REF: CS3/SMO2	100/2403/RIKUF3   434m LOEXIKY. 2024/PMS
	GNMENT LOEXING, 2024/195
From: Date:	Veh No: SJN 3238U Yr Regn: 2009 Pers
Estimated Cost:	Type: M.Car J 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: 87N 3238U	Make: Howar 3022 1-3 L AT c.c 1339
at Workshop m/s ALPHA	Colour BLMG A/C: Insured / Std / NI / NA
of 48, TOHOWAR DOGAST HOY-126	Sp.Reading 305603 T/Radio: Insured / Std / NI / NA
Insured: Smv	Eng/No:
Policy No.	C/No: JHMG6685095209198 .
Claims No.	Gen. Cond: Good / Falt / Poor / Burnt
Sum Insured: Excess:	Steering: Inforder / Jainmed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / \$/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 185 85R16
	R:
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA (NINO) OHTSU / PIR / SUMI /
	TOYO/YOKO or .
Bal. or Market Value: 20K	Front Rear
IDAC Accident Rport: Consistent? ; Yes or No	R/Bal, Nmm R/Bal, Nmm
GIA / PR Seen: Consistent? : Yes or No	UBal. S mm UBal. S mm
Est Repairs: days Res.: Yes or No	D.O.A. 10 (1/2020 D.O.I. 16/11/2020
Lum Sum: % · 3 Val.: Yes or No	Survey held at ALP(+A)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	The 0/0 / Gliassis frame / Body Structure affected due to comision.
ESTIMATE RAWSE OF REPAIR INO.	of days -(3K-4K)/S days
<u> </u>	
· <u>£</u>	
Dale/Time, File Pass to? : Prell. Report	Days Of Repair: 5
. Hell, Kepolt	
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
25/3/21-Typist Add F	ee: Site Insp (\$)_s+Rssi
	:Interview (\$ ) Photos
Representation TP	:Tech, Invs (\$ ) others
men Sen / L.B.A: (\$ \$3500 )	:Weelend (\$
wreed resembly the train and and and and and and and and and an	5. 14 C(21-131 (f) 1.1.
v v v v v v v v v v v v v v v v v v v	TOTAL
to the second	<u>**</u>

## 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 fruithful and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance companies to

t. The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies

Any false reporting may be referred to the Polico for Investigation.

This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for chiving and that copies of this report will, for a fee, be made evailable upon application by Interested parties.

By the lodgement of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of the report being made available

# ACCIDENT STATEMENT:

Date Of Accident Date Of Report 11/11/2020 14:44 10/11/2020 14:05

Exact Location Of Accident KANG CHING ROAD TOWARDS CITY

Country/State of Loss

DETAILS OF OWN SINGAPORE

SJN3238U

5XXXX434M

LMH GRAB

NOEMAIL

Vehicle Registration Number

Co Reg No Name Of Registered Owner Insured/Policyholder

Mobile Phone No Email Address

Alternative Phone No Vehicle Particulars

Manufacturer

HONDA

OTHERS

OFFICE-97693615

Exact Purpose for which vehicle was being used at WORK PURPOSE time of accident

Are you claiming under your own insurance policy NO for repair to your vehicle?

If No, Please state action to be taken

Insurance Company

Vehicle Category

PRIVATE HIRE THIRD PARTY

Fleet Policy Type Of Coverage Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE

Policy Number

5092614522-02 (COMP)

Cover Note Number

NRIC No Name of Driver Driver

Date Of Birth

Occupation Driving Experience Date Of Driving Pass

Mobile Number Fax Number

Gender

26/04/1953

SXXXX029

LIM MENG HOCK

13/03/1974 OUTDOOR

46 YEARS AND 7 MONTHS

(LOCAL) +65-97693615

Postcode Address

Was driver an employee of the Insured's Company NO

OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Weather Conditions

COLLISION - HEAD TO REAR

CLEAR

DRY

Road Surface Other Information

Was any foreign vehicle involved in this accident? NO

involved in the accident Number of vehicles (including own vehicle)

Was any body injured in the Accident?

Was any injured conveyed to hospital by

Was any other material or property damaged?

YES O NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

NO

NAME:

: GRAB PASSENGER

GENDER: : MALE

YES

Was the accident reported to the police? If Yes, Please state which Police Station

ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )

TEL NO: 1800-7740000 - FAX NO: 67741705

Was notice of intended Prosecution given? O

Circumstances of Accident

If Yes, against whom?

Police Station Address

Police Station Name

Police Station Contact

REFER TO POLICE REPORT ATTACH \*\*\*\*\*\*COMPANY STAMP NOT HAVE (ATTACH ACRA IN EBAO)\*\*\*\*\*

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Carnera?

NO

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROP

GBE5165A

Vehicle Make/Model/Colour

Vehicle Registration Number

Details Of Properties Vehicle Category

NRIC/Passport Number Name of Driver

Contact Number

COMMERCIAL VEHICLE

LEOW LIH YENN SXXXX298

> Postcode Insura

### 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.
- 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
- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such disclose and/or process my personal data/personal Information set out in this [form] and any other personal information
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
- (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, external cover of envelopes/mail packages); and/or which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- 9 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
- 9 5 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,
- 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.

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Tel: 6560 3312 Fax: 660 9 0722
Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature

Date & Time: Policyholder's Signature

(If driver is not tike-policyholder) Driver's Signature

DECLARATION

[/We declare the foregoing particulars are true in every respect. 3 Police Klower.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(DAC BURIT BAYOK (VAC)
511 Built Batok Street 23
511 Built Batok Street 23
511 Birdabore 659545
Tel: 6560 3312 Fax: 6589 0722
Ejmailt vacbb@singuet.con.sg





Report No. D/20201111/7010

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Of Incident 10/11/2020 14:05 Nationality SINGAPORE CITIZEN Date/Time Report Made Brief details. Other car and light goods vehicle drivers nec ID Type / ID No. NRIC NO / S02390291 LIM MENG HOCK 11/11/2020 10:21 Occupation Name Of Informant Institution/School Name English Location Of Incident YUAN CHING ROAD Male Sex bethock@yahoo.com 640537 Email Address Home/Office: Contact No. 537 JURONG WEST AVENUE 1 #08-1004 SINGAPORE \_anguage Address Vide Report No Age 67 26/04/1953 Date of Birth 97693615 Mobile: Chinese Race Station Diary No.

Location: Yuan Ching Road turning left into Jalan Ahmad Ibrahim.

line separating the 2 lanes. Suddenly I heard a bang and my car moved forward. My car was crashed Road towards the city. Due to road works on the inner lane of Jalan Ahmad Ibrahim, I stopped before the I stopped at the exit from Yuan Ching Road and Jalan Ahmad Ibrahim. I was travelling from Yuan Ching

Mr Leow said that he wants to settle privately and he provide me his car repair workshop contact. He left

111111

IC no. \$17352981

in the back by vehicle no. GBE5165A, driven by a Mr Leow Lih Yenn.

Signature Of Interpreter: Not applicable Not applicable Signature Of Officer Recording The Report: Date/Time: 11/11/2020 10:21 Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Authentication Stamp

Officer In-Charge Of Case

Classification Of Case

: 18/

111111





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201111/7010

Front. My passenger managed to call GRAB to inform about the accident. I have a GRAB passenger at the time of the accident. I was taking him from Kang Ching Road to Harbor the location after giving his contact.

Victim			
Person Name	LIM MENG HOCK		
ID Type	NRIC NO	ID No	\$02390291
Gender	Male	Age	67
Race	Chinese	anguage	The state of the s
Occupation	Other car and light goods	Address	537 JURONG WEST AVENUE
	vehicle drivers nec		1 #08-1004 SINGAPORE
			640537
Mobile No	97693615	Is Informant A	Yes
		Victim?	
Person Name	LIM MENG HOCK (Informant)		

Signature Of Officer Recording The Report: Officer In-Charge Of Case: Not applicable Signature Of Interpreter: Not applicable

> Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 11/11/2020 10:21

Classification Of Case:

Authentication Stamp

### , Back to OneMotoring

### inquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 434M

Vehicle Details

Vehicle No.: SJN3238U
Vehicle to be Exported: No

Intended Deregistration Date: 11 Nov 2020
Vehicle Make: HONDA
Vehicle Model: JAZZ 1.3L AT

Primary Colour: Blue
Manufacturing Year: 2008

Engine No.: L13Z11009196

 Chassis No.:
 JHMGE68509S209198

 Maximum Power Output:
 73.0 kW (97 bhp)

Open Market Value: \$19,038.00
Original Registration Date: 11 Feb 2009
First Registration Date: 11 Feb 2009

Transfer Count: 1

Actual ARF Paid: \$19,038.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited

PARF Eligibility Expiry Date:

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 10 Feb 2024

COE Category: A - Car (1600cc & below)

COE Period(Years): 5
PQP Paid: \$12,864.00

COE Rebate Amount: \$8,359.00

Total Rebate Amount: \$8,359.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 11 Nov 2020

OK

View specs of the Honda Jazz (2008-2014)

### Description

New Paintwork! New Leather! 1 Year Free Servicing! \$0 Down Payment Available! Low Monthly Installment At Only \$780! Car In Very Good Condition, Cheapest In The Market, Lowest Depreciation! Flexible In House Loan With High Trade-In Value!

