m: Date: maled Cost: / TP/WS/TP RES/OD RES/EVA/INV/MV nspect Vehicle No:	Veh No: SKZ 2293R Yr Regn: 2016 Jan.  Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover
maled Cost: / TP/WS/TP RES/OD RES/EVA/INV/MV	
	Truck / Trailer or
	Make: Honda Vezel c.c 1496.
/orkshop m/s	Colour Macoon A/C: Insured / Std / NI / NA
	Sp.Reading 3/6975 T/Radio: Insured / Std / NI / NA
red	Eng/No:
ey No.	C/No: Ru11107008 *
ms No.	Gen. Cond. Good Fair / Poor / Burnt
Insured; Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
lient's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
e of Veh:	Modi: Nil / S/Rim   STD A/Rim or
-	Tyre Size: F: 215/60R16
olicy Condition)	R: 215/60R16
nark 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 Falker:
or Market Value:	
C Accident Rport: Consistent? : Yes or No	R/Ral 00
/ PR Seen: Consistent? : Yes or No	L/Bal Ob
Repairs: days Res.: Yes or No	D.O.A. D.O.I. 02 09 22
Sum: % 3 Val.: Yes or No	Survey held at N 51
	Des. of Damages : Frt / Rear / O/S (N/S) U/C / Rooftop or
/ REV / REP. / 24 HRS  Vehicle: II	
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
te / Time   Action / Instruction	
TP Allianz.	
m, / 2a l	
mv: 381c PV: 24.81c	
Nett: 13.2K.	
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ime, File Pass to? : Prell. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Time, File Return to?	Transportation:
Ad	of Fee:   Site Insp (\$ )ss
ort Formet :	: Interview (# ) Pholos

SK0U228V000L / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 31/08/2022 16:43 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (31/08/2022 16:43 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of witholding of material lacts 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 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	31/08/2022 16:43 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 08:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLE TOWARDS BKE BEFORE MANDAI ROAD EXIT
Country/State of Loss	Singapore

Date of Accident  Exact Location of Accident  Additional Location Information	31/08/2022 08:05 (SGT) Singapore
Country/State of Loss	ALONG SLE TOWARDS BKE BEFORE MANDAI ROAD EXIT Singapore
DETAILS C	OF OWN VEHICLE
Vehicle Registration Number	SKZ2293R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BEE CHENG
NRIC No	S6876714H
Email Address	metsoftinternational@yahoo.com
Mobile Phone No	(Phone) +65-97607873
Alternative Phone No	- A
VEHICLE PARTICULARS	
Manufacturer	Honda
Model	VEZEL 1.5X A
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
	1490
INSURANCE COMPANY	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	
DRIVER	
Name of Driver	LIEW NAM KHIET
NRIC No	S1482578I

Name of Driver	 LIEW NAM KHIET
NRIC No	S1482578I
Date Of Birth	 09/05/1961
Occupation	 Outdoor

Date Of Driving Pass	06/09/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97218330
Alt. Phone Number	-
Email Address	metsoftinternational@yahoo.com
Address	BLK 682B JURONG WEST CENTRAL 1 #10-110 (S) 642682
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	
Was any other vehicle or property damaged?	No V
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
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	4
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Ne
Was notice of intended Prosecution given?	No No
If yes, against whom?	- -
CIRCUMSTANCES OF ACCIDENT	
REFER WITH ATTACH.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHIOLE TROPERTIES

Vehicle Registration Number	YQ6556M
Vehicle Manufacturer	=
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	
Vehicle Category	Commercial vehicle
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)	1

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LIEW NAM KHIET
Gender	Male
Phone No	(Phone) +65-97218330
Address	BLK 682B JURONG WEST CENTRAL 1 #10-110 (S) 642682
Address Complement	*
Post Code	
Approximate Age Years Old	~
Injuries Sustained	-
Injured person in which vehicle?	SKZ2293R
Were seat belts worn?	. <del></del>
Was this injured conveyed to hospital by ambulance?	E

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 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.
- 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 aforesald.
- 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' lawyors/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 (ingluding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Tinte

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Sketch Plan

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

& Time

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

SLE towards BKE

Veh A: SKZ 2293R Veh B: YQ 6586M

escribe Circumstance of the Accident
On above date of time, I was driving my vehicle A (SKZ)203P)
tronching along SLE towards BKE on second lane of a 3-lanes, expressing
Somewhere before Mandai Road exit, my vehicle was driving slow
due to accident happen amend. Out of sudden, vehicle B(YOS665M)
which from my left filtered to my lane and collided anto the left
portion of my vehicle.

Declaration

I/We declare the foregoing particulars are true injeyery respect.

Policyholder's Signature / Date & Time

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

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

2

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	714H
Vehicle Details	
Vehicle No.:	SKZ2293R
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Sep 2022
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X A
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	L15B4027009
Chassis No.:	RU11107008
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,402.00
Original Registration Date:	14 Jan 2016
First Registration Date:	14 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$9,402.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jan 2026
PARF Rebate Amount:	\$6,111.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,399.00
COE Rebate Amount:	\$18,630.00
Total Rebate Amount:	\$24,741.00

The information contained herein is correct as at 02 Sep 2022

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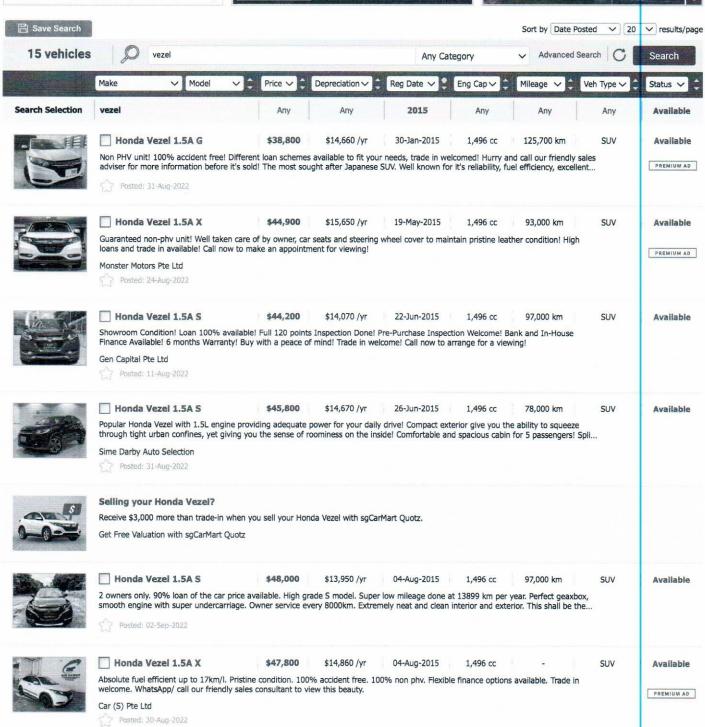


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Honda Vezel 1.5A X

\$40,800

\$12,580 /yr

06-Aug-2015

1,496 cc

120,000 km

SUV

Available