ASS, REC.BY:	
	ASSIGNMENT
From: Date:	Veh No: SLN 7139/ Yr Regn: 2017, May
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
To Inspect Vehicle No:	Make: Harder Shittle Cylonia c.c 1496.
at Workshop m/s	Colour Bue AC: Insured / Std / NI / NA
of	Sp.Reading 260926 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: 6P71113869 *
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:	Modí: Nil (S/Rim / STD A/Rim or
	Tyre Size: F: 185/60R15
(Policy Condition)	R: 185/60R15
Remark: The veh had commenced its repair at the time of inspection.	O/S BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or
DAC Accident Rport: Consistent? : Yes or No	Front Rear
GIA / PR Seen: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
ist. Repairs: days Res.: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
um Sum: % 3 Val.: Yes or No	11/22
	2
A / REV / REP. / 24 HRS Vehicle: IN	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
ate:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
(1 21 2019.	
- L	
mv: 681C	
PV: 28.K.	
Nett: 401C	
	3
te/Time, File Pass to? - : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
te/Time, File Return to?	Transportation:
Add	Fee: : Site Insp (\$)s+Rssi
	: Interview (\$) Pholos

Bonrates Grains & B Rb Co 746

SS2X22BE000D / SME MOTOR PTE LTD ENTRY DATE & TIME: 14/11/2022 15:46 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (14/11/2022 15:46 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

14/11/2022 15:46 (SGT) Both 11/11/2022 21:00 (SGT) Sengkang E Way, Singapore T-JUNCTION SENGKANG EAST DRIVE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLN7139Y

INSURED/POLICYHOLDER

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

Yes CHIA KIM KWEE 53332610M WILSON_CKK@YAHOO.COM (Phone) +65-96693112

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Transmission CC

Private hire

Honda

Shuttle

No - Claiming third party Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number FWD Singapore Pte. Ltd. PNCV2018-00000105-04

DRIVER

Name of Driver Company Reg No Date Of Birth Occupation

CHIA KIM KWEE 53332610M 10/04/1971 Indoor

16/03/1990 Date Of Driving Pass 32 YEARS AND 8 MONTHS Driving experience Gender (Phone) +65-96693112 Mobile Number Alt. Phone Number WILSON_CKK@YAHOO.COM **Email Address** BLK 211A COMPASSVALE LANE #12-198 Address Address complement 541211 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No 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 Collision - Head to Rear Type of Accident DRIZZLING Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 UNKNNOWN Name Male Gender PASSENGER 2 UNKNNOWN Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police?

CIRCUMSTANCES OF ACCIDENT

If yes, against whom?

Was notice of intended Prosecution given?

ON 11/11/2022 AT ABOUT 2100HRS, AT T-JUNCTION OF SENGKANG EAST WAY AND SENGKANG EAST DRIVE. I WAS DRIVING AT ALONG THE CENTER LANE AT SENGKANG EAST WAY TOWARDS SENGKANG EAST DRIVE AND COMING TO THE JUNCTION. I SLOWED DOWN AND STOP DUE TO THE CYCLIST, SUDDENLY I HEARD A LOUD BANG AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE B WHO HIT ONTO THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE A. I HAVE 2 PASSENGERS ONBOARD AND THEY ARE WILLING TO BE MY WITNESS.

No

ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMV4541J

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour

Vehicle Category Private car

Name of Driver

Contact Number (Phone) +65-90354282

Address

Address complement

Postcode

Insurance Company Name
Nature Of Damage

Details of property damaged in accident

VEHICLE B

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHIA KIM KWEE

Gender Male

Phone No

Address

Address Complement
Post Code

Approximate Age Years Old

Injuries Sustained

Injuried person in which vehicle?

Were seet belts worn?

Yes

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

WITNESS DETAILS

WITNESS 1

Name

Phone (Phone) +65-86996844

Email

SKETCH PLAN

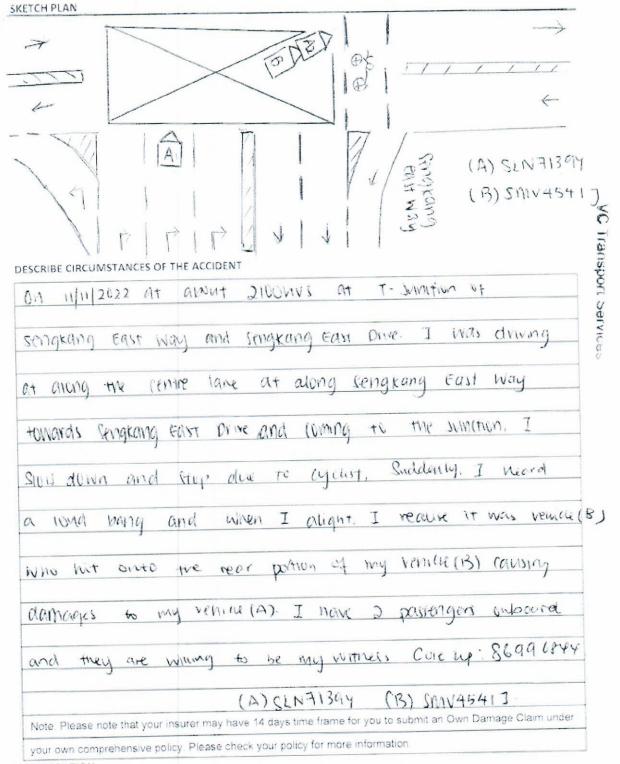
IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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.
- 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.
- 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 :
 - 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")
- 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:
 - 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.

VC Transport Serv	vices	
Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time: I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop via email / fax Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



DECLARATION

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

VC Transport Services

Policyholder's Signature Date & Time: 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

Vehicle to be Exported: Intended Deregistration Date: Vehicle Make:	610M SLN7139Y No	
Vehicle Devails Vehicle No.: Vehicle to be Exported: Intended Deregistration Date: Vehicle Make:	No	
Intended Deregistration Date: Vehicle Make:	No	
Vehicle to be Exported: Intended Deregistration Date: Vehicle Make:		
Vehicle Make:	10 Nov. 2022	
	18 Nov 2022	
	HONDA	
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO	
Primary Colour:	Blue	
Manufacturing Year:	2017	
Engine No.:	LEB6316927	
Chassis No.:	GP71113869	
Maximum Power Output:	101.0 kW (135 bhp)	
Open Market Value:	\$23,987.00	
Original Registration Date:	15 May 2017	
First Registration Date:	15 May 2017	
Transfer Count:	0	
Actual ARF Paid:	\$5,000.00	
Intended PARFixebate Cictails To the Market Market		
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	14 May 2027	
PARF Rebate Amount:	\$3,500.00	
Intended COE Rebate Distails		
COE Expiry Date:	14 May 2027	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$54,405.00 \$34,414.00	
COE Rebate Amount: Total Rebate Amount:	\$24,414.00 \$27,914.00	

The information contained herein is correct as at 18 Nov 2022

New Cars

Used Cars

Rental Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Resources

Huge Animals That Really Exist

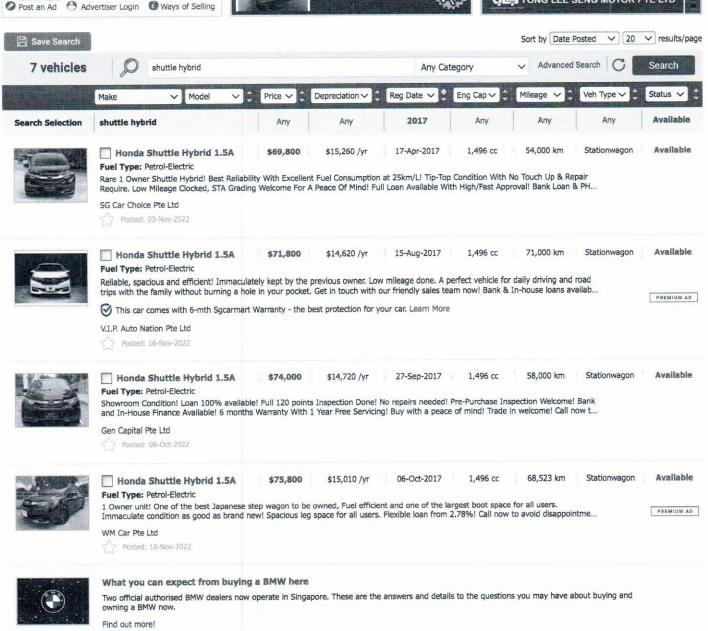
Mother nature went wild with these ones

TheFunPost











Honda Shuttle Hybrid 1.5A

\$77,800

\$15,360 /vr

13-Oct-2017

1,496 cc

67,000 km

Stationwagon

Available

Fuel Type: Petrol-Electric

Crazy excellent condition. Only 1 previous owner. Superb interior condition. Superb fuel economy of 24.8km/l recorded, refer to attached photo. Smooth drive. Huge boot space, stationwagon style hatchback. Beautiful unit awaiting its lucky new owner. High loan and trade i...

This car comes with 6-mth Sgcarmart Warranty - the best protection for your car. Learn More

PREMIUM AD

Ka-Hup Vehicles Trading

Posted: 16-Nov-2022

Honda Shuttle Hybrid 1.5A X

\$79,800

\$15,300 /yr

07-Dec-2017

1,496 cc

73,000 km

Stationwagon

Available

Fuel Type: Petrol-Electric High Trade in, 3 in house workshop by CarTimes Autolution located islandwide, exclusive warranty till end of COR only at CarTimes. Buy with a peace of mind. Contact our friendly Sales executive to arrange for a viewing today!