REF: CC6/A1622002067/4pg3

\ ASSI	GNMENT
From: Date:	Veh No: 543/728 Yr Regn: 30/3/16
Estimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or (M.)
To Inspect Vehicle No: 5LB 1725H at Workshop m/s 79A 2 i M	Make: Hyunda; Accent c.c 1365
at Workshop m/s Tan LiM	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 138767 T/Radio: Insured / Std / NI / NA
Insured: EP 622FC	Eng/No:
Policy No.	CNO: KMHCTSIBLG. U25-1140
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: 205/50 216
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value: 4 4 5 4	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 3/3/22 D.O.I. 7/3/22
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS 3 993 A Vehicle: IN/OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: LTKT 18960	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	Days Of Repair:
Date/fille, rile russ to:	Resurvey No. of Trip: Survey Fee:
1) Final Report	Transportation:
Date/Time, File Return to?  Add Fee:	: Site Insp (\$ )s + RS,SI
2)	Interview (\$ ) Photos
	Tech. Invs (\$ ') Others
Report Format :	: Weekend (\$
Lump Sum / I.B.I: (\$	TOTAL

SN0722340002 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 04/03/2022 16:25 (SGT) SUBMITTED BY: Ganesh Sinathambi VERSION: 1 (04/03/2022 16:25 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

- THIS Form must be completed by the Policyholder and/or the Authorised Driver
   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.
- 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. Acry hales reporting may be referred to the Police for Investigation.

  5. The report will be forwarded by the insurer of the fall Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving.

  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

#### ACCIDENT STATEMENT

04/03/2022 16:25 (SGT) Date of Submission Date of Accident 03/03/2022 17:50 (SGT)

**Exact Location of Accident** Singapore

JUNCTION OF FARRER PARK AND GLOUCESTER ROAD Additional Location Information puntry/State of Loss Singapore

#### DETAILS OF OWN VEHICLE

Yes GOLD8N

53367993A

+65-84440006

Hyundai

Accent

Private use

Private hire

Manual

1368

yuxuan.xu@ymail.com

(Phone) +65-84440006

No - Claiming third party

Vehicle Registration Number SLB1725H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No

Alternative Phone No. VEHICLE PARTICULARS

Manufacturer odel

ariant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive No

5093335815-04 30/09/2021 - 29/09/2022

DRIVER

Name of Driver NRIC No

XU YUXUAN G M S8520739C

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience

Gender Mobile Number Alt. Phone Number Email Address

Address Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident c

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

NRIC No Contact Number Address EP6228C Mazda 3

17/07/1985

09/01/2006

16 YEARS AND 2 MONTHS

BLK 9 #06-15 GLOUCESTER ROAD

(Phone) +65-84440006

yuxuan.xu@ymail.com

SOLE PROPRIETOR

Indoor

Female

210009

Side Swipe

Clear

Dry

No

2

No

Yes

1

No

No

No

Yes

No

No

No

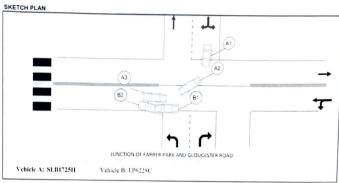
Private car KER LAY TIN S1025837F

(Phone) +65-90055795

Accident report SN0722340002

Page 2 of 17

Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going to turn out from the car park. I noticed the vehicle B was parked after the turning left junction at the road side where the double yellow line and pedestrian crossing white line. There was no indication of hazard light on the vehicle B and the driver was mistle the vehicle waiting for passengers to board. Before I turning I horned to alert vehicle B whether the driver will moved or not However, whiche B did not respond. So I decided to proceed to turn right. My vehicle already straight and that's whether collision happened. The vehicle B family were about to board the car at in front as it was a school. Community Club. area. I felt the vehicle B was moved forward to pick them up. After which both of us moved our vehicles to infront to avoid blocking the traffic to assess the damages and took some photos. No one was injured in this accident.

#### Declaration

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

GOLD8N Co Reg No: 53367993A

04 03 22 | 10:18

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

Ganesh (S993561) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Personnel

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time:

04/03/2022 10:18

Report No: MT/

D.O.A: 03/03/2022 Time: 17:50 hrs Vehicle No. SLB1725H Reporting Type:

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- 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.
- 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)

Lunderstand, 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
- 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.
- 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.

GOLD8N Co Reg No: 53367993A

04/03/22 / 10:18

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

04/03/22 / 10:18

Ganesh (S993561) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Peronne

## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	* 993A
Vehicle No.:	T=SLB1725H
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Mar 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	ACCENT (RB) 5DR 1.4 MT ABS D/AB 2WD
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	G4LCFU473772
Chassis No.:	KMHCT51BLGU251140
Maximum Power Output:	73.6 kW (98 bhp)
Open Market Value:	\$10,704.00
Original Registration Date:	30 Mar 2016
First Registration Date:	30 Mar 2016
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$10,704.00 \{35}
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Mar 2026
PARF Rebate Amount: Intended COE Rebate Details	\$7,492.00
COE Expiry Date:	29 Mar 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,504.00
COE Rebate Amount:	\$18,470.00
Total Rebate Amount:	\$25,962.00

The information contained herein is correct as at 07 Mar 2022

ОК

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Hyundai Accent Model

Ways of Selling

Price Anv

\$42,800

Depreciation

\$9,300 /yr

Reg Date 2016 25-Feb-2016 Eng Cap 1.368 cc

1.368 cc

Mileage

81.000 km

Advanced Search

Sort by Date Posted

Veh Type Sedan Status Available Available

✓ 20 results/page

Search Selection

Super Fuel Efficient Yet Spacious Accent. Low Depreciation And Low Mileage. Well Maintained By Previous Owner, View To Believe, Multi,

Posted: 25-Feb-2022 Tags: 2016 Hyundai Accent, Hyundai Accent, Hyundai, Accent Hyundai Accent 1.4A 5DR

Hyundai Accent 1.4A

\$10,490 /yr

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