

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	31/03/2021 12:41 (SGT)
Date of Accident	30/03/2021 05:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2847H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DE ROZARIO DENNIS DOMINIC
NRIC No	SXXXX213Z
Email Address	DRDEN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90067768
Alternative Phone No	(Home) +65-90067768

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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115710967
Cover Note Number	-

DRIVER

Name of Driver	DE ROZARIO DENNIS DOMINIC
NRIC No	SXXXX213Z

Date Of Birth	04/08/1962
Occupation	Outdoor
Date Of Driving Pass	23/06/1983
Driving experience	37 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90067768
Alt. Phone Number	(Home) +65-90067768
Email Address	DRDEN@HOTMAIL.COM
Address	APT BLK 713 PASIR RIS ST 72 #07-39
Address complement	-
Postcode	510713
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 to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DE ROZARIO JUDE MARTIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL524T
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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	DE ROZARIO JUDE MARTIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU2847H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	DE ROZARIO DENNIS DOMINIC
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU2847H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Insured (and others).
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to refuse to pay or cancel the policy.
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 lodgment of this report to the insurers, you hereby consent to the availability of this report at the centre and to copies of the report being made available electronically.
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 be 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 generated by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in the accident and to other persons who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers". I consent to the disclosure from the Ministry of Transport of Singapore and any relevant government agencies (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claim including the settlement of the claim and any statutory investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to my enquiries by me;
 - (iv) administering my claim (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of confidential data) about me to bring about delivery of the services 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 claim (collectively the "Purposes").
- (b) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/lay firms may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes;
- (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/lay firms), which may be based outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that wish to establish, investigate, controlling or managing fraud, regulations, 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:

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

SKETCH PLAN



(A) CLU 2847 H
 (B) GBL 2247

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper. A small portion of a blue object, possibly a pen or pencil, is visible at the bottom right corner.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

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

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

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	213Z
Vehicle Details	
Vehicle No.:	SLU2847H
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Apr 2021
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	LEB5959970
Chassis No.:	RU31259953
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$25,705.00
Original Registration Date:	28 Nov 2017
First Registration Date:	28 Nov 2017
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Nov 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	27 Nov 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$57,000.00
COE Rebate Amount:	\$37,936.00
Total Rebate Amount:	\$41,686.00

The information contained herein is correct as at 01 Apr 2021

OK



Honda Vezel Hybrid 1.5A X **\$70,800** \$10,360 /yr 03-Nov-2017 1,496 cc 29,176 km SUV **Available**

Fuel Type: Petrol-Electric

Super Low In Mileage, Servicing Record Available. Owner Upgraded Their Ride So Selling Off This Current Car. Do Kindly Make Appointment To View This Car As Its A Consignment Unit! Trade In Welcome, In House Loan And Flexi Loan Available! Do Hurry Make A...

Posted: 23-Mar-2021 Tags: 2017 Honda Vezel, Honda Vezel, Honda, Vezel

CONSIGNMENT



Honda Vezel Hybrid 1.5A X **\$72,800** \$10,580 /yr 22-Nov-2017 1,496 cc 62,277 km SUV **Available**

Fuel Type: Petrol-Electric

Trade-In Welcome, Suits Your Daily Use With Low Running Cost Please Call Or Whatsapp For Viewing Appointment. Call Us Now For More Information! Before It's Gone!

Ka-Hup Vehicles Trading

Posted: 26-Mar-2021 Tags: 2017 Honda Vezel, Honda Vezel, Honda, Vezel

PREMIUM AD



Honda Vezel Hybrid 1.5A X **\$72,800** \$10,500 /yr 11-Dec-2017 1,496 cc 49,000 km SUV **Available**

Fuel Type: Petrol-Electric

100% Loan Available. High Trade In Welcome. Non PHV Unit. Serviced Regularly. Low Mileage. Accident-Free. Well Maintained With No Repair Needed. STA/Workshop Inspection Welcome For A Peace Of Mind. Contact Us Now For A Viewing Appointment Today!

Posted: 12-Mar-2021 Tags: 2017 Honda Vezel, Honda Vezel, Honda, Vezel

PREMIUM AD



Honda Vezel Hybrid 1.5A X **\$70,800** \$10,200 /yr 12-Dec-2017 1,496 cc 46,130 km SUV **Available**

Fuel Type: Petrol-Electric

Genuine Mileage And Non-PHV Usage! Excellent Condition, Body And Chassis No Damage With Original Paintwork! Sheltered Parking, Well Preserved Interior! Low Fuel Consumption Hybrid Model! Don't Miss Out On This Popular Compact SUV That's Reliable And Easy To Main...

Posted: 31-Mar-2021 Tags: 2017 Honda Vezel, Honda Vezel, Honda, Vezel

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