

ASS. REC. BY:

REF: CT2/20005614/Ky

Kenneth

## 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.Bal. or Market Value: 80k

IDAC Accident Rpt: \_\_\_\_\_

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

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: PC 8017UYr Regn: 05, 19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: ToyHiace

c.c

2754Colour: Silver

A/C: \_\_\_\_\_

Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

GDH 223 - 2001465Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: M11 / S/Rlm / STD A/Rlm or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

195R15X8BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 4 mmR/Bal. 5 mmL/Bal. 4 mmL/Bal. 5 mmD.O.A. 5/5/20D.O.I. 8/5/2020

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

FR N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - RS. \$ \_\_\_\_\_

Fees \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Report Format :

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



INSURER: China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

**PARTICULARS OF CLAIM**

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	DMB1SN3034671900	Date of Loss:	05/05/20
Vehicle Reg. No.:	PC8017U	Driveable?	
Driver Age/Info:	50 / FEMALE	Party At Fault:	UNKNOWN
TP Injury Involved?	YES	Third Party Involved:	
Insured/Claimant:	MYZA IZAYA TRANSPORTER		
Driver:	ROHAIZAT BIN OTHMAN		

Make/Model:	TOYOTA HIACE, 2.8 D GL (A)	Vehicle Reg. Date:	10/05/2019
Vehicle Colour:	Metallic Silver		
Engine No:	1GD8388005	Chassis No:	GDH2232001465
Odometer:	0 KM		

Paint Type:  
Total Loss? YES  
Est. Duration of Repair (day) 0

*Not Authorized*  
*Maybe 7/10/15*  
*Ex @ 1500h*

Description of Accident/Loss REFER ATTACHED REPORT.  
Present Location: S & H MOTOR PTE LTD (SIN MING)

COST OF CLAIMS	Amount
Parts	0.00
Miscellaneous Items	0.00
Labour	0.00
Paintwork Labour	0.00
Towing	50.00
<b>Gross Total (\$\$)</b>	<b>50.00</b>
<b>+ GST 7.00% (\$\$)</b>	<b>3.50</b>
<b>Nett Amount (\$\$)</b>	<b>53.50</b>

This claim is handled by: LUM WEE KEAT

Generated using Merimen e-Claims Internet Estimation & Adjusting System

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:



Date : 06/05/2020

The Motor Claims Department  
China Taiping Insurance (S) Pte Ltd

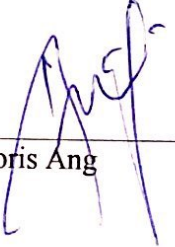
**RE : ACCIDENT ON PC 8017 U ACCIDENT DATED 05.05.2020**

Refers to the above vehicle being towed to our workshop for repair, we hereby inform your that the vehicle is very badly damaged and the cost of repair is more that S\$50,000.00 not economical for repair and spare parts more that 40% currently unavailable (No Stock). Kindly arrange for surveyor to survey vehicle.

Towing Charge (Other workshop To Workshop) S\$50.00

Shall you require any assistance pertaining this matter, please do not hesitate to contact undersigned.

Yours faithfully  
**S & H Motor Pte Ltd**

  
Doris Ang

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	934M
<b>Vehicle Details</b>	
Vehicle No.:	PC8017U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 May 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	1GD8388005
Chassis No.:	GDH2232001465
Maximum Power Output:	-
Open Market Value:	\$43,704.00
Original Registration Date:	10 May 2019
First Registration Date:	10 May 2019
Transfer Count:	0
Actual ARF Paid:	\$2,186.00
<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:	09 May 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$20,709.00
COE Rebate Amount:	\$16,567.00
Total Rebate Amount:	\$16,567.00

The information contained herein is correct as at 05 May 2020

OK



## 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	05/05/2020 13:52
Date Of Accident	05/05/2020 05:00
Exact Location Of Accident	CORPORATION RD B/S B06A(OS MOSQUE) TO YUAN CHIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8017U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MYZA IZAYA TRANSPORTER
Co Reg No	5XXXXX34M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87501581
Alternative Phone No	OFFICE-87501581

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 2.8 AUTO
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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3034671900
Cover Note Number	

### Driver

Name of Driver	ROHAIZAT BIN OTHMAN
Work Permit No	SXXXXX18E
Date Of Birth	07/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87501581
Fax Number	
Contact Number	
Email Address	NOEMAIL