

REF:

ASSIGNMENT

1. *Ones*

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 Actual 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	28/07/2022 16:50 (SGT)
Reported by	Both
Date of Accident	27/07/2022 12:06 (SGT)
Exact Location of Accident	Stamford Rd & Victoria St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5662R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE ANDESON
NRIC No	SXXXX392I
Email Address	SKYANGLE_84@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93659724
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Insignia
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	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5106632076-03

DRIVER

Name of Driver	LEE ANDESON
NRIC No	SXXXX392I
Date Of Birth	19/03/1984
Occupation	Outdoor

Date Of Driving Pass	06/08/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93659724
Alt. Phone Number	-
Email Address	SKYANGLE_84@HOTMAIL.COM
Address	668 CHANDER ROAD
Address complement	11-20
Postcode	210668
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG, WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SCN8500L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WAN TUCK KIONG KELVIN

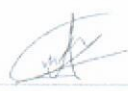
Contact Number	-
Address	-
Address complément	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN

IMPORTANT NOTICE

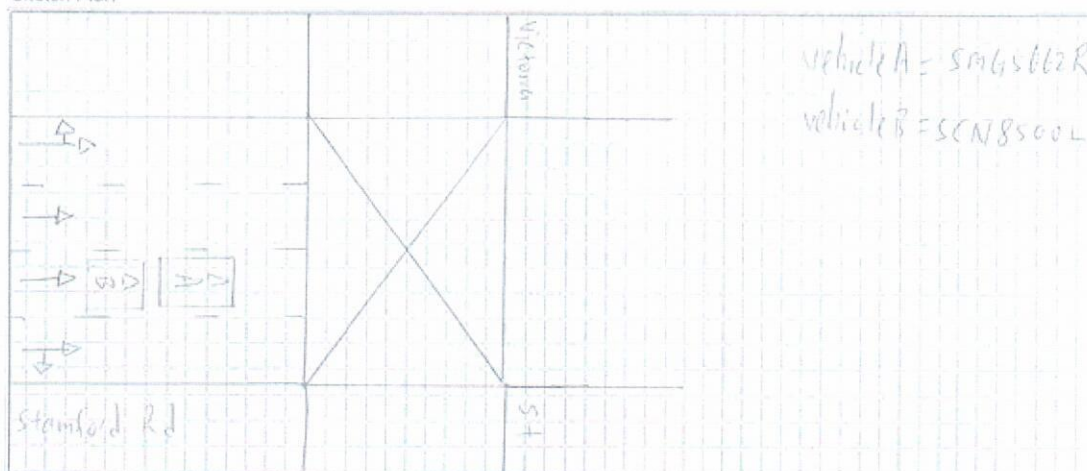
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

 27/07/2022
Policyholder's Signature / Date & Time

 27/07/2022
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan




Describe Circumstances of the Accident

On the stated date and time, I vehicle A was driving straight along Stamford Road towards Victoria Street. I was waiting traffic light in front of junction between Stamford Road and Victoria Street. Vehicle in front of me move forward, I follow suit. But my vehicle engine cannot start, then I switch on my hazard light. But Vehicle B (SCN 8502L) from behind, cannot stop in time and hit into my vehicle.

Declaration

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

 27/07/2022
Policyholder's Signature / Date & Time

 27/07/2022
Driver's Signature (if driver is not the policyholder) / Date & Time

 
Witnessed by  Centre Personnel
(Name as in NRIC/ID card)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	392I
Vehicle No.:	SMG5662R
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Jul 2022
Vehicle Make:	OPEL
Vehicle Model:	INSIGNIA GRANDSPORT B15XHT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	B1172998HAKX0645
Chassis No.:	W0VZT6EBXJ1072949
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$32,830.00
Original Registration Date:	26 Dec 2018
First Registration Date:	26 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$37,962.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Dec 2028
PARF Rebate Amount:	\$28,471.00
COE Expiry Date:	25 Dec 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$31,809.00
COE Rebate Amount:	\$19,859.00
Total Rebate Amount:	\$48,330.00

The information contained herein is correct as at 28 Jul 2022

OK



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Search Selection	OPEL INSIGNIA	Any	Any	2018	Any	Any	Any	Available
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☐ **Opel Insignia Grandsport Diesel 1.6A Turbo**
\$89,588
\$13,040 /yr
17-Apr-2018
1,598 cc
136,333 km
Luxury
Available

Fuel Type: Diesel (Euro 5 Engine and Above)

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Car House Pte Ltd

★ Posted: 15-Jul-2022

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