your own insurance policy for repair to

your vehicle? Vehicle Category

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company NTUC

Type of Coverage Comprehensive Fleet Policy

Policy Number 5115994025

Cover Note Number

DRIVER

Name of Driver SUNDRUM S/O RAMACHANDRA NRIC No S1751126B Date Of Birth 02/08/1966 Occupation Indoor

Date Of Driving Pass 16/11/1990 Driving experience 30 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-90273595 Alt. Phone Number +65-90273595 Email Address MGRSUNDRUM@GMAIL.COM Address **BLK 247 KIM KEAT LINK** Address complement #08-29 Postcode 310247 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Collision - Head on collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **MAHLINA** Gender Female PASSENGER 2 Name NITHYA SHREE Gender Female PASSENGER 3 Name KALA DEVI Gender Female PASSENGER 4 Name SRI GAYATHRI Gender Female DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 Alt. Police Station Phone No (Fax) +65-63548749 Police Station Address 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SHA88Y
Vehicle Manufacturer	(7)
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	UNKNOWN
Contact Number	•
Address	-
Address complement	
Postcode	-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.
- 5. 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

13/02/2021

Driver's Signature

(If driver is not the policyholder)

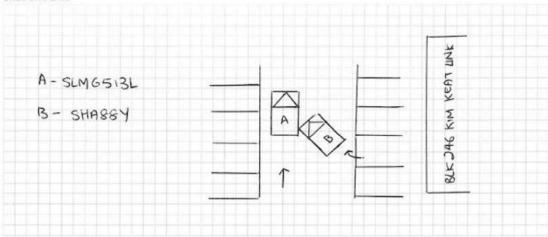
Date & Time:

Reporting Centre Personnel's Signature

Name: SHAN

NRIC/FIN No.: 5990349

KE.			



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	r to police report		
	,		

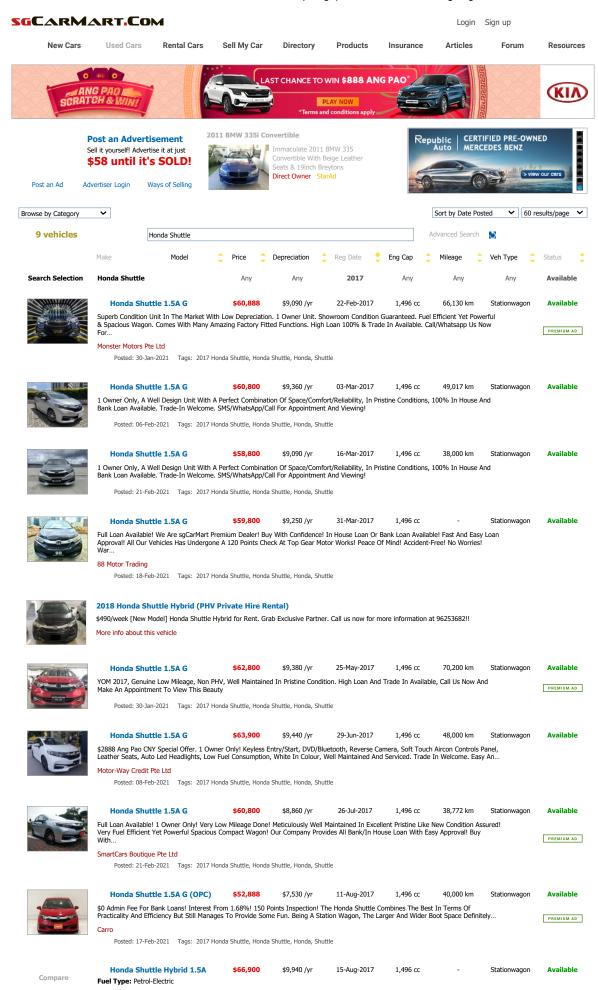
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 13/2/21 1400HPU Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: SHAN NRIC/FIN No.: 5990349



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Posted: 25-Jan-2021 Tags: 2017 Honda Shuttle, Honda Shuttle, Honda, Shuttle

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