

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

*CC4 / 10/20011943/422*

**ASSIGNMENT**

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

*GBC 6609R*  
*1-1's 30*

at Workshop m/s

of

*SHA 370G*

Insured:

Policy No.

Claims No.

Sum Insured:

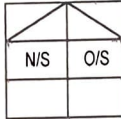
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

*£21k*

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

*L7A 14087*

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

*GBC 6609R*

Yr Regn:

*613*

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

Truck / Trailer or *(M)*

Make:

*Toyota hiace*

c.c *2982*

Colour

*white*

A/C: Insured / Std / NI / NA

Sp. Reading

*189503*

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

*ITFHT02P200116294*

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 R15*

R:

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

TOYO / YOKO or

*Auston*

Front

R/Bal.

*6*

mm

Rear

R/Bal.

*6*

mm

L/Bal.

*6*

mm

L/Bal.

*6*

mm

D.O.A.

*28/10/20*

D.O.I.

*2/11/20*

Survey held at

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

*O/S Rep.*

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

Date / Time

Action / Instruction

*not 6913*

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

)      S + RS      SI

) Photos

) Others

)

TOTAL

Report Format :

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

)

## 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             | 27/10/2020 21:49 |
| Date Of Accident           | 26/10/2020 18:30 |
| Exact Location Of Accident | BOONLAY WAY      |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBC6609R                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | GOLDBELL LEASING PTE LTD   |
| Co Reg No                   | 1XXXXX196N                 |
| Email Address               | ISAACNGCL@GOLDBELLCORP.COM |
| Mobile Phone No             |                            |
| Alternative Phone No        | OFFICE-64942888            |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | HIACE MANUAL       |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL         |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage          | THIRD PARTY                    |
| Fleet Policy              | YES                            |
| Policy Number             | D-20095634                     |
| Cover Note Number         | NA                             |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | MOHAMAD NOOR ISKANDAR |
| NRIC No              | SXXXX112F             |
| Date Of Birth        | 26/08/1998            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 02/04/2020            |
| Driving Experience   | 0 YEAR AND 6 MONTH    |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-88912971  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|   |               |
|---|---------------|
| Address   | NA            |
| Postcode  |               |
| 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?   | NO             |
| Was any injured conveyed to hospital by ambulance?  | NO             |
| Was any other material or property damaged?   | NO             |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO             |
| Number of Passengers (Including Driver)   | 2              |
| Passenger 1   | NAME: SUZIANA  |
|   | GENDER: FEMALE |

#### Details of Police Action

|   |                   |
|---|-------------------|
| Was the accident reported to the police?  | YES               |
| If Yes, Please state which Police Station |                   |
| POLICE STATION NAME [OTHER]               | JURONG WEST N P C |
| Was notice of intended Prosecution given? | NO                |
| If Yes, against whom?                     |                   |

#### Circumstances of Accident

ON 26/10/2020 AT ABOUT 1830HRS, I WAS DRIVING ALONG BOON LAY WAY TO JURONG EAST DIRECTION ON THE 3RD LANE. AS I WAS APPROACHING THE BUST STOP AREA (BEFORE THE OVERHEAD BRIDGE), I SAW A PERSON FLAGGING FOR TAXI FROM AFAR. I THEN NOTICED THE TAXI ON MY RIGHT SUDDENLY SLOWED DOWN AND SUBSEQUENTLY MOVED INTO MY LANE. WHEN I SAW THE TAXI DRIVING INTO MY LANE, I WAS UNABLE TO BREAK IN TIME AND COLLIDED INTO THE FRONT RIGHT OF MY VAN. AT THAT POINT OF TIME, MY FRONT LEFT TYRE HAD ALSO WENT UP TO ONTO THE KERB AS I TRIED TO AVOID THE TAXI. WE THEN GOT DOWN FROM OUR VEHICLE AND THE TAXI DRIVER ADMITTED THAT IT WAS HIS FAULT AS HE DID NOT MAKE A CHECK BEFORE FLITERING INTO MY LANE. WE THEN EXCHANGED PARTICULARS HOWEVER I DID NOT MANAGED TO GET HIS CONTACT NUMBER AND LEFT THE VICINITY. I HAD CONTACTED MY BOSS WHOM THEN ADVISED ME TO LODGE A POLICE REPORT. I WISH TO STATE THAT MY IN-CAR WAS NOT WORKING AT THAT POINT OF TIME.

#### 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 | SHA370G                       |
| Vehicle Make/Model/Colour   | TOYOTA / PRIUS HYBRID 1.8 CVT |
| Details Of Properties       |                               |
| Vehicle Category            | TAXI                          |
| Name of Driver              | SHANG CHEN SIONG              |

TRC Project Number

00000000

Contract Number

000000

000000

000000 Company Name

000000 Company

00 00 000000 (including 000000)

## Sketch Plan Pg. 1

### 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:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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



Sketch Plan #2

**SKETCH PLAN**

*Handwritten sketch on graph paper showing a road layout with a car and a truck. To the right of the sketch, handwritten text reads: "A-ONE 6479 R" and "S. CHA 1210 S".*

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**  
**REFER TO ATTACHED STATEMENT.**

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

**VERIFY BY AJAX MARS (ARC) REPORTING OFFICER**  
**MUHAMMAD SUMARDI BIN MOHD AFFANDI**

**Policyholder's Signature**  
Date & Time

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

**Reporting Centre Personnel's Signature**  
Name  
NRCP/PA No.

Sketch Plan #3



# SINGAPORE POLICE FORCE

Police Station Of Origin  
Jurong West N.P.C.  
700 Corporation Road SINGAPORE 649618  
Tel No. 1800-2689999



Report No. 12002/1026/2160

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made  
26/10/2020 23:45

Vide Report No.

Station Diary No.  
186

### Informant's Particulars

Name of Informant

MOHAMAD NOOR ISKANDAR BIN  
JASRAY

Address

APT BLK 185 BOON LAY DRIVE #01-108 SINGAPORE  
640188

ID Type / ID No.

NRIC NO / S9828112F

Contact No.

Home/Office

Mobile 85512571

Nationality

SINGAPORE CITIZEN

Email

Sex

Male

Age

22

Date of Birth

26/08/1998

Type of Informant

Driver

Race

Malay

Language

Institution / School Name

Occupation

DELIVERY DRIVER

Driving Licence Information

Class 3

Date of Expiry

### General Information of the Accident

|   |                              |                    |   |                                   |
|---|------------------------------|--------------------|---|-----------------------------------|
| Type of Accident                                      | Non-Injury<br>Others         | Drink Drive:<br>No | Date/Time of Accident<br>26/10/2020 18:30 | Type of Location<br>Straight Road |
| Location  | BOON LAY WAY                 |                    |   |                                   |
| Weather   | Road Surface                 | Road Speed Limit   |   |                                   |
| Clear   | Dry                          |                    |   |                                   |
| Traffic Flow  | Traffic Control              | Traffic Volume     |   |                                   |
|   | Not Controlled               | No Traffic         |   |                                   |
| Type of Collision                                     | Anyone conveyed by ambulance |                    |   | No                                |
| Between Moving Vehicles - Side Swipe - Same Direction |                              |                    |   |                                   |

### Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition         | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| GBC6809R    | Car  |      |       |       | Seriously Damaged | 1               |
| 6HA370G     | Car  |      |       |       | Seriously Damaged | 0               |

### Details of Person Involved

Any Pedestrian Involved No

No. of Pedestrians Injured NIL

Use of Pedestrian Crossing NA




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 640818  
Tel No 1800-2889990

**CONTINUATION OF REPORT**

|                                   |                                  |  |                                 |
|-----------------------------------|----------------------------------|--|---------------------------------|
| <b>Driver</b>                     |                                  |  |                                 |
| Name                              | MOHAMAD NOOR ISKANDAR BIN JASNAY | ID No                                  | S9828112F                       |
| Related Vehicle                   | GBC6609R (Car)                   | Contact No.                            | 88912971                        |
| Hospital/Clinic                   | NIL                              | Class of Driving Licence & Expiry Date | Class 3<br>Date of Expiry NIL   |
| Date Treatment                    | NIL                              | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL                              | Degree of Injury                       | NIL                             |
| <b>Driver</b>                     |                                  |  |                                 |
| Name                              | SHANG CHEN SIONG                 | ID No.                                 | S2740494D                       |
| Related Vehicle                   | SHA370G (Car)                    | Contact No.                            | NIL                             |
| Hospital/Clinic                   | NIL                              | Class of Driving Licence & Expiry Date | Class NIL<br>Date of Expiry NIL |
| Date Treatment                    | NIL                              | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL                              | Degree of Injury                       | NIL                             |

**Brief Details.**

On 26/10/2020 at about 1830hrs, I was driving along Boon Lay Way to Jurong East direction on the 3rd lane. As I was approaching the bus stop area (before the overhead bridge), I saw a person flagging for taxi from afar. I then noticed the taxi on my right suddenly slowed down and subsequently moved into my lane. When I saw the taxi driving into my lane, I was unable to brake in time and collided into the front right of my van. At that point of time, my front left tyre had also went up onto the kerb as I tried to avoid the taxi.

We then got down from our vehicles and the taxi driver admitted that it was his fault as he did not make a check before filtering into my lane. We then exchanged particulars however I did not managed to get his contact number and left the vicinity.

I had contacted my boss whom then advised me to lodge a police report.

I wish to state that my in-car camera was not working at that point of time.



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- 100% deposit refund for unapproved loan

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Browse by Category 

Sort by Date Posted  20 results/page 

2 vehicles

Hiace

Advanced Search  Submit 

|  | Make   | Model                                | Price    | Depreciation | Reg Date    | Eng Cap  | Mileage | Veh Type | Status    |
|--|--------|--------------------------------------|----------|--------------|-------------|----------|---------|----------|-----------|
| Search Selection   | Hiace  |                                      | Any      | Any          | 2012        | Any      | Any     | Any      | Available |
|    | Toyota | Hiace Commuter 3.0A High Roof Welcab | \$33,800 | \$15,900 /yr | 19-Dec-2012 | 2,982 cc | -       | Bus      | Available |
| Fuel Type: Diesel<br>Hot Deals! Don't Wait! Well Maintain Vehicle Comes With Tailgate For Wheel Chair. Good For Transporting Elderly Or Other Organisation...<br>Ezy-1 Pte Ltd<br>Posted: 31-Oct-2020   Tags: 2012 Toyota Hiace, Toyota Hiace, Toyota, Hiace |        |                                      |          |              |             |          |         |          |           |
|    | Toyota | Hiace 3.0A                           | \$24,800 | \$17,960 /yr | 22-Mar-2012 | 2,982 cc | -       | Bus      | Available |
| Fuel Type: Diesel<br>11 Seater Bus/Options To Convert Into Goods Vehicle! Exclusive 3 Months Warranty! Fully Maintained By Borneo Motors, Agent Since Da...<br>Car (S) Pte Ltd<br>Posted: 08-Oct-2020   Tags: 2012 Toyota Hiace, Toyota Hiace, Toyota, Hiace |        |                                      |          |              |             |          |         |          |           |

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| Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage | Veh Type | Status |
|------|-------|-------|--------------|----------|---------|---------|----------|--------|
|------|-------|-------|--------------|----------|---------|---------|----------|--------|

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Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 29 Oct 2020 / 14:15:27  
Receipt Date/Time : 29 Oct 2020 / 14:15:27

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201029-002100  
Previous Receipt No. :

| S/N   | Item Description/<br>Business Transaction Reference<br>No.         | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|---|--|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SHA370G<br>As at 26 Oct 2020/18:30:00<br>Insurance Co. MS FIRST CAPITAL INSURANCE LIMITED |  |                               |                        |                              |
| 1   | Insurance Enquiry - SHA370G<br>Enquiry Fee<br>20201029141338010837 | 7.00                          | 0.49                   | 7.49                         |
| Sub-Total   |  | 7.00                          | 0.49                   | 7.49                         |
| Total Before Rounding   |  | 7.00                          | 0.49                   | 7.49                         |
| Rounding Difference   |  |                               |                        | 0.04                         |
| Total Amount Payable  |  |                               |                        | 7.45                         |
| Paid By   |  |                               |                        |                              |
| 426588XXXXX5138   |  | eNETS Credit Card             |                        | 7.45                         |
| Total   |  |                               |                        | 7.45                         |
| Cash Change   |  |                               |                        | 0.00                         |
| Tendered Amount   |  |                               |                        | 7.45                         |
| Excess Refundable Amount  |  |                               |                        | 0.00                         |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.