		ASSIGNMENT
From:	Date:	Veh No: SNC3511R Yr Regn: 2021 / Oct
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: Toyota Noah Hybrid c.c 1797
at Workshop m/s		Colour Black A/C: Insured / Std / NI / NA
of		Sp.Reading 578 66 T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: ZWR80349,9645.
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:	1	Modí: Nil /S/Rim / STD A/Rim or,
		Tyre Size: F: 185/65R15
(Policy Condition)		R: 195/65R15
	the time of inspection.	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or .
DAC Accident Rpor		R/Bal. mm R/Bal. mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 96 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 19/12/22
.um Sum:	% 3 Val.: Yes or No	Survey held at MD Perfect.
CA / REV / RE	Er. 7 24 HRS Vehicle: IN	Des. of Damages (Frt) Rean / O/S / N/S / U/C / Rooftop or
)ate:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
	Action / Instruction	
(PAKA.	
	5	
m	V: 178K	
PI	V: 6671C	
Ne	ett: 111-81c	
		968 M
ate/Time, File Pass to?	: Preli. Report	Days Of Repair:
	: Final Report	
		Resurvey No. of Trip: Survey Fee:
ate/Time, File Return to	If and the second	Transportation
ate/Time, File Return to		Transportation:

E garrier France & B FD Ex 700

SA1822CJ0002 / Abwin Service Pte Ltd ENTRY DATE & TIME: 19/12/2022 12:54 (SGT) SUBMITTED BY: Hazel Chng VERSION: 1 (19/12/2022 12:54 (SGT))



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 witholding 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

ECP TOWARDS CITY (BEFORE EAST COAST PARK EXIT 7A)

Singapore

ECP, Singapore

Driver

19/12/2022 12:54 (SGT)

16/12/2022 18:30 (SGT)

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNC3511R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

REVCAR PTE, LTD.

2XXXXX968M

revcarpl@gmail.com

(Phone) +65-98188011

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

Toyota Noah

No - Claiming third party

Private hire

Auto

1797

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5126657533

DRIVER

Name of Driver

NRIC No.

Date Of Birth

Occupation

WILSON NEO WEI SHENG

SXXXX581D 26/08/1995

Outdoor



Date Of Driving Pass 23/08/2016 Driving experience 6 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-92305843 Alt. Phone Number **Email Address** revcarpl@gmail.com **BLK 954 HOUGANG AVENUE 9** Address Address complement #08-540 530954 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 5 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 PASSENGER 1 Name **GRAB PASSENGER** Gender Female PASSENGER 2 Name **GRAB PASSENGER** Gender Male PASSENGER 3 Name GRAB PASSENGER Gender Male PASSENGER 4 Name GRAB PASSENGER Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No. (Fax) +65-65474900

Was notice of intended Prosecution given?

Police Station Address

If yes, against whom?

10 Ubi Avenue 3 Singapore 408865

No

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED.

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 SDV7711Y 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA6230M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category 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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number **SLS2524A** 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WILSON NEO WEI SHENG
Gender	Male
Phone No	(Phone) +65-92305843
Address	-
Address Complement	_
Post Code	
Approximate Age Years Old	
Injuries Sustained	7 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SNC3511R
Were seat belts worn?	SNC35TR
Was this injured conveyed to hospital by ambulance?	No

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 Adual 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.
- 5. 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lundersland, 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 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

Mr.

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

8 Tim

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





1

Describe Circumstance of the Accident	
Appendication of the contract	
	/
	/
000 - 000 0	
Refer to Police Report	
Police Report No.: 7/20221217/703	9
/	
/	
/	

Declaration

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



Policyholder's Signature / Date & Time

Mr. Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20221217/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2022 15:40			Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
	f Informant: NEO WEI		Address: 954 HOUGANG AVENUE	9 #08-540 SINGAPORE 530954			
ID Type / ID No.: NRIC NO / S9530581D			Contact No.: Home/Office:	Mobile: 92305843			
Nationality: SINGAPORE CITIZEN		EN	Email: DRZBANDIT@HOTMAIL.COM				
Sex: Male	Age: 27	Date of Birth: 26/08/1995	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Grab			Driving Licence Information Class:	n: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2022 19:30	Type of Location Straight Road
Location:			10/12/2022 13.50	
BAYSHORE	ROAD			
Weather:		Road Surface:		Road Speed Limit:
Raining		Wet		90 Km/h
		Wet Traffic Control: Not Controlled		90 Km/h Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDV7711Y	Car				Seriously Damaged	0
SHA6230M	Car				Seriously Damaged	0
SLS2524A	Car				Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20221217/7029

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNC3511R	Car					n

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL	Use of Pedestrian Crossing: NA			
Driver					
Name	WILSON NEO WEI SHENG		ID No.	S9530581D	
Related Vehicle	SNC3511R (Car)		Contact No.	92305843	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	16/12/2022	Date	16/12	2/2022	
No. of Days gran	ted Medical Leave 07	Degree of			

Brief Details.

On 16.12.2022 at about 18:30 hours along CP towards City (Before East Coast Park Exit 7A), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle (D) slowed down and stopped, I also followed suit.

Suddenly, I heard loud bangs, and I banged the front vehicle (D).

When I alighted, I realised it was vehicle (B) and vehicle (C) that collided onto the rear portion of my vehicle (A). I wish to state that I felt 2 impacts from behind of my vehicle (A).

It was a chain collision of total of 4 vehicles involved.

I wish to state that I have 4 passengers in my vehicle (A).

Vehicle (A): SNC 3511R Vehicle (B): SDV 7711Y Vehicle (C): SHA 6230M Vehicle (D): SLS 2524A





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20221217/7029

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2022 15:40
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	National Contract of the Contr

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	968M
Validate Details in the state of the state o	。 第一条第四条数据(新加工多数等)第二次等等数据或数据
Vehicle No.:	SNC3511R
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Dec 2022
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 1.8X
Primary Colour:	Black
Manufacturing Year:	2021
Engine No.:	2ZR2M35039
Chassis No.:	ZWR800499645
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,412.00
Original Registration Date:	14 Oct 2021
First Registration Date:	14 Oct 2021
Transfer Count:	2
Actual ARF Paid:	\$22,377.00
Aitended PARFRebate Details	A CAND CAND CONTROL OF STATE O
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Oct 2031
PARF Rebate Amount:	\$16,782.00
Intended COE Rebate Details	CHAPTER STATE OF THE STATE OF T
COE Expiry Date:	13 Oct 2031
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$57,700.00
COE Rebate Amount:	\$49,408.00
Total Rebate Amount:	\$66,190.00

The information contained herein is correct as at 22 Dec 2022

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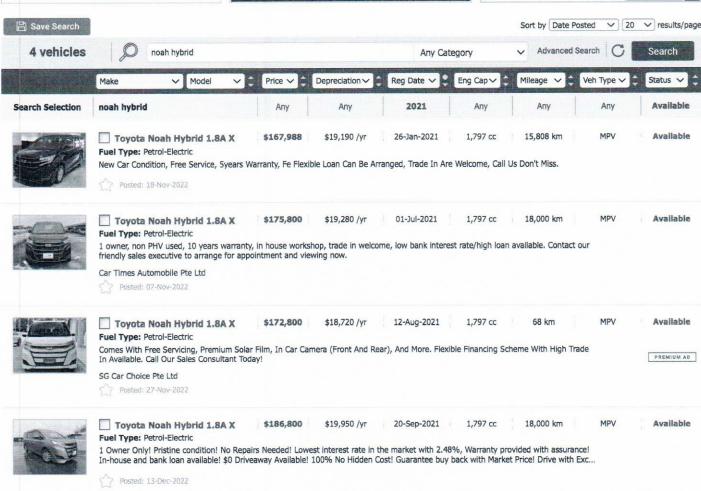
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