(08/11/13) wef REF: CS/(11/2/0	11098/Rivf3 . 9872
AGG. NEG. CT.	SIGNMENT
From: Date:	Veh No: SMU SI 30K Yr Regn: > 20 / Au4 Type: M.Car / 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: SMU SI30K	Make: Howar FIT HYBRID / SA c.c (496
at Workshop m/s V8 MOTH WOLKZ PL	Colour RED A/C: Insured / Std / NI / NA
of 9 SINMING INJUST SELFOR C HUI-44	Sp.Reading 032205 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 4P53416983
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 185 bokes
(Policy Condition)	R:
Remark: The veh had commenced its repair at the time of inspection.	BS / DUR / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value: 83K	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. G mm L/Bal. G mm
Est. Repairs: days Res.: Yes or No	D.O.A. 21/16/21 D.O.I. 29/11/21
Lum Sum: % 3 Val.: Yes or No	Survey held at US MOTOR
CA / REV / REP. / 24 HRS Vehicle: IN / OU	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction REPORE LIMIT — 48K	
weight That - 40%	
ESTIMATE RANGE OF REPORTE	(No. OF pays - 4K-5K/8 days
	1
	The state of the s
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	
	Interview (\$) Photos

:Tech. Invs (\$

: Weekend (\$

) Others

Report Format :

Lump Sum / I.B.I: (\$

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 witholding 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	22/10/2021 15:09 (SGT)
Date of Accident	21/10/2021 21:56 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	PUNGGOL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

SMU5130K

+65-90051670

Is company?	No
Name Of Registered Owner	ANG HSIN YI
NRIC No	
Email Address	S8013987Z
Email Address	GARDENERGALA13@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90051670
Alternative Phone No	+65-90051670

VEHICLE PARTICULARS

Vehicle Registration Number

INSURED/POLICYHOLDER

Manufacturer	Honda
Model Variant	Fit
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?	N- 01 : 1 - 11 :
Vehicle Category	No - Claiming third party
Transmission	Private car Auto
CC	1300
	1000

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Auto & General Insurance (Singapore) Pte. Limited. Comprehensive No P10575606R00
Cover Note Number	-

DRIVER

Re Lu

Name of Driver	
NDIC N-	ANG HSIN YI
NRIC ND	S8013987Z

of Birth	13/05/1980
Appation	Indoor
le Of Driving Pass	08/10/1999
Aiving experience	22 YEARS
Gender	Female
Mobile Number	(Phone) +65-90051670
Alt. Phone Number	+65-90051670
Email Address	GARDENERGALA13@HOTMAIL.COM
Address	BLK 288A PUNGGOL PLACE #04-805
Address complement	BEN 200A I GNGGOE I EAGE #04-000
Postcode	821288
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	101
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision Change/gross lane
Weather Conditions	Collision - Change/cross lane Clear
Road Surface	Dry
OTHER INFORMATION	
Woo one foreign vehicle in the discussion of the	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	<u>1</u>
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 conident reported to the walks 2	
Was the accident reported to the police? Was notice of intended Prosecution given?	No
If you against whom?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARI	E PTE LTD 67415336
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	
Vehicle Manufacturer	SLR9430X
Vehicle Model	-
Vehicle Variant	~
Vehicle Colour	-
Vehicle Category	Application and the second sec
Name of Driver	Private car
Contact Number	
Address	

Date/1

Date/T

lepo ump

ess complement	_
foode	
France Company Name	_
ure Of Damage	<u> </u>
eails of property damaged in accident	-
o. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH8026G
Vehicle Manufacturer	-1200-1
Vehicle Model	Y Table
Vehicle Variant	
Vehicle Colour	· ·
	-
Vehicle Category	Taxi
Name of Driver	
Contact Number	in Ne
Address	1
Address complement	-
	-
Postcode	_
Insurance Company Name	
N-+ 0/D	•
	-
Details of property damaged in accident	5-1
No. Of Passenger (Including Driver)	y = 2

C E Li

C.A

Dat Da

Ϊmε

ime

rt I Sı

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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)

l understand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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 insure 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' law yers/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
- (ii) investigating the accident and/or my claims;
- (ii) 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' law yers/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 law yers/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centro Personnel

Sketch Plan

hc

p:

escribe Circumstances of the Acc	ident	
at The Punggol exit to	Illy to filter left and awent was toward sengkang exit.	to left lane exiting.
30	and and and the	
I move forward other swerved back as I thrive forward.	into my lane, within the see	the vehicle B
	The state of the s	S STARTS SO WE W
With the impact, I	went right into a part of lane, and hit my right from fro	and a le
the rim and side	of car.	M SING R INVENT
		4
B 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		N. C.
Declaration		
We declare the foregoing particulars a If you wish to claim against your own p	olicy, please be advised that your insurer may have a fourte	en (14) days clause whereby the claim
must be made within the stipulated time	frame from the day of occurrance. Kindly check with your in	naurer for more details.
Policyholder's Signature / Date &	Priver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time	Time	Personnel

> Back to One Motoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	9872
Vehicle Na:	SMU5130K
Vehicle to be Exported:	No.
Intended Deregistration Date:	30 Nov 2021
Vehicle Make:	HONDA.
Vehicle Model:	FIT HYBRID 15 AUTO
Primary Colour:	Pink
Manufacturing Year:	2018
Engine No.:	LEB6071970
Chassis No.:	GPS3416983
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$18,221.00
Original Registration Date:	17 Aug 2020
First Registration Date:	17 Aug 2020
Transfer Count:	
Actual ARF Paid:	\$8,221.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Aug 2030
PARF Rebate Amount:	\$6,165.00
COE Expiry Date:	16 Aug 2030
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$33,301.00
COE Rebate Amount:	\$28,645.00
Total Rebate Amount:	\$34,810.00

Honda Fit Hybrid 1.5A

<u>Overview</u> Final	ncial Accessories Sin	nilar Research	Photos Map
Price	\$83,888		
Depreciation ()	\$9,160 /yr View models with similar depre	Reg Date	21-Aug-2020 (8yrs 8mths 21days COE left)
Mileage	8,200 km (6.4k /yr)	Manufactured 🗇	2018
Road Tax	\$682 /yr	Transmission.	Auto
Dereg Value (\$33,495 as of today (change)	Fuel Type	Petrol-Electric
COE(3)	\$36,502	omv	\$17,884
Engine Cap	1,496 cc	ARE	\$7,884
Curb Weight	1,080 kg	Power	101.0 kW (135 bhp)
Type of Vehicle	Hatchback	No. of Owners	1