

Vehicle No.   
 Type M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /   
 Truck / Trailer or **Mini Bus**   
 Make **Toyota Hiace** **2582**   
 Colour **White** **ABC** Insured / Std / Nil / NA   
 Cap Pending **468179** **TP/Reas** Insured / Std / Nil / NA   
 Eng/Ho   
 C/Ho **KDH2230025856**   
 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 RISC**   
**R: 195 RISC**   
 BS / DUN / EXNOVA / GY / FS / LIZA **MIC** / OHTSU / PIR / SUMI /   
 TOYO / YOKO or   
 Front   
 R/Bal **db** mm   
 L/Bal **db** mm   
 D.O.A.   
 Survey held at **Vision**   
 Des. of Damages **Frt / Rear / O/S / N/S / UIC / Rooftop or**   
**Front o/s.**   
 The UIC / Chassis frame / Body Structure affected due to collision

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

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

Est. or Market Value   
 IDA / Accident Rpt. Consistent? Yes or No   
 G/A / PR. Seen Consistent? Yes or No   
 Est. Repairs **6** days Res. Yes or No   
 Turn in % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted

Date / Time Action / Instruction   
**TP Chng.**

25/01/21@1.05pm revised to Irene Tay via Merimen.

LS \$7800, 6 days (Red \$18173.98, 70%)

MV **41K**   
 PV **22.8K**   
 Nett **18.2K**

Date/Time File F&S No. ☐ : Preli. Report

25/01 Typist ☐ : Final Report

Date/Time File F&S No.

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Survey Fee

Transportation

TPS

Item

Value

Cost For: ☐ Site Insp. **15**

☐ Interview **10**

☐ Field Insp. **10**

☐ Total **35**

MER-TP

Lump Sum \$7800

## 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             | 30/09/2020 09:50                          |
| Date Of Accident           | 29/09/2020 14:00                          |
| Exact Location Of Accident | U-TURN INTERSECTION ALONG LOR 1 TOA PAYOH |
| Country/State of Loss      | SINGAPORE                                 |

### DETAILS OF OWN VEHICLE

|  |  |
|--|--|
| Vehicle Registration Number  | PC4234K                                |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | PERFECTKOH LIMO                        |
| Co Reg No  | 5XXXX949B                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-87477902                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | TOYOTA                                 |
| Model  | HIACE COMMUTER GL 3.0A                 |
| 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                     |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5096392018-02 COMP                     |
| Cover Note Number  |  |
| <b>Driver</b>  |  |
| Name of Driver   | AMIR BIN ALI                           |
| NRIC No  | SXXXX585E                              |
| Date Of Birth  | 01/12/1954                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 02/03/1995                             |
| Driving Experience   | 25 YEARS AND 6 MONTHS                  |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-87477902                   |
| Fax Number   |  |
| Contact Number   |  |
| Email Address  | NOEMAIL                                |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 55 LORONG 5 TOA PAYOH #07-108 |
| Postcode  | 310055                            |
| Was driver an employee of the Insured's Company     | NO                                |
| If No, Relationship of the Driver with the Insured  | OTHER - SUB-CON                   |
| 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?   | 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)   | 2                |
| Passenger 1   | NAME: : UNKNOWN  |
|   | GENDER: : FEMALE |

#### 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 ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | CB6543P                  |
| Vehicle Make/Model/Colour   | GOLDEN DRAGON/XML6957J14 |
| 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)

**DETAILS OF INJURED PERSON 1**

|   |                                   |
|---|-----------------------------------|
| Name  | AMIR BIN ALI                      |
| Approximate Age                                     | 65                                |
| Injuries Sustain                                    | BODY PAIN                         |
| Injured person in which vehicle?                    | PC4234K                           |
| Were seat belts worn?                               |                                   |
| Was this injured conveyed to hospital by ambulance? | NO                                |
| Address   | BLK 55 LORONG 5 TOA PAYOH #07-168 |
| Postcode  | 310055                            |

## 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 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:

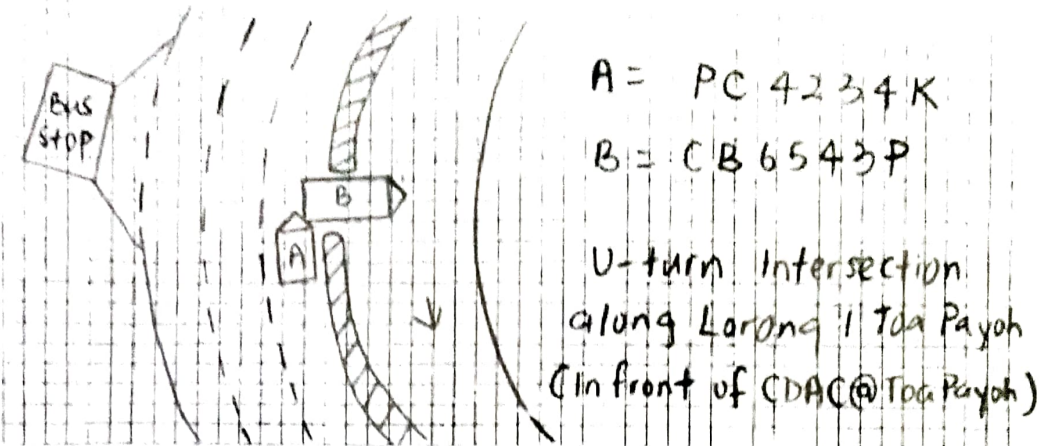
IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4  
Singapore 415933  
Name: \_\_\_\_\_  
NRIC: \_\_\_\_\_  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

(We declare the particulars are true in every respect.)

Policyholder's Signature  
Date & Time:



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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Singapore 415935

Tel: 67416697 Fax: 67492305

Email: vackb@sinanet.com.sg

### Sketch Plan #3

On 29.09.2020 at about 14:00 hours at U-Turn Intersection along Lorong 1 Toa Payoh (In front of CDAC @ Toa Payoh). I was travelling straight on lane 1 (along Lorong 1 Toa Payoh towards Lorong 6 Toa Payoh), suddenly I heard a loud bang and felt an impact. When I alighted, I realised it was vehicle (B) that tried to make a U-Turn at the above mentioned location and reversed back without checking the traffic condition, hence collided onto the front right hand side portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): PC 4234K

Vehicle (B): CB 6543P



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

|                               |                         |
|-------------------------------|-------------------------|
| Owner ID Type:                | Business                |
| Owner ID:                     | 949B                    |
| Vehicle No.:                  | PC4234K                 |
| Vehicle to be Exported:       | No                      |
| Intended Deregistration Date: | 30 Sep 2020             |
| Vehicle Make:                 | TOYOTA                  |
| Vehicle Model:                | HIACE COMMUTER GL 3.0A  |
| Primary Colour:               | White                   |
| Manufacturing Year:           | 2015                    |
| Engine No.:                   | 1KD2561809              |
| Chassis No.:                  | KDH2230025856           |
| Maximum Power Output:         | -                       |
| Open Market Value:            | \$39,891.00             |
| Original Registration Date:   | 11 Dec 2015             |
| First Registration Date:      | 11 Dec 2015             |
| Transfer Count:               | 3                       |
| Actual ARF Paid:              | \$1,995.00              |
| Intended PARF Eligibility:    | No                      |
| PARF Eligibility Expiry Date: | -                       |
| PARF Rebate Amount:           | \$0.00                  |
| Intended COE Expiry Date:     | 10 Dec 2025             |
| COE Category:                 | C - Goods Vehicle & Bus |
| COE Period(Years):            | 10                      |
| QP Paid:                      | \$43,809.00             |
| COE Rebate Amount:            | \$22,752.00             |
| Total Rebate Amount:          | \$22,752.00             |

The information contained herein is correct as at 30 Sep 2020

OK



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Reg Date

Eng Cap

Mileage

Veh Type

Status

| Search Selection | commuter  | Any      | Any         | < 5 year(s) old | Any      | Any        | Any | Available |
|------------------|---|----------|-------------|-----------------|----------|------------|-----|-----------|
|                  | <input type="checkbox"/> Toyota Hiace Commuter 3.0A GL<br><b>Fuel Type:</b> Diesel<br>Please Call To Arrange For Viewing Thank You.   | \$40,800 | \$8,060 /yr | 22-Oct-2015     | 2,982 cc | -          | Bus | Available |
|                  | <input type="checkbox"/> Toyota Hiace Commuter 3.0A GL<br><b>Fuel Type:</b> Diesel<br>2015 Toyota Hiace Commuter 100% Loan, Easy Approval, Well Maintained! Hurry Call Now!<br>Think One Automobile & Trading<br><small>Posted: 01-Sep-2020 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace</small>  | \$44,800 | \$8,620 /yr | 10-Dec-2015     | 2,982 cc | 185,129 km | Bus | Available |
|                  | <input type="checkbox"/> Toyota Hiace Commuter 3.0A High Roof<br><b>Fuel Type:</b> Diesel<br>Price Negotiable, Excellent Condition, Bank Loan/In House Loan Available, Trade In Welcome. Contact Us For An Appointment.<br><small>Posted: 04-Sep-2020 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace</small>  | \$46,000 | \$8,820 /yr | 17-Dec-2015     | 2,982 cc | -          | Bus | Available |
|                  | <input type="checkbox"/> Toyota Hiace Commuter 3.0A GL<br><b>Fuel Type:</b> Diesel<br>2016 Toyota Hiace Commuter High Roof 3.0 GL, 1st Owner, Original Reverse Camera, 2 LED Head Lights, Good Condition, Hurry Call Us Now!<br>Think One Automobile & Trading<br><small>Posted: 01-Sep-2020 Tags: 2016 Toyota Hiace, Toyota Hiace, Toyota, Hiace</small> | \$46,800 | \$8,890 /yr | 04-Jan-2016     | 2,982 cc | 167,218 km | Bus | Available |

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|  |   |          |             |             |          |            |     |           |
|--|---|----------|-------------|-------------|----------|------------|-----|-----------|
|  | <input type="checkbox"/> Toyota Hiace Commuter 3.0A GL<br><b>Fuel Type:</b> Diesel  | \$44,000 | \$8,350 /yr | 06-Jan-2016 | 2,982 cc | -          | Bus | Available |
|  | <input type="checkbox"/> Toyota Hiace Commuter 3.0A GL<br><b>Fuel Type:</b> Diesel<br>2016 Hiace Commuter 14 Seater GL Bus, Well Kept, Regularly Maintained! Hurry Up. Call Now! Good Condition! Come With 2 Free Servicing. In-house Loan Available. | \$41,800 | \$7,660 /yr | 15-Mar-2016 | 2,982 cc | 150,000 km | Bus | Available |
|  | <input type="checkbox"/> Toyota Hiace Commuter 3.0A   | \$48,800 | \$8,840 /yr | 07-Apr-2016 | 2,982 cc | 118,100 km | Bus | Available |