(08/11/13) Wef REF: C5 TF 1 80222	to Ugd3n2
* /	GNMENT
ASS. REC. BY: 19CV Carl	Veh No. GB D 75 26 Tyr Regn: Yr Regn: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or GA / Local / Std / NI / NA Sp. Reading GB / SG T/Radio: Insured / Std / NI / NA Eng/No:  C/No: KD / LD / SD / SB / SG Gen. Cond. Good / Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / S/Rim / STD A/Rim or  Tyre Size: F: 23 / 35 2 R 20  R: Make / Regn: Tyre Regn: Yr Regn
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: S days Res.: Yes or No  Lum Sum: 2 % 3 Val.: Yes or No	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or  Front R/Bal.  mm R/Bal.  mm L/Bal.  D.O.A. / / / / / / / / / / / / / / / / / /
Date: Person Contacted:  Date / Time   Action / Instruction   Action	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time, File Pass to? : Preli. Report	Days Of Repair:    Survey Fee: 170+LS     Transportation: 50

Ref. No :	C4/7818172770 1943 Res. Date: 14/1/18	Date Received:
	12577526 J SP:	WKSP: 4
C/No :		
Action/Instru	ction:	
1.File	2.Submit Photo? YES / NO	
3.Indicate Res	. Date On Photo Page? YES / NO	Message:
If No, due to	a) No authorisation b) Days of repair	
others:		
Final Re-inspec	ction or Progress Photos	Inspected By:

Q001/004

# 1 4

MSWETRIS9(42 / SME Mojor Plactio - Koki guest ENTRY DATE & TIME 10x12/016 12:58 SUBMITTED BY: Chip Pel Ying

### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**Driving Experience** 

Gender Mobile Number

Fax Number Contact Number EMail Address

- 1. Please report correctly the details of the accident to seved up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Drivet.
  3. Information provided must be as truthful and accurate as possible. Any willul midroprosontation or witholding of material facis may allow insurance companies to repudiate policy liability.

- 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 insurance of the GIA Records Management Contral established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee, be made available upon application by interested parties.

  7. By the tedgement of this report to the Insurance, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aformand.

The second representative second	ACCIDENT STATEMENT
Date Of Report	10/12/2018 12:58
Date Of Accident	. : : : : : : : : : : : : : : : : : : :
Exact Location Of Accident	08/12/2018 19:00
Country/State of Loss	TIONG BAHRU ROAD
	SINGAPORE
Vehicle Registration Number	DETAILS OF OWN VEHICLE
Insured/Policyholder	GBD7526J
We would be the second of the	NA PRO STATES BOX WE WE WE THE THE SEC THE SEC THE SEC THE
Name Of Registered Owner	SPARKIE.
Co Reg No	53292113E
Email Address	NOEMAIL
Mpblie Phone No	
Alternative Phono No	OFFICE-81215421
Vehicle Particulars	医蛋性细胞系统细胞及多种细胞系统
Manufacturer	TOYOTA
Model	HIACE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	ACTION INCOME INCOME INCOME.
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079570518-02
Cover Note Number	007007007002
<b>Driver</b>	and the second s
Name of Driver	IBRAHIM BIN AB WAHAS
NRIC No	\$8116713C
Date Of Birth	14/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	
and the second second	30/09/2008

NOEMAIL

10 YEARS AND 2 MONTHS

(LOCAL) +65-81215421

na vieto fizies il jopo cesso figiro collic

M002/004

Address

BLK 271 TAMPINES ST 21 #02-97

Postoude

Was driver an employee of the insured's Company YES

If No. Relationship of the Oriver with the Insured

Vohicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

HITE THE PAY 148 CHEEN AND LINE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any forcign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property carnaged?

YES

I have been approached by unknown person(s) soliniting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 08/12/2018 AT ABOUT 7PM, I WAS DRIVING ALONG TIONG BAHRU ROAD ON THE MOST OUTER RIGHT LANE. VEHICLE 8 WHICH WAS ON MY LEFT SUDDENLY CUT INTO MY LANE AND WE COLLIDED.

Attachment(s)

Are accident photos available for attachment?

YES

Was littere any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLX8565R

Vehicle Make/Model/Colour

VEHICLE B

**Dotalls Of Proporties** 

PRIVATE CAR

Vehicle Category Name of Driver

CHUA BENG POH

NRIC/Passport Number

\$1546470D

Contact Number

98236596

Address

Postcodo

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 Oriver.
- 3. Information provided must be as truth[p] and assurate 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
- 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 Ganeral insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee by made available upon application by
- 7. By the iddigment of this report to the insurers, you hereby consent to the archiving of this raport 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 workthop and the General Insurance Association of Singapore ("G(A") may/are permitted to collect, usb, 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 "Porsonal 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 8s 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)
  - (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
- (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, disease 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 insufers 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 Rusposes.
- (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 / disciosed;
  - (i) to all insurers and/or any other third porties 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.

53292113

Spark,

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Name

Date & Time: 10 12 18 103 0 and if wher is not the policyholder) Dute & Time: (0/12/18, 1630 am NRIC/FIN No.:

GEARSON Signachplaniform, vil

BULL

10/12 2018 MON 12:53 FAX

Ø004/004

## Sketch Plan #2 Pg. 1

KETCH PLAN			- 33	100				
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ESCRIBE CIRCUMSTANCES OF THE ACCIDENT							201017070	
나는 사람이 있다면 하는데 가장 하고 있다면 내용하는 것이 되었다. 그 아이들은 사람들은 사람들이 되었다면 하는데 없다면 하는데 없다면 하는데								
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illoyholder's Signature  Ortver's Signature  Oto & Time: 10 12 10 16300 pily driver is not	the policyholde			leporting ( lame:		rsonne!"	s Signatu	irą ,
ARMC SkelchPlanForm V3	10/12/18	31030	am'	iric/fin n	0.1			2

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	ANCINCES:
Owner ID Type:	Business
Owner ID:	2113E
Vehicle Details	CRD7E241
Vehicle No.:	GBD7526J
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Dec 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 DX DIESEL TURBO MT 2WD LGV
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2490637
Chassis No.:	KDH2015016778
Maximum Power Output:	*
Open Market Value:	\$28,007.00
Original Registration Date:	28 Apr 2015
First Registration Date:	28 Apr 2015
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,401.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	9
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	27 Apr 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$49,570.00
COE Rebate Amount:	\$31,559.00
Total Rebate Amount:	\$31,559.00

The information contained herein is correct as at 12 Dec 2018

ОК

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@ Downtown East.



Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD!

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Advertiser Login

Ways of Selling

Aug 13 Audi A4 1,8A TFSI MU. Well Maintained



Shine Connect



Browse by Category

10 vehicles

Toyota hiace

Model

Price

Depreciation

Eng Cap

Mileage

Any

Sort by Date Posted

Veh Typi

Search Selection

Toyota hiace

\$56,800

\$8,480 /yr

2015 24-Aug-2015

2,982 cc

Van

Any

Toyota Hiace Fuel Type: Diesel

AUTO Toyota Hiace 5 Door, New Paint Work, No Repair Needed, Well Maintained, Low Mileage Done, We Provide Flexible In House And Bank Lc To 100%, Welcome All Trade In, Please Call To Arrange For Vi...

Car (S) Pte Ltd

Posted: 10-Dec-2018 Tags: 2015 Toyota Hiace, 2015 toyota hiace, Toyota Hiace, toyota hiace, Toyota, Hiace, hiace, Used Toyota



Toyota Hiace

\$48,888

\$7,770 /yr

27-Mar-2015

2,982 cc

83,000 km

Van

Fuel Type: Diesel

Well Maintained, 1 Owner Panel Van. Agent Car And Serviced. Accident Free, With Prefixed Shelving In Van, Suitable For Aircon Service Man Or Storage Usage.

Posted: 06-Dec-2018 Tags: 2015 Toyota Hiace, 2015 toyota hiace, Toyota Hiace, toyota hiace, Toyota hiace, Toyota, Hiace, hiace, Used Toyota



Toyota Hiace Commuter

\$70,800

\$11,060 /yr

07-May-2015

2,982 cc

Bus

Fuel Type: Diesel

Nicely Done Up Toyota Hiace Commuter 13+1 Seater. We Spare No Effort To Transform This Vehicle To A Beauty. Only 1 Owner. We Provide Ea Approval In Hse Loan And Bank Loan, Call Us Now Before It's Gone.

ABWIN Bus Pte Ltd

Posted: 03-Dec-2018 Tags: 2015 Toyota Hiace, 2015 toyota hiace, Toyota Hiace, toyota hiace, Toyota, Hiace, hiace, Used Toyota



Toyota Hiace

\$46,800

\$7,330 /vr

29-Apr-2015

2,982 cc

Van

Fuel Type: Diesel

Superb Condition! Well Maintained By One Owner Only! Power And Comfort All In One! Beauty! Very Rare In The Market! Well Maintained By P. Owner

Posted: 03-Dec-2018 Tags: 2015 Toyota Hiace, 2015 toyota hiace, Toyota h



Wald Complete Bodykit

Complete wald body kit

More info about this product



Toyota Hiace

\$48,800

\$7,290 /yr

ed: 03-Dec-2018 Tags: 2015 Toyota Hiace, 2015 toyota hiace, Toyota Hiace, toyota hiace, Toyota, Hiace, hiace, Used Toyota

21-Aug-2015

2,982 cc

Van

Fuel Type: Diesel

Function (Meli Maintained By One Owner Only! Power And Comfort All In One! Beauty! Very Rare In The Market! Well Maintained By P

https://www.sgcarmart.com/used\_cars/listing.php?RGD=2015&MOD=Toyota%20hiace&RPG=20&VEH=0&AVL=2

**BLUWEL AUTOMOTIVE SERVICE PTE LTD** 

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28 (Unit C) #01-19-53/55 Singapore 417883 Hp: 9755 2088 Tel: 6745 2088 Fax: 6841 2088

Website: www.bluwel.com.sg Email: bluwel2088@yahoo.com.sg

Co. Reg. No.: 200704951N GST Reg. No.: 200704951N 15 Add 25 8 5500 5 L

Acknowledged by Roperite

Signature:

Dato:

63075267

Dato: 27.50 7.3 26 /	
Bonnet	00/sey 835-30
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Front door inner lock no	11 42550
front door hinge 115	115.00 X
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Front door wire horness brocket no	CM 269.20
Front door 'Roc' sticker 15	rel so. 0
drong door visor nls	rer 80.00
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To spray rust prosting	B. D. V
To transter front door mechanism	80.00-1
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labour for earl heating Ereplacing part	800.00 600
To putty & spray painting	1080-00 1000
	707AC#[1386.30
	20 0/ 02



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

		Affiliated to Federation Internat	tionale Des Experts En Autom	obile	
BLUV	VEL AUTOMOTIV	E SERVICE PTE LTD	Ref : CS/TP18022270	0/Uqd3n2	
		E 6 OFFICE)SINGAPORE	Date: 19-12-2018		
ON B	EHALF OF SPAR	KIE	Code: TP149		
1.	Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.		Veh. Inspected	GBD 7526J	
	Policy No.		Coverage (\$)	0.00	
	Claim No.		Excess (\$)	0.00	
	Assign From		Assign Date	11/12/2018	
2.		Vehicle Par	ticulars & Condition		
	Make & Model	TOYOTA HIACE (M)	c.c	2982	
	Engine No.	HIDDEN	Year of Reg.	2015	
	Chassis No.	KDH2015016778	Colour	SILVER	
	Odometer	43860	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	NIL	
	General	GOOD			
3.		Cond	litions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	235/35 ZR20	кимно	5 mm	
	L/H Front Tyre	235/35 ZR20	кимно	5 mm	
	R/H Rear Tyre	235/35 ZR20	MICHELIN	5 mm	
	L/H Rear Tyre	235/35 ZR20	MICHELIN	5 mm	
4.			otion of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE I	N/S FRONT PORTION.		
	DAMAGES SEE D	ETAILS.			
5.			eral Information		
	Accident Date	08/12/2018	Inspection Date	11/12/2018	
	Survey held at	BLUWEL AUTOMOTIVE SER	RVICE PTE LTD		
		BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFIC SINGAPORE 417883	CE)		
5a.			Remarks		
	A)THE INSPECTION B)IN ACCORDAN	ON WAS CONDUCTED ON A"V CE TO YOUR INSTRUCTIONS	NITHOUT PREJUDICE" BAS , WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.	
5b.	Estimate Days of Repair				
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	5 Working Da	ys	



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBD 7526J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BONNET	DENTED / BENT	835.30	835.30
2	BONNET HINGES @\$78.50	NOT NECESSARY	157.00	1,5
1	HEADLAMP HID N/S	CRACKED	2,453.10	2,453.10
1	FRONT BUMPER	DISTORTED	671.10	671.10
1	FRONT BUMPER SIDE HOLDER N/S	CRACKED	68.50	68.50
1	SET FRONT BUMPER CLIPS	NECESSARY	50.00	50.00
1	FRONT BUMPER FOG LAMP COVER N/S	SCRATCHED	185.10	185.10
1	FRONT BUMPER FOG LAMP N/S	NOT NECESSARY	366.50	
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	380.40	1 88
1	FRONT BUMPER TOP BEAM	NOT NECESSARY	288.10	
1	FRONT CORNER PANEL N/S	DENTED / BENT	376.50	376.50
1	FRONT DOOR N/S	DENTED / BENT	1,566.10	1,566.10
1	FRONT DOOR OUTER PILLAR N/S	TO REPAIR SEE LABOUR	622.60	2-
1	FRONT DOOR INNER LOCK N/S	NOT NECESSARY	425.50	
1	FRONT DOOR HINGE N/S	NOT NECESSARY	115.00	
1	FRONT STEP PANEL GARNISH N/S	сит	186.30	186.30
1	FRONT DOOR WIRE HARNESS BRACKET N/S	CRACKED	269.20	269.20
1	FRONT DOOR "ROC" STICKER N/S	NECESSARY	50.00	50.00
1	FRONT DOOR "VISOR" N/S	NECESSARY	80.00	80.00
	LESS 25% DISCOUNT			-1,697.80
			9,146.30	5,093.40
	LABOUR			
	TO CHECK WIRING.		80.00	30.00
	TO SPRAY RUST PROOFING.		80.00	80.00
	TO TRANSFER FRONT DOOR MECHANISM.		80.00	80.00
	TO REFILL AIR CON GAS.	NOT NECESSARY	120.00	
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF FRONT DOOR OUTER PILLAR N/S.		800.00	600.00
	TO PUTTY & SPRAY PAINTING.		1,080.00	1,000.00
	Productive and the Control of the Co		2,240.00	1,790.00
	GRAND TOTAL		11,386.30	6,883.40

Report Ref No. CS/TP18022270/Uqd3n2



Page No.: 2 of 2

	F 500 00
RECOMMENDED COST OF LUMP SUM REPAIRS	5,500.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/TP18022270/Uqd3n2

**CHUA KANG SENG** 

Licensed Appraiser