

REF: CS/ASM21007644/AGvc

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHC 7114Z

Policy No. _____

Claims No. S1M03DMU

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMT7949H Yr Regn: 2006 / Dec

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Stream C.C. 1799

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 246612 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RN61012362 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16.

R: 205/55R16.

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

TOYO / YOKO or

Front Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. 12/7/21 D.O.I. 22/08/21

Survey held at MCS

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP AXA. COE Reping: 12/12/21.
21/10/21	Adrian confirmed LS \$1600 (Red 6826.44, 81%)
	MV: 4K.
	PV: 2K
	Nett: 2K

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 21/10/21-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format: Smart Claim

Lump Sum / L.B. / LS \$1600

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	13/07/2021 14:17 (SGT)
Date of Accident	12/07/2021 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Woodlands Drive 16
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT7949H
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FAST & FURIOUS AUTOMOTIVE
Company Reg No	53295371A
Email Address	murugason@msn.com
Mobile Phone No	(Phone) +65-82999970
Alternative Phone No	+65-82999970

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118263312
Cover Note Number	drivo CLASSIC

DRIVER

Name of Driver	LIZAWATI BINTE ABDUL RAHIM
NRIC No	S7500787F

Date Of Birth	24/01/1975
Occupation	Indoor
Date Of Driving Pass	05/10/2000
Driving experience	20 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90751353
Alt. Phone Number	-
Email Address	murugason@msn.com
Address	BLK 986D #11-104
Address complement	BUANGKOK CRESCENT
Postcode	535986
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	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?	No
Was any other vehicle 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?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report / Sketch Plan

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	SHC7114Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)

MR KIM
(Phone) +65-91711610

-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

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?

LIZAWATI BINTE ABDUL RAHIM

-
-
-
-
-

SMT7949H

Yes
No

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 13/07/2021 13:59

Report No: MI _____

D.O.A: 12/07/2021

Vehicle No: SM17949H Reporting Type: _____

Time: 16:20 hrs

SKETCH PLAN

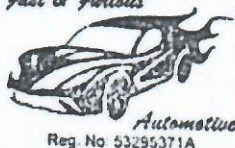
IMPORTANT NOTICE

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 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 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:
 - (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) *Fast & Furious* for complying with requirements under any regulations, laws or court orders.



13/07/21 / 13:59

Policyholder's Signature / Date & Time

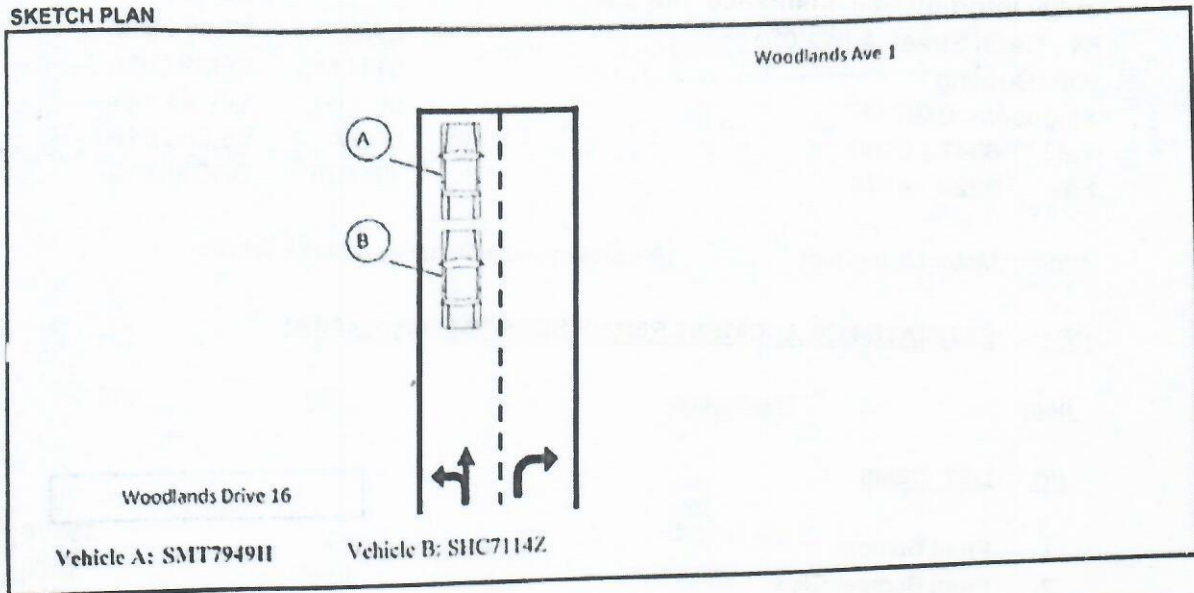
13/07/21 / 13:59

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN

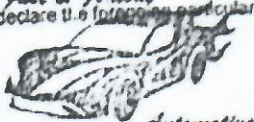


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

Fast & Furious
We declare the information particulars are true in every respect



Reg No: 307237/143:59

Policyholder's Signature / Date & Time

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

13.07.21 / 13:59

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20210713/2054

1 of 3

Report No. T/20210713/2054

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 12:55	Vide Report No.:	Station Diary No.: 18
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIZAWATI BINTE ABDUL RAHIM			Address: APT BLK 986D BUANGKOK CRESCENT #11-104 SINGAPORE 535986	
ID Type / ID No.: NRIC NO / S7500787F			Contact No.: Home/Office: Mobile: 90751353	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 46	Date of Birth: 24/01/1975	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: FREE LANCE			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2021 16:20	Type of Location: X-Junction
Location: WOODLANDS DRIVE 16				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7114Z	Car	HYUNDAI	i40	Yellow		0
SMT7949H	Car	HONDA	Stream	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20210713/2054

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210713/2054

CONTINUATION OF REPORT

Driver			
Name	LIZAWATI BINTE ABDUL RAHIM	ID No.	S7500787F
Related Vehicle	SMT7949H (Car)	Contact No.	90751353
Hospital/Clinic	UNIHEALTH 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/07/2021	Date Discharge	13/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Mr Kim	ID No.	NIL
Related Vehicle	NIL	Contact No.	91711610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12 July 2021 at about 4.20pm, I was travelling alone in my blue Honda Stream (License Plate: SMT7949H) along Woodlands Drive 16 towards Woodlands Ave 1.

As I approached the junction of along Woodlands Drive 16 and Woodlands Ave 1., the traffic light for vehicles was red and I came to a complete stop. Suddenly, I felt an impact from the rear. I alighted and I noticed that a yellow colour Comfort taxi bearing license plate (SHC7114Z) had collided into the rear of my vehicle.

I exchanged details with the Taxi Driver (Mr Kim, Hp: 91711610). The damages done to my vehicle, one of the back sensor fell off, the rear bumper has dents and scratches and the boot door is misaligned. There is a in-car camera in my vehicle. There were no Traffic Police or Ambulance at scene. No other vehicles or pedestrians were involved.

On 13 July 2021, I felt sore and went to the doctor's at Unihealth 24 Hrs Clinic. I was given 3 days medical leave from 13 July 2021 to 15 July 2021.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
1300-4439999
1300-4439999
SINGAPORE 470023
Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

If informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

Officer: SYED MUHAMMED SHAMIR SIO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Officer: SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No: 65476404

Authentication Stamp
NR161

Signature Of Informant:

Date/Time:
13/07/2021 12:55

Classification Of Case:

Sum

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 371A

Vehicle Details

Vehicle No.: SMT7949H
Vehicle to be Exported: No
Intended Deregistration Date: 02 Aug 2021
Vehicle Make: HONDA
Vehicle Model: STREAM 1.8 A
Primary Colour: Blue
Manufacturing Year: 2006
Engine No.: R18A1714037
Chassis No.: RN61012362
Maximum Power Output: 103.0 kW (138 bhp)
Open Market Value: \$18,272.00
Original Registration Date: 13 Dec 2006
First Registration Date: 13 Dec 2006
Transfer Count: 5
Actual ARF Paid: \$20,100.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 12 Dec 2021
COE Category: B - Car (1601cc & above)
COE Period(Years): 5
PQP Paid: \$27,594.00
COE Rebate Amount: \$1,987.00
Total Rebate Amount: \$1,987.00

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 02 Aug 2021

OK



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stream

Advanced Search



Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	stream		Any	Any	> 10 year(s) old	Any	Any	Any	Available
	Honda	Stream 1.8A (COE till 03/2022)	\$5,300	\$8,910 /yr	08-Mar-2007	1,799 cc	-	MPV	Available
Good For Short Term Drive.									
Posted: 15-Jul-2021 Tags: 2007 Honda Stream, Honda Stream, Honda, Stream									
	Honda	Stream 1.8A (COE till 03/2022)	\$5,888	\$9,430 /yr	19-Mar-2007	1,799 cc	-	MPV	Available
Comes With 6 Months New Road Tax! Not For Fussy Buyers, Car Will Be Sent For Its Last Inspection Before The Sale.									
Posted: 01-Aug-2021 Tags: 2007 Honda Stream, Honda Stream, Honda, Stream									
	Honda	Stream 1.8A (COE till 03/2022)	\$5,788	\$8,770 /yr	02-Apr-2007	1,799 cc	194,520 km	MPV	Available
Best Honda Stream In The Town, Road Tax Till 09/2021 Asking Low For Full Japan 7 Seater MPV For Short Term Driving. Cheaper Than Rental. No Repairs Needed, Tyre Just Changed Engine And Gearbox Running Smoothly, High Trade In Available. Please View To Believe...									
Posted: 19-Jul-2021 Tags: 2007 Honda Stream, Honda Stream, Honda, Stream									
	Honda	Stream 1.8A (COE till 03/2022)	\$8,800	\$13,330 /yr	11-Apr-2007	1,799 cc	150,000 km	MPV	Available
Posted: 15-Jul-2021 Tags: 2007 Honda Stream, Honda Stream, Honda, Stream									

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RENEWAL
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Honda Stream 1.8A (COE till 03/2022)

\$9,000

\$13,630 /yr

06-Jun-2007

1,799 cc

190,000 km

MPV

Available

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Posted: 03-Jun-2021 Tags: 2007 Honda Stream, Honda Stream, Honda, Stream



Honda Stream 1.8A RSZ (COE till 05/2022)

\$6,600

\$7,980 /yr

07-Jun-2007

1,799 cc

MPV

Available

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Posted: 02-Aug-2021 Tags: 2007 Honda Stream, Honda Stream, Honda, Stream

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