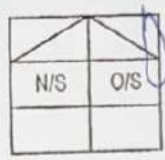


ASS. REC. BY: TGUM REF: CS3/ASM21009512/BVC Vendor: _____

ASSIGNMENT

From: _____ Date: 13/9/2021
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLF 1979X
 at Workshop m/s JP Concept
 of 160 Sin Ming Dr #07-11
 Insured: SH 8005Z
 Policy No. _____
 Claims No. S1M03HGX
 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: 51,000/-
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No: SLF 1979X Yr Regn: 17/8/2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Vezel c.c. 1496
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 212744 T/Radio: Insured / Std / NI / NA
 Eng/No: L15B4033512
 C/No: RU11113508
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / SRim / STD A/Rim or _____
 Tyre Size: F: 215/60/16
 R: 215/60/16
 BS: SUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>4/9/2021</u>	D.O.I. <u>13/9/2021</u>

 Survey held at JP Conceptz
 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
6/1/22	Range 5,000/- - 6,000/-
	Survey photos taken on 13/9/2021 @ 1:23 pm
	Resurvey photos taken on 14/9/2021 @ 3:05 pm
	After paint photos taken on 17/9/2021 @ 1:02 pm
	MV 51,000/-
	PV 31,866/-
	NV 19,934/-

TGUM
5/11/2022

Date/Time, File Pass to? : Prel. Report
 : Final Report
 Date/Time, File Return to?
 2) 6/1/22-typist
 Report Format: _____
 Lump Sum / I.B.J. () _____

Days Of Repair: 5
 Resurvey No. of Trip: _____

Add Fee: Site Insp (\$ 1)
 Interview (\$ _____)
 Tech. Invs (\$ _____)
 Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS \$ _____
 Photos _____
 Others _____
 TOTAL _____

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	284H
Vehicle Details	
Vehicle No.:	SLF1979X
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Jan 2022
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT ABS D/AIRBAG 2WD
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	L15B4033512
Chassis No.:	RU11113508
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,917.00
Original Registration Date:	17 Aug 2016
First Registration Date:	17 Aug 2016
Transfer Count:	2
Actual ARF Paid:	\$9,917.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Aug 2026
PARF Rebate Amount:	\$6,941.00
Intended COE Rebate Details	
COE Expiry Date:	16 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,301.00
COE Rebate Amount:	\$24,125.00
Total Rebate Amount:	\$31,066.00

The information contained herein is correct as at 05 Jan 2022

OK

MV 51,000/2
 PV 31,066/2
 NV 19,934/2

TGUm Min
 5/1/2022



Fuel Type: Petrol-Electric

1 Single Careful Owner, Strictly For Own Family Use Only, Low Mileage Done, Hybrid Drive-train Gives You Excellent Fuel Economy, Original Paintwork In Good Condition, Excellent Clean And Neat Interior, Serviced Regularly Without Fail, In House Loan And Insurance Available,...

Posted: 10-Nov-2021 Tags: 2016 Honda Vezel, Honda Vezel, Honda, Vezel



Honda Vezel 1.5A X

\$52,800

\$10,330 /yr

03-Aug-2016

1,496 cc

SUV

Available

United Motoring Pte Ltd

Posted: 25-Dec-2021 Tags: 2016 Honda Vezel, Honda Vezel, Honda, Vezel

PREMIUM AD



Honda Vezel 1.5A X

\$53,800

\$10,700 /yr

03-Aug-2016

1,496 cc

70,000 km

SUV

Available

Full Loan! 100% Loan/Bank Loan Available! Beautifully Maintained By Previous Owner, Excellent Exterior And Interior Condition! Trade-In Welcome! Viewing And Testing Immediately! Act Fast Before It's Sold! Call For A Non Obligatory Viewing!

This car comes with 6-mth sgCarMart Warranty - the best protection for your car. Learn More

Posted: 11-Dec-2021 Tags: 2016 Honda Vezel, Honda Vezel, Honda, Vezel

PREMIUM AD

Save this search criteria, to get email alerts whenever a match is found.

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

For old advertisements, view Expired ads

« Back (1 2 3 4 5) Next »

20 results/page

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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 07/09/2021 17:53 (SGT)
Date of Accident 04/09/2021 01:15 (SGT)
Exact Location of Accident Lor 23 Geylang, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF1979X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WJ Car Rental Pte Ltd
Company Reg No 201843284H
Email Address lusiont96@gmail.com
Mobile Phone No (Phone) +65-91551119
Alternative Phone No (Home) +65-91551119

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 Commercial vehicle
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNA00000762100
Cover Note Number -

DRIVER

Name of Driver Lim Kian Beng
NRIC No S7245883D

Date of Birth	01/12/1972
Occupation	Outdoor
Date Of Driving Pass	08/05/2015
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91551119
Alt. Phone Number	-
Email Address	lusiont96@gmail.com
Address	6001 Beach Road #08-06 Golden Mile Tower
Address complement	-
Postcode	199589
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	unknown
Gender	Male

PASSENGER 2

Name	unknown
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Mountbatten Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18003449999
Alt. Police Station Phone No	(Fax) +65-64474185
Police Station Address	Blk 60 Dakota Crescent #01-213/ 215 Singapore 390060
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

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	SHC8005C
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Lim Teck Beng
NRIC No	S1740467I
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	Lim Kian Beng
Gender	Male
Phone No	(Phone) +65-91551119
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF1979X
Were seat belts worn?	-
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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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 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.

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.



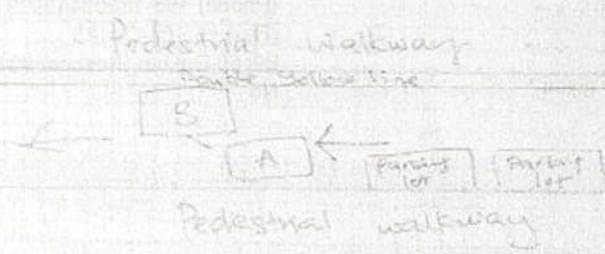
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

A-52F1979X
SUSHO8005Z



TERMINANCE (CONT'D)
 All amounts payable shall be due in full on the date of termination of this Agreement. The Client shall be responsible for the payment of all amounts due to the Provider.
TERMINATION
 1. The Client reserves the right to terminate this Agreement if the Provider fails to perform its obligations under this Agreement. The Client shall be responsible for the payment of all amounts due to the Provider.
 2. The Provider reserves the right to terminate this Agreement if the Client fails to pay the amounts due to the Provider within the time specified in this Agreement.
 3. The Client shall be responsible for the payment of all amounts due to the Provider on the date of termination of this Agreement.
 4. The Provider shall be responsible for the payment of all amounts due to the Client on the date of termination of this Agreement.
 5. The Client shall be responsible for the payment of all amounts due to the Provider on the date of termination of this Agreement.
 6. The Provider shall be responsible for the payment of all amounts due to the Client on the date of termination of this Agreement.
 7. The Client shall be responsible for the payment of all amounts due to the Provider on the date of termination of this Agreement.
 8. The Provider shall be responsible for the payment of all amounts due to the Client on the date of termination of this Agreement.
 9. The Client shall be responsible for the payment of all amounts due to the Provider on the date of termination of this Agreement.
 10. The Provider shall be responsible for the payment of all amounts due to the Client on the date of termination of this Agreement.

The Client's Signature	Date	The Provider's Signature
	12-09-2003	