

## ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GSD 58462  
at Workshop m/s A/m 12-30

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: GSD 58462 Yr Regn: 2/1, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or (M)

Make: Toyota hiace c.c 2982

Colour: yellow A/C: Insured / Std / NI / NA

Sp. Reading: 157388 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P900153925

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195-12.5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 24/3/20

Survey held at

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 30/3/20

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 Action / Instruction

LTA 29007 Bal 4yrs 9m.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS. \$

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) )

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

**Shiau Chan (LKKAuto)**

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**From:** Do-Not-Reply <do-not-reply@merimen.com>  
**Sent:** Tuesday, 31 March 2020 3:00 PM  
**To:** do-not-reply@merimen.com  
**Cc:** SUR  
**Subject:** TP VEHICLE GBD 5846Z (YOUR REF: CDMFG20000517)

This mail is associated with :

**\*GBD5846Z**

**[YP2394U]**

TP

-

Mar 24 2020 12:00AM

Automobile Integrated Management Pte Ltd

Dear Sir/Madam,

Please be informed that we have inspected the vehicle GBD 5846Z on 30/03/2020.

We are pending for estimate from repairer.

Thanks & Regards,

Shiau Chan (Ms)  
LKK Auto Consultants Pte Ltd  
Tel: 6256 3561

This is an auto-generated email. Do not reply to this email.

Sent by : SHIAU CHAN (LKK Auto Consultants Pte Ltd)

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	226D
<b>Vehicle Details</b>	
Vehicle No.:	GBD5846Z
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	1KD2461512
Chassis No.:	JTFHT02P900153925
Maximum Power Output:	-
Open Market Value:	\$27,502.00
Original Registration Date:	02 Jan 2015
First Registration Date:	02 Jan 2015
Transfer Count:	1
Actual ARF Paid:	\$1,376.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	01 Jan 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$61,000.00
COE Rebate Amount:	\$29,007.00
<b>Total Rebate Amount:</b>	<b>\$29,007.00</b>

The information contained herein is correct as at 30 Mar 2020

OK



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- > All terms are negotiable

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16 vehicles

Hiace

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
<b>Search Selection</b>	<b>Hiace</b>		Any	Any	2015	Any	Any	Any	Available
	Toyota	Hiace Commuter 3.0A GL	\$43,800	\$8,770 /yr	28-Mar-2015	2,982 cc	348,945 km	Bus	Available
		<b>Fuel Type:</b> Diesel							
		Think One Automobile & Trading							
		Posted: 29-Mar-2020 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace							
	Toyota	Hiace 3.0A DX	\$36,800	\$7,240 /yr	29-Apr-2015	2,982 cc	150,000 km	Van	Available
		<b>Fuel Type:</b> Diesel							
		Automatic Unit! Very Low Mileage For It's Age! Thi S Is The Most Reliable And Versatile Toyota Van In The Market With Lowest Mainten...							
		Posted: 29-Mar-2020 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace							
	Toyota	Hiace Commuter 3.0A	\$45,800	\$8,100 /yr	25-Nov-2015	2,982 cc	-	Bus	Available
		<b>Fuel Type:</b> Diesel							
		Please Call To Arrange For Viewing Thank You.							
		Posted: 28-Mar-2020 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace							
	Toyota	Hiace 3.0M	\$36,800	\$7,400 /yr	20-Mar-2015	2,982 cc	-	Van	Available
		<b>Fuel Type:</b> Diesel							
		Nice Paintwork, Nice Cushion, Beautiful And Clean Interior, Well Maintained, Serviced Regularly, Flexible Loan Available At Low Interest...							
		Posted: 27-Mar-2020 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace							
	Toyota	Hiace (For Lease)							
		\$1,250/mth Toyota Hiace is tailored to suit your business requirements @ only \$1150/mth !!							
		More info about this vehicle							
	Toyota	Hiace Commuter 3.0A High Roof	\$47,800	\$8,420 /yr	02-Dec-2015	2,982 cc	-	Bus	Available
		<b>Fuel Type:</b> Diesel							
		6 Months Warranty, Excellent Condition, Bank Loan/In House Loan Available, Trade In Welcome.							
		Posted: 27-Mar-2020 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace							
	Toyota	Hiace 3.0A DX	\$41,800	\$7,470 /yr	02-Nov-2015	2,982 cc	-	Van	Available
		<b>Fuel Type:</b> Diesel							
		11/2015 Toyota Hiace 3.0 DX Auto 5 Doors Rear Aircon, One Owner, COE \$36,312 New Paint And New Facelift.							
		Think One Automobile & Trading							
		Posted: 27-Mar-2020 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace							
<a href="#">Compare</a>	Toyota	Hiace 3.0A DX	\$42,800	\$8,080 /yr	16-Jul-2015	2,982 cc	-	Van	Available

PREMIUM AD

## 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 Authorised 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 Report	24/03/2020 13:31
Date Of Accident	24/03/2020 05:30
Exact Location Of Accident	SENOKO WAY CANTEEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5846Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAVESPEED'S EVENTS
Co Reg No	5XXXX226D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81668000
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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
<b>Insurance Company</b>	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ20-000129
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHIN CHUN YUNG
Passport No/FIN	FXXXX052K
Date Of Birth	06/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2004
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86006716
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 303 CANBERRA RD #09-29
Postcode	750303
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### 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

PLEASE REFER TO ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP2394U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN SONG PENG
NRIC/Passport Number	SXXXX757E
Contact Number	98387044
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

SKETCH PLAN

Senoko Way Lanteen  
Carpark

Vehicle A: GBD 5846Z  
B: YP 2394u

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident took place at Senoko Way Lanteen Carpark. Vehicle A (GBD 5846Z) was parked in the carpark. Vehicle B (YP 2394u) was driving into the carpark and collided with Vehicle A. The driver of Vehicle B was not wearing a seatbelt and was injured. The driver of Vehicle A was not injured. The carpark was dry and the weather was clear. The accident occurred at approximately 10:00 AM on 10/10/2024.

## DECLARATION

I, the undersigned, declare that the above information is true and correct to the best of my knowledge and belief.

NAME: SPIT 115

(VEN 115)

533752260

Police Officer's Name: [Signature]  
Date: 10/10/2024

Police Officer's Name: [Signature]  
Date: 10/10/2024

Reporting Officer's Name: [Signature]  
Date: 10/10/2024



Christy

## Accident Sketch Plan

### 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 Authorized driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this form by insurance company is a contractual document drawn up jointly by the policyholder and insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Roadside Assistance Scheme (GIA) to the relevant insurance companies Association of Singapore (ICAA) for archiving and that copies of this report will be given to make available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the insurers or their designee after whom and to whom the report being made available afterwards.

#### 3. 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 be permitted by ICAAA to 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 a spouse and transferee(s)) Personal Information to all insurers) who have disclosed to ICAAA the name of the insured policyholder(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers may disclose from the Monetary Authority of Singapore and any relevant government agencies within its means as determined for the satisfaction of:
  - (i) processing, handling and/or dealing with my claims including the collection of information relating to my liability investigations relating to the claim;
  - (ii) investigating this accident and/or my claims;
  - (iii) carrying out and/or dealing with my obligations in responding to any claims made against me;
  - (iv) administering my claims including the handling of correspondence, correspondence, business requests to delivery to me which could involve disclosure of certain personal data about me to a third party as a condition of the claims and as on the external cover of my vehicle and package(s) and/or;
  - (v) complying with applicable law in administering, processing, handling, and/or dealing with my claims and/or the "Purposes".
- (b) all insurers who have insured vehicle(s) involved in this accident or otherwise may, subject to ICAAA, may be permitted to collect, use, disclose and/or process my Personal Information for the purposes of the above purposes and;
- (c) my Personal Information may also be disclosed by any of the Insurers and/or their transferee(s) to any third party or agent including their lawyers and/or third party who have been involved in the handling of my claims and/or the above purposes;
- (d) my Personal Information will also be collected and used, handled, stored, processed, managed and/or disclosed for investigation and management in greater and/or lesser detail;
- (e) the information so collected and/or disclosed may be given to any of the Insurers and/or their transferee(s);
- (f) to all insurers and/or any other third parties that are involved in the handling of my claims and/or the above purposes, regulators, law enforcement and government agencies and/or other relevant parties and/or the government and/or;
- (g) for complying with requirements under any regulatory laws and/or orders.

Policyholder's Signature  
Date & Time

Print & Signatures  
Printed name of the policyholder  
Date & Time

Print & Signatures  
Printed name of the policyholder's signature  
Date & Time