Ass. Rec. By:

Ref:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJU9820L Yr Regn: 2010 / Jan.

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Wish. c.c 1797

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

Sp.Reading 357091 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZGE20000846 4

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: 185/65R15

R: 185/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or CRUCERO

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	28/04/20

Survey held at MG Solution.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear W/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP Sompo. COE Expiry : 31/12/24.
	LUMP SUM $4300,6DAYS (RED: 6660.38, 60%)
	MV : 34K
	PV : 18.4K
	Nett : 15.6K

Date/Time, File Pass to?

1) 4/6/2020

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / UP to : lump sum $4300

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6days

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___$ x PS ___ SI	
Photos	
Others	
TOTAL	

[illegible] A/C: [illegible]
ENTRY DATE & TIME: 21/04/2020 11:17
SUBMITTED BY: [illegible]

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 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 Report	21/04/2020 11:17
Date Of Accident	20/04/2020 16:30
Exact Location Of Accident	DRIVEWAY BESIDE MSCP BLK 612 PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9820L
Insured/Policyholder	
Name Of Registered Owner	OWESOME RENTALS PRIVATE LIMITED
Co Reg No	2XXXXX835N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90614479
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD19V07516/VPZ/R01 (TP)
Cover Note Number	
Driver	
Name of Driver	CHAN DIING MON
NRIC No	SXXXX064D
Date Of Birth	30/07/1988
Occupation	INDOOR
Date Of Driving Pass	12/07/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90614479
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 615C EDGEFIELD PLAINS #16-355
Postcode	823615
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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

REFER TO SKETCH PLAN 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	SLP6437H
Vehicle Make/Model/Colour	BMW 216D ACTIVE TOURER D/AB LED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97631500
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN DIING MON

Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJU9820L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

MPORTANT 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. 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.
7. By the lodgment of this report to the insurer(s), you hereby consent to the [illegible] 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 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 [illegible] investigations relating to the claim;

(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

[illegible]

[illegible] investigating, controlling or managing fraud [illegible] government agencies as reasonably required for the purposes stated; or

[illegible] for complying with requirements under any regulations, laws or court orders.

OMESOME RENTALS PTE LTD

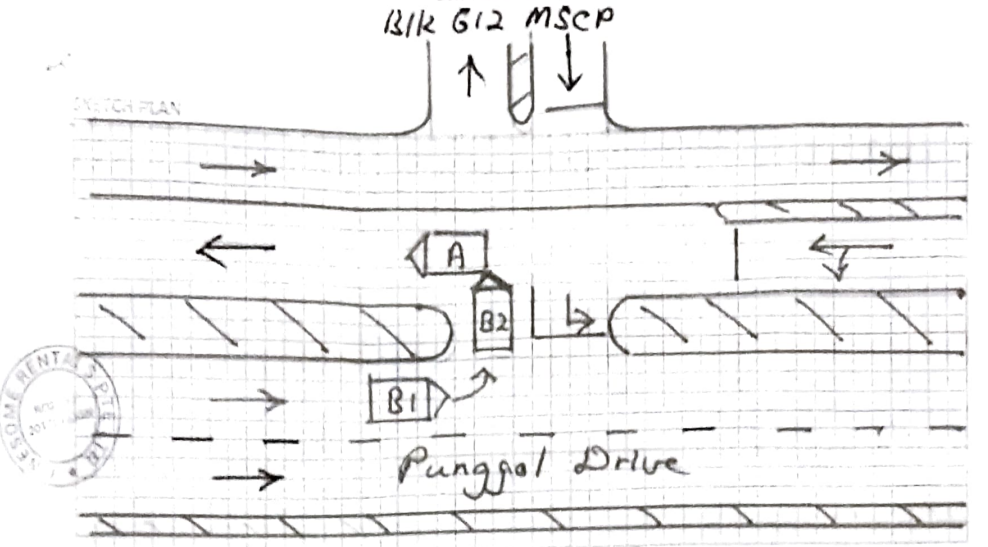
Policyholder's Signature
Date & Time

Driver's Signature
(if driver is not the policyholder)
Date & Time: 21 APR 2020

[illegible] BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: [illegible]@vicom.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/04/2020 at about 1630 hrs at Driveway beside MSCP Blk 612 Punggol Drive, I was travelling on the above mentioned Driveway and suddenly a Vehicle (B) turning into the above mentioned driveway from Punggol Drive without proper lookout and without caution hence collided onto my Left Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SJU 9820 L
(B) SLP 6437 H

Note: Please note that your insurer may have limited time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

IDAL KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vsckb@vicom.com.sg

21 APR 2020

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	835N

Vehicle Details

Vehicle No.:	SJU9820L
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Apr 2020
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X A
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	2ZR0428433
Chassis No.:	ZGE200008464
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	$21,413.00
Original Registration Date:	06 Jan 2010
First Registration Date:	06 Jan 2010
Transfer Count:	4
Actual ARF Paid:	$21,413.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	31 Dec 2024
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	$19,657.00
COE Rebate Amount:	$18,378.00
Total Rebate Amount:	**$18,378.00**

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 28 Apr 2020

OK

Browse by Category « Back (1 2 3 4 5 6 7 8 9) Next » Sort by Date Posted 20 results/page

169 vehicles Wish

	Model	Price	Depreciation		Eng Cap	Mileage	Veh Type	
Search Selection	**Wish**	Any	Any	**> 10 year(s) old**	Any	Any	Any	**Available**

Toyota Wish 2.0A (COE till 12/2029) **$51,200** $5,310 /yr 16-Dec-2009 1,987 cc 150,000 km MPV **Available**

Cheapest Depreciation In The Car Market! Showroom Condition! Original Paintwork! 100% Loan Approval! Full Loan Available $0 Drive Away Available, Bank/In House Loan Available! 120 Point Check Done, STA Welcomed! Full Deposit Refund If Major Problems Found. 6...

PREMIUM AD

Golden Charter Pte Ltd

Posted: 13-Apr-2020 Tags: 2009 Toyota Wish, Toyota Wish, Toyota, Wish

Toyota Wish 2.0A (COE till 10/2024) **$34,888** $7,730 /yr 17-Dec-2009 1,987 cc 129,767 km MPV **Available**

(Hassle Free Guarantee!) Price Stated Are Final With No Hidden Cost Assured. Premium Grooming And Brand New Paint Coat Included. Bank Loan Available At 3.25% Admin Fee At $500. Vehicle Comes With 6 Months Engine And Gearbox Protection Plan With 24/7 Roadsid...

PREMIUM AD

Sincere Motoring Pte Ltd

Posted: 04-Apr-2020 Tags: 2009 Toyota Wish, Toyota Wish, Toyota, Wish

Toyota Wish 2.0A (COE till 12/2029) **$59,500** $6,160 /yr 21-Dec-2009 1,987 cc 146,800 km MPV **Available**

Beautiful And Tip Top Condition. 4 New Michelin Tyres. New Aircon Compressor And Coil. New Starter And Alternator. New Boot Door Absorbers.High/Flexible Loan, Trade In And Insurance. Call Now Or Whatsapp For Appointment.

360 VR Cars

Posted: 24-Apr-2020 Tags: 2009 Toyota Wish, Toyota Wish, Toyota, Wish

Toyota Wish 2.0A (COE till 12/2029) **$60,800** $6,300 /yr 22-Dec-2009 1,987 cc 72,000 km MPV **Available**

100% Loan Available, In-House Comprehensive Warranty Up To 1 Year With 24/7 Breakdown Recovery Service, Brand New Leather, New Paintwork. Buy From Reputable Company With Good Track-records. Call Now For Appointment! We Welcomed Ex-bankruptcy. Best Purc...

PREMIUM AD

Posted: 08-Apr-2020 Tags: 2009 Toyota Wish, Toyota Wish, Toyota, Wish

Toyota Wish 2.0A (COE till 10/2029) **$59,800** $6,280 /yr 28-Dec-2009 1,987 cc - MPV **Available**

Posted: 20-Mar-2020 Tags: 2009 Toyota Wish, Toyota Wish, Toyota, Wish

Toyota Wish 2.0A (COE till 12/2029) **$50,800** $5,250 /yr 29-Dec-2009 1,987 cc 108,339 km MPV **Available**

Full Loan Available At $1000 Plus! Purchase From An Award Winning Dealership! 1 Year Comprehensive Warranty Inclusive! Accident Free Quality Pre-Owned With Low Mileage For Peace Of Mind. 100% Loan Approval With Our Flexible In House Financing Options. View Today!

Cosmo Automobiles

Posted: 30-Mar-2020 Tags: 2009 Toyota Wish, Toyota Wish, Toyota, Wish

Compare [3]

yota Wish 1.8A X (COE till **$54,800** $5,660 /yr 30-Dec-2009 1,797 cc 130,000 km MPV **Available**