

(08/11/13) wef
ASS. REC. BY: Jan

REF: C53/CT122006053/Rcy3

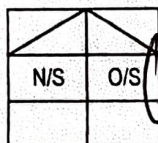
223E

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLF 321
at Workshop m/s KUM CHEN MOTOR
of 160, SIN MINHOL #05-08
Insured: CTI
Policy No. _____
Claims No. _____
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: 59K
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

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLF 321 Yr Regn: 2016 / Blue
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: HONDA VEZEL 1.5X c.c. 1496
Colour: BLACK A/C: Insured / Std / NI / NA
Sp. Reading: 160505 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: RU1116220
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / R/Rim / STD A/Rim or
Tyre Size: F: 228/50ZR17
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or SPEED TOURADOR

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>29/05/22</u>		D.O.I. <u>29/06/22</u>
Survey held at <u>KUM CHEN</u>		

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

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

Date / Time Action / Instruction

REPAIR LIMIT - 30K

ESTIMATE RANGE OF REPAIR/NO. OF DAYS (3K-4K) / 4 days

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) S + RS. SI

) Photos

) Others

TOTAL

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 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 02/06/2022 13:56 (SGT)
Date of Accident 29/05/2022 22:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEFORE MALAYSIA CUSTOM TOWARDS WOODLANDS
IMMIGRATION CHECKPOINT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF32J
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner PEH CHIN NEE, JOYCE
NRIC No S7343223E
Email Address joyce.peh@hotmail.com
Mobile Phone No (Phone) +65-98711199
Alternative Phone No (Home) +65-98711199

VEHICLE PARTICULARS

Manufacturer Honda
Model VEZEL 1.5X CVT ABS D/AIRBAG 2WD
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 car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNV2019-0013012-02
Cover Note Number -

DRIVER

Name of Driver LIM CHIEN SIONG

NRIC No
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

S7031927F
12/09/1970
Indoor
28/04/1997
24 YEARS AND 2 MONTHS
Male
(Phone) +65-84811199
-
joellim7073@gmail.com
APT BLK 201 ANG MO KIO AVENUE 33 #02-1650
-
560201
No
Spouse
No
-
-

Are accident
Was there
Was there

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Hit and run / Vandalism / Damaged whilst parked
Clear
Dry

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 claims assistance?

No
2
No
-
Yes
4
No

PASSENGER 1

Name
Gender

PEH CHIN NEE, JOYCE
Female

PASSENGER 2

Name
Gender

PEH PEHNG SWEE, LEONARD
Male

PASSENGER 3

Name
Gender

LEW WAI CHEN
Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Ang Mo Kio North Neighbourhood Police Centre
(Phone) +65-18004849999
(Fax) +65-62181399
51 Ang Mo Kio Avenue 9 Singapore 569784
No
-

CIRCUMSTANCES OF ACCIDENT

SAME AS SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No ✓
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ2606U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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 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.

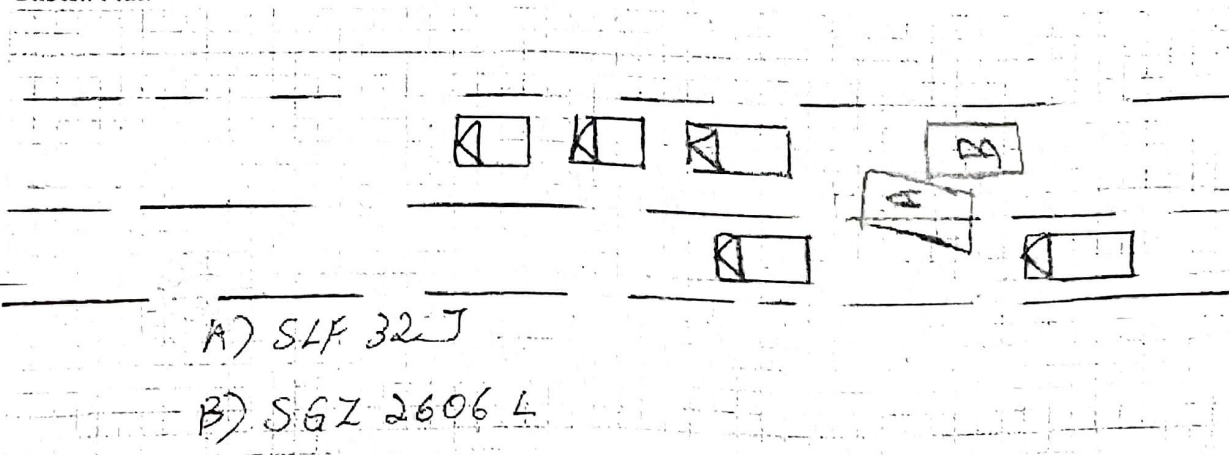
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
F/20220530/2103

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





SINGAPORE POLICE FORCE



F/20220530/2103

1 of 2

POLICE REPORT (NP299)



Report No. F/20220530/2103

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 30/05/2022 18:35	Vide Report No.	Station Diary No. 86
Name Of Informant LIM CHIEN SIONG	Address APT BLK 201 ANG MO KIO AVENUE 3 #02-1650 SINGAPORE 560201	
ID Type / ID No. NRIC NO / S7031927F	Contact No. Home/Office Mobile 84811199	
Nationality SINGAPORE CITIZEN	Email Address joelim7073@gmail.com	
Occupation Sales manager	Sex Male	Age 51
Institution/School Name	Date of Birth 12/09/1970	Race Chinese
Date/Time Of Incident 29/05/2022 22:20	Location Of Incident Johor Bahru MALAYSIA	

Brief details.

On the 29/05/2022 at 2220hrs, I was driving my car (SLF32J) before Malaysia custom towards Woodlands Immigration checkpoint and I am not sure of the name of the road. I on my signal light and check traffic clear before filtering into the second lane. When I was moving halfway, a white Honda car (SGZ2606U) hit into the right side of my car. Immediately, I stopped my car and went out to talk to the other driver. The other driver did not get out of his car. He lower his window and I got into a verbal dispute with him. Subsequently, the other driver drove off without exchanging his particulars with me. In

Signature Of Officer Recording The Report: F / Other RIAN SUFFIAN BIN SAMSUDIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2022 18:35
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SR STAFF SGT CHANG POH CHUAN ZED Contact No.: 64849999	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220530/2103

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220530/2103

my car, I had 3 passengers which was my wife, my brother in-law and my brother in-law's wife. No one was injured during the accident. On the 30/05/2022 around 1700hrs, I reported the accident to my insurance company "FWD Insurance" and they advised me to lodge a police report for record purposes.

Subjects Involved	
Victim	
Person Name	LIM CHIEN SIONG (Informant)

Signature Of Officer Recording The Report:
F / Other RIAN SUFFIAN BIN
SAMSUDIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
SR STAFF SGT CHANG POH CHUAN ZED
Contact No.: 64849999

Signature Of Informant:

Date/Time:
30/05/2022 18:35

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	223E
Vehicle No.:	SLF32J
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jun 2022
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT ABS D/AIRBAG 2WD
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	L15B4036229
Chassis No.:	RU11116220
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,704.00
Original Registration Date:	19 Aug 2016
First Registration Date:	19 Aug 2016
Transfer Count: -	0
Actual ARF Paid:	\$9,704.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Aug 2026
PARF Rebate Amount:	\$6,792.00
COE Expiry Date:	18 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,503.00
COE Rebate Amount:	\$21,721.00
Total Rebate Amount:	\$28,513.00

The information contained herein is correct as at 29 Jun 2022

OK

Honda Vezel 1.5A X

Overview

Financial

Accessories

Similar

Research

Photos

Map



Price

\$59,800

Depreciation ?

\$13,270 /yr

[View models with similar depre](#)

Reg Date

17-Aug-2016

(4yrs 1mth 17days COE left)

Mileage

49,600 km (8.4k /yr)

Manufactured ?

2016

Road Tax ?

\$682 /yr

Transmission

Auto

Dereg Value ?

\$28,635 as of today ([change](#))

OMV ?

\$19,919

COE ?

\$52,503

ARF ?

\$9,919

Engine Cap

1,496 cc

Power

96.0 kW (128 bhp)

Curb Weight ?

1,190 kg

No. of Owners ?

1