

ASS. REC. BY:

ASUL

Ref:

402R

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No: GBJ 8087X

at Workshop m/s BAN CHOON

of 3, PIONEER RD NORTH #01-15

Insured: CTI

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:

65K

IDAO Accident Report: 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

Veh No:

GBJ 8087X

Regn: 2019 ANG

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

Truck / Trailer or

Make:

TOYOTA HIACE VAN TUKO 2982

Colour:

RED

A/C Insured / Std / NI / NA

Sp. Reading:

18914

T/Air: Insured / Std / NI / NA

Eng/No:

C/No:

JTFHTO2P700249472

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:

195R15C

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

22/05/2020

D.O.A.

27/05/2020

Survey held at

BAN CHOON

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

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

3-4 hrs

Notes

Date

Add Fee:



Site Insp US



Interview US



Tech. Invs US



Meal etc US

Rep. Fee:

Lump Sum Fee:



萬 春 摩 哆 BAN CHOON MOTOR WORKS

Blk 3, Pioneer Road North #01-14/15 Singapore 628457

Tel: 6264 1191 Fax: 6261 1324

E-mail: banchoon@singnet.com.sg

Business Reg./GST Reg. No. 351915/00A

GST Regn No. 35191500A

26/05/2020

China Taiping Insurance (S) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

Attn: Motor Claim Dept.

Dear Sir/Madam

QUOTATION FOR REPAIRS OF VEHICLE NO. GBJ 8087 X
MODEL: TOYOTA HIACE VAN
DATE OF ACCIDENT: 22/05/2020
YOUR INSURED VEHICLE NO. PA 9006 E

1 pc	Tailgate cover <i>bt</i>	\$ 1,198.00
	Less: 25% discount	29.95
		<u>\$ 898.50</u>
1 pc	Tailgate cover top hinges @ \$65.00 SN each <i>2?</i>	130.00 SN
1 pc	70 km/hr sticker <i>ne</i>	10 20.00 SN
1 pc	5 PAX sticker <i>ne</i>	10 20.00 SN
1 roll	Rear windscreen gum <i>ne</i>	30 50.00 SN

LABOUR CHARGES:

To dismantle and reassemble of rear windscreen.
To writing of company logo
To knocking and straightening of all necessary damaged parts.
To changing of above part.
To putty and spray painting on accident damaged parts.

100.00	<i>✓</i>
300.00	200
850.00	250
780.00	250
<u>\$ 3,148.50</u>	

Yours faithfully,

Peiintg

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:

Rasul

Hp 90010068

3 days

P/P

27/05/2020 @ 1000 hrs

Resurvey before paint

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	23/05/2020 11:08
Date Of Accident	22/05/2020 19:15
Exact Location Of Accident	PALAU BRANI - BRANI RESIDENCE - COMPOUND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8087X
Insured/Policyholder	
Name Of Registered Owner	KLENCO (SINGAPORE) PRIVATE LIMITED
Co Reg No	NA
Email Address	DANIELLIM@KLENCO-ASIA.COM
Mobile Phone No	(LOCAL) +65-93455198
Alternative Phone No	OFFICE-68623388

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSB0098021900
Cover Note Number	

Driver

Name of Driver	HOU YAJUN
Passport No/FIN	GXXXX107M
Date Of Birth	28/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2013
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93455198
Fax Number	
Contact Number	OFFICE-93455198
EMail Address	NOEMAIL

SS NO: 18 GUL CRESCENT
 atcode 629527
 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 RAINING
 Road Surface WET

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) 0

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 ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: VIDEO WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number PA9006E
 Vehicle Make/Model/Colour BUS - BLUE COLOR
 Details Of Properties REAR PORTION
 Vehicle Category BUS
 Name of Driver SU XUNHUA
 NRIC/Passport Number GXXXX526K
 Contact Number 97602750
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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 Authorised 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 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 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)**

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 purposes 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.
- (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 / disclosed:
- (i) to all insurers and/or any other third parties 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



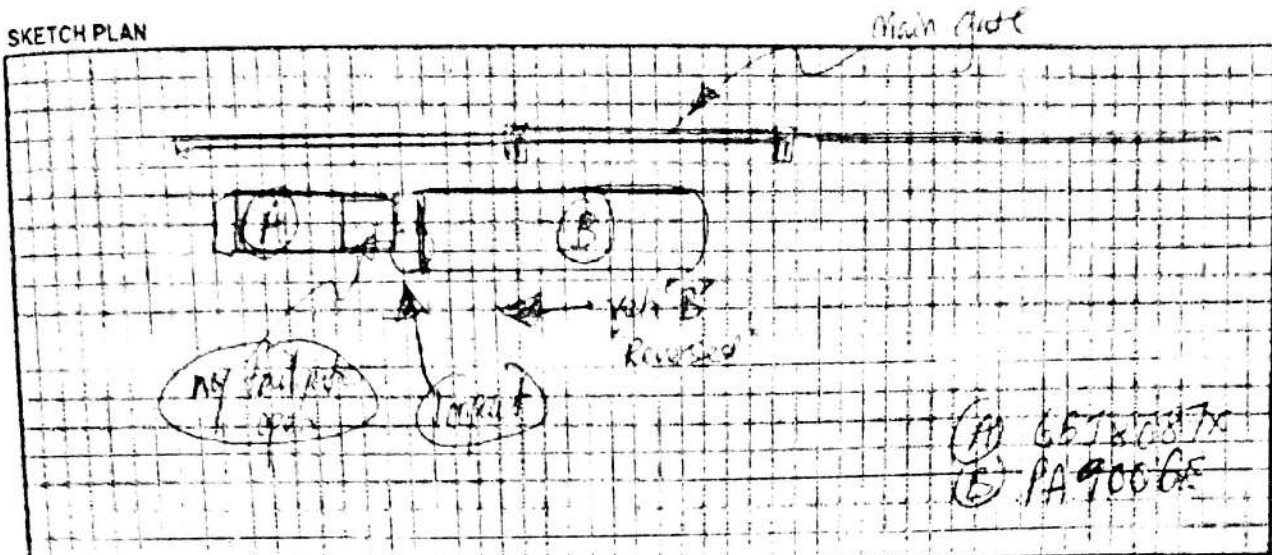
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NAIC/TA No.:

SKETCH FORM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at the stated place
 when I wanted to load up my machinery.
 My Rear Tailgate was open as I need to
 carry & place my machinery inside. As I was
 the side door, I heard and felt a Bang at the
 Rear Tailgate.

After the Impact I saw the vehicle
 'B' had Reversed and hit onto my vehicle Rear
 Tailgate Area.

Only 2 vehicles involved and no
 one was hurt. We exchange particulars.

IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence
 or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

We declare the foregoing particulars are true in every respect

Policyholder's Signature
 Date & Time

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

Reporting Centre Personnel's Signature
 Name
 NRIC / ID No.

PARF/COE Rebate Enquiry



A Singapore Government Agency Website

https

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 402R

Vehicle Details

Vehicle No.: GBJ8087X

Vehicle to be Exported: Yes

Intended Deregistration Date: 31 May 2020

Vehicle Make: TOYOTA

Vehicle Model: HIACE VAN TURBO 5DR MT

Primary Colour: Silver

Manufacturing Year: 2019

Engine No.: 1KD2868145

Chassis No.: JTFHT02P700249472

Maximum Power Output: -

Open Market Value: \$28,138.00

Original Registration Date: 22 Aug 2019

First Registration Date: 22 Aug 2019

Transfer Count: 0

Actual ARF Paid: \$1,407.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 21 Aug 2029

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$24,599.00

COE Rebate Amount: \$19,679.00

Total Rebate Amount: \$19,679.00

The information contained herein is correct as at 26 May 2020

2

OK

Overview

Financial

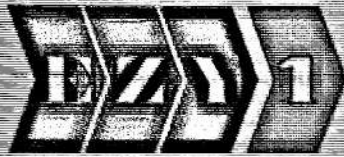
Accessories

Similar

Research

Photos

Map



EZY-1 PTE LTD

NEW & USED COMMERCIAL | PRIVATE VEHICLES

Price	\$65,800	Lifespan	01-Aug-2039
Depreciation	\$7,160 /yr View models with similar depre	Reg Date	02-Aug-2019 (9yrs 2mths 5days COE left)
Mileage	N.A.	Manufactured	2019
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$19,673 as of today (change)	OMV	\$28,138
COE	\$21,416	ARF	\$1,407
Engine Cap	2,982 cc	No. of Owners	1
Curb Weight	1,700 kg		
Type of Vehicle	Van		

Features

View specs of the Toyota Hiace

Accessories

Fr...rse Camera, Reverse Sensors, MP3 Player.

