

ASS. REG. BY:

PASSE
PRS

REF:

CS3/LPC 20006818/R1v f3

0254

CO EXPIRY: 2024/July

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: GX 6548M

at Workshop m/s MILLION AUTO

of 4, PANDORA PLACE #01-12

Insured:

LPC

Policy No.

Claims No.

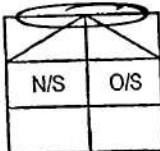
Sum Insured:

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:

19K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GX 6548M

Yr Regn:

2004 / Aug

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

Truck / Trailer or

Make:

TOYOTA LIFEACE 2.2m c.c 2184

Colour:

GREY

A/C: Insured / Std / NI / NA

Sp. Reading

375842

T/Radio: Insured / Std / NI / NA

Eng/No:

CR425009802

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

165R13C

R:

- 1

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

TOYO / YOKO or

A-PLUS

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

15/06/2020

D.O.I.

01/07/2020

Survey held at

MILLION AUTO

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

☐

Final Report

1)

Date/Time, File Return to?

2) 3/7/20-Typist

Rep. Format: PRS

Lump Sum / L.B.H. (%)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

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 15/06/2020 13:56
Date Of Accident 15/06/2020 08:40
Exact Location Of Accident NO 4 BENOI CRESCENT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX6548M
Insured/Policyholder
Name Of Registered Owner MILLION AUTO RENTAL PTE LTD
Co Reg No 2XXXXX025G
Email Address MSCHONG@MILLIONAUTO.COM
Mobile Phone No
Alternative Phone No OFFICE-62649091
Vehicle Particulars
Manufacturer TOYOTA
Model LITEACE-2.2 D (M)
Exact Purpose for which vehicle was being used at time of accident WORKS
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken REPORTING ONLY
Vehicle Category COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number D20MFL0002378
Cover Note Number
Driver
Name of Driver BOOMINATHAN LAKSHMANAN
Passport No/FIN GXXXX210U
Date Of Birth 29/05/1989
Occupation OUTDOOR
Date Of Driving Pass 30/12/2014
Driving Experience 5 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97894982
Fax Number
Contact Number
Email Address NOEMAIL

Address	570 HOUGANG ST 51 #04-109
Postcode	530570
Was driver an employee of the Insured's Company	NO
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	COLLISION - HEAD TO REAR
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

REFER TO SKETCH PLAN.

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

Vehicle Registration Number	YN5581L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

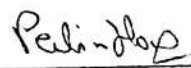
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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:

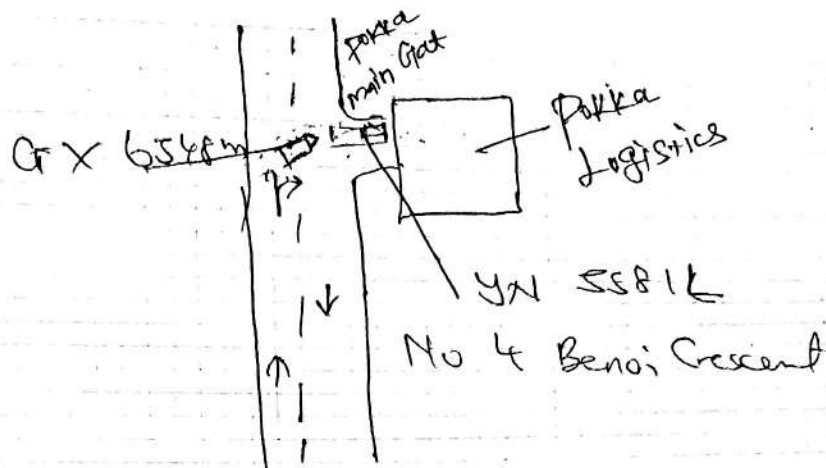
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 purpose(s) 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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No YN 5581L was making a right turn into No 4 Benoi Rd. I also followed behind.

At the guard house, the guard instructed vehicle No YN 5581L to reverse out as the compound was full. While he was reversing, he did not notice that my vehicle was behind & hit onto the front bumper of my vehicle.

[Signature]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/6/20

[Signature]

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	025G
Vehicle No.:	GX6548M
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Jul 2020
Vehicle Make:	TOYOTA
Vehicle Model:	LITEACE 2.2M
Primary Colour:	White
Manufacturing Year:	2004
Engine No.:	3C3996997
Chassis No.:	CR425009802
Maximum Power Output:	-
Open Market Value:	\$22,620.00
Original Registration Date:	04 Aug 2004
First Registration Date:	04 Aug 2004
Transfer Count:	4
Actual ARF Paid:	\$1,131.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE/COE Rebate Details	
COE Expiry Date:	31 Jul 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$13,880.00
COE Rebate Amount:	\$11,327.00
Total Rebate Amount:	\$11,327.00
Message	

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (applicable) of the vehicle.

The information contained herein is correct as at 01 Jul 2020

OK

3C3996997

Toyota Liteace 2.2M (COE till 07/2023)

Overview

Financial

Accessories

Similar

Research

Photos

Price	\$14,500	Lifespan	18-Aug-2023
Depreciation ?	\$4,700 /yr	Reg Date	19-Aug-2003 (3yrs 30days COE left)
Mileage	N.A.	Manufactured ?	2003
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$9,925 as of today (change)	OMV ?	\$20,235
COE ?	\$16,100	ARF ?	\$1,012
Engine Cap	2,184 cc	No. of Owners ?	6
Curb Weight ?	1,270 kg		
Type of Vehicle	Van		

Description

Beautiful Black Paint, Well Kept, Loans Available.

Category

COE Car

Status

A1