

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	05/02/2022 14:46 (SGT)
Date of Accident	04/02/2022 20:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE EXIT TO BALESTIER RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM6824C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM MIANG CHER (LIN MIANZHI)
NRIC No	S7516870E
Email Address	stevelimmc@gmail.com
Mobile Phone No	(Phone) +65-94749700
Alternative Phone No	+65-94749700

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00817704/01
Cover Note Number	-

DRIVER

Name of Driver	LIM MIANG CHER (LIN MIANZHI)
NRIC No	S7516870E

Of Birth	11/06/1975
Occupation	Indoor
Date Of Driving Pass	11/06/2005
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94749700
Alt. Phone Number	+65-94749700
Email Address	stevelimmc@gmail.com
Address	99 ALJUNIED CRESCENT #05-373
Address complement	-
Postcode	380099
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NA
Gender	Male

PASSENGER 2

Name	NA
Gender	Female

PASSENGER 3

Name	NA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 4/2/2022 AT ABOUT 2030HRS.I WAS TRAVELLING CTE EXIT TO BALESTIER RD, WHIL CHECKING FOR THE ON COMING TRAFFIC SUDDENLY I FELT AN IMPACT FROM MY REAR AND REALISED THAT VEHICLE B HAD COLLIDED ONTO MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7164Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	DESMOND
Contact Number	(Phone) +65-96259107
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 5/2/22

Driver's Signature

(If driver is not the policyholder)

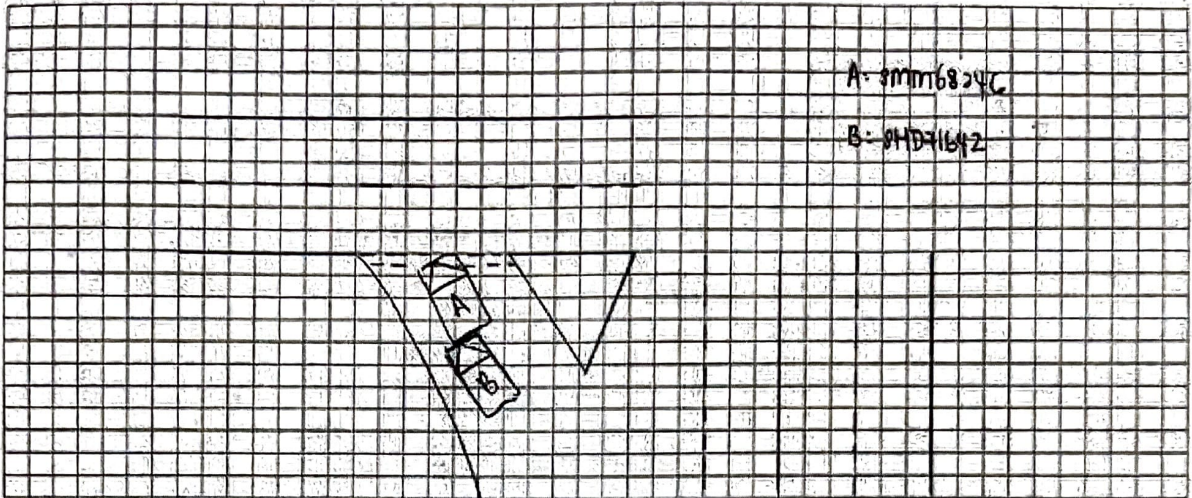
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Highway at about 2030hrs. I was travelling CTE east to Baker Rd.

While checking for on coming traffic suddenly I felt an impact from my rear and realised that vehicle B had collided onto my vehicle.

DECLARATION

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

Policyholder's Signature
 Date & Time: 5/2/22

GIARMC SketchPlanForm_V3

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

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	870E
Vehicle No.:	SMM6824C
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Feb 2022
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	L15B6002861
Chassis No.:	GK82002441
Maximum Power Output:	97.0kW (130 bhp)
Open Market Value:	\$20,346.00
Original Registration Date:	09 Jul 2019
First Registration Date:	09 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$10,485.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jul 2029
PARF Rebate Amount:	\$7,863.00
COE Expiry Date:	08 Jul 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,301.00
COE Rebate Amount:	\$19,506.00
Total Rebate Amount:	\$27,369.00

The information contained herein is correct as at 08 Feb 2022

OK

Honda Shuttle 1.5A G

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price **\$79,800**

Depreciation ⓘ

\$10,260 /yr

[View models with similar depre](#)

Reg Date

28-May-2019

(7yrs 3mths 19days COE left)

Mileage

21,000 km (7.8k /yr)

Manufactured ⓘ

2019

Road Tax ⓘ

\$682 /yr

Transmission

Auto

Dereg Value ⓘ

\$28,639 as of today ([change](#))

OMV ⓘ

\$19,799

COE ⓘ

\$29,159

ARF ⓘ

\$9,799

Engine Cap

1,496 cc

Power

97.0 kW (130 bhp)

Curb Weight ⓘ

1,130 kg

No. of Owners ⓘ

1

Type of Vehicle

[Stationwagon](#)