

A.S. REC. BY: CSMREF: CS3/GRB 2100 2885/R1423

633W

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLQ 6033Jat Workshop m/s V-TECH ANNof NO. 1, SUNDAY ST #06-04/05Insured: 111

Policy No. _____

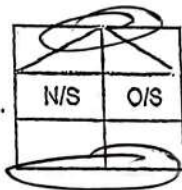
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 67K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLQ 6033J Yr Regn: 2017 / JulyType: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HONDA JETEL 1.5X HB c.c. 1496Colour: BLACK A/C: ☒ Insured / Std / NI / NASp. Reading: 102844 T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: RU 31248461Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModl: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R15R: 21

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or. PIRELLA

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 01/03/21 D.O.I. 05/03/21Survey held at V-TECHDes. of Damages: ☒ Frt / ☒ Rear / ☒ O/S / ☒ N/S / ☒ UIC / ☒ Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Repair limit - 31K</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (5K-6K) / 8 days</u>
	<u>submit PRS REPORT</u>

Date/Time, File Pass to?



: Prel. Report

Days Of Repair: _____

1) _____



: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech, Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L&A (\$ _____)

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 Submission	02/03/2021 16:23 (SGT)
Date of Accident	01/03/2021 17:40 (SGT)
Exact Location of Accident	Blk 503, West Coast Drive. Ayer Rajah Food Centre, Singapore 120503
Additional Location Information	ALONG AYE TOWARDS CITY NEAR ALEXANDRA- EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6033J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	V- TECH AUTO SERVICE
Company Reg No	5XXXX600W
Email Address	vtech.autoservice@gmail.com
Mobile Phone No	(Phone) +65-98606215
Alternative Phone No	+65-98606215

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108792682-01
Cover Note Number	-

DRIVER

Name of Driver	WONG CHEE BOON
NRIC No	SXXXX341F
Date Of Birth	09/06/1980

Occupation	Outdoor
Date Of Driving Pass	23/11/2003
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98606215
Alt. Phone Number	-
Email Address	vtech.autoservice@gmail.com
Address	BLK 105 JALAN BUKIT MERAH #07-1942
Address complement	-
Postcode	160105
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain 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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

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	SJL2671T
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JORDAN
Contact Number	(Phone) +65-88183760
Address	-
Address complement	-
Postcode	-

Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
REAR AND FRONT PORTION
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX781K
Vehicle Manufacturer	Honda
Vehicle Model	Vezei
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	SALEH B MAMAT
NRIC No	SXXXX975E
Contact Number	(Phone) +65-91079420
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT AND REAR PORTION
No. Of Passenger (Including Driver)	-

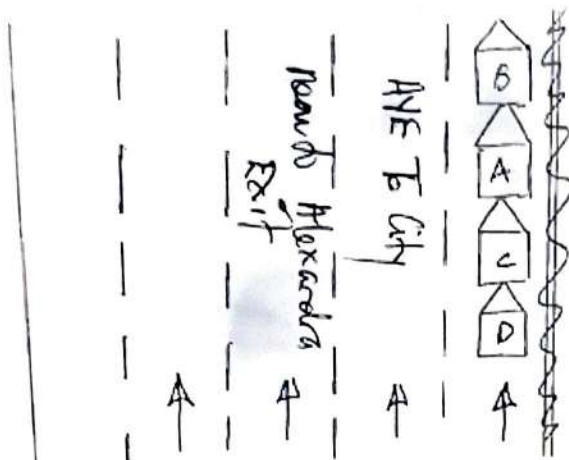
DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGW7588X
Vehicle Manufacturer	Honda
Vehicle Model	Accord
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ADREN TAY
NRIC No	SXXXX522E
Contact Number	(Phone) +65-94507799
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG CHEE BOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER REPORT
Injured person in which vehicle?	SLQ6033J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



- (A) SLQ 6033J
- (B) SJL 2671T
- (C) SLX 781K
- (D) SGW 7588X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/3/2021 about 540pm. I am travelling along AYE heading Jalan Bukit Merah (City)

I am driving follow traffic. Suddenly the car in front of me brake. I managed to stop my car. But the car behind slam me to the rear of my car with such force that pushes me forward to hit the car in front of me.

Cars

My rear portion badly smashed. Both of my wrists pain and my spine also pain.

We exchange particulars and file report.

DECLARATION

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

WE
Policyholder's Signature
Date & Time: 2/3/2021

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

2/3/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

IMPORTANT NOTICE

3. Please report correctly the details of the accident to speed up the claims process.
4. This Form must be completed by the Policyholder and/or the Authorised Driver.
5. 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.
6. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
7. Any false reporting may be referred to the Police for investigation.
8. 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.
9. By the lodging 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.
10. 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:
- (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' 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: 2/3/2021

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 2/3/2021

Reporting Centre Personnel's Signature

Name: _____

NRICEN No. 1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	633W
Vehicle No:	SLQ6033J
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Mar 2021
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X HYBRID AT ABS D/AIRBAG 2WD
Primary Colour:	Black
Manufacturing Year:	2017
Engine No:	LEB5948484
Chassis No:	RU31248467
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$26,472.00
Original Registration Date:	17 Jul 2017
First Registration Date:	17 Jul 2017
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jul 2027
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	16 Jul 2027
COE Category:	B- Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,110.00
COE Rebate Amount:	\$31,857.00
Total Rebate Amount:	\$35,607.00

The information contained herein is correct as at 07 Mar 2021

OK

art.com/used_cars/info.php?ID=970867&DL=2023

▶ Honda Vezel Hybrid 1.5A

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$67,800	Fuel Type	Petrol-Electric
Depreciation ?	\$10,230 /yr View models with similar depre	Reg Date	24-Jul-2017 (6yrs 4mths 16days COE left)
Mileage	N.A.	Manufactured ?	2016
Road Tax ?	\$682 /yr	Transmission	Auto
Dereg Value ?	\$37,445 as of today (change)	OMV ?	\$23,823
COE ?	\$52,807	ARF ?	\$5,000
Engine Cap	1,496 cc	Power	112.0 kW (150 bhp)
Curb Weight ?	1,280 kg	No. of Owners ?	2
Type of Vehicle	SUV		

Features

Reliable Hybrid 4 Cylinders Inline DOHC I-VTEC Producing 150Bhp, 7 Speed Dual Clutch Automatic With Paddle Shifters, 8 Airbags. View specs of the [Honda Vezel Hybrid \(2014\)](#)

Accessories

Leather Seats, Auto Retractable Side Mirrors, Multimedia Touch Screen Panel, Bluetooth, Front In Car Camera, Reverse Camera, Solar Films.

Compare

