CS/AGI20012557/Aqf3

		16151	SIGNMEN	5		
From	Dale	-	Veli No:	GX 53021	- Tr Regn: 20 t	oy Tune
Estimated Cost:			Type: M.Car	/ M.Cycle / Bus Nap	/ Lorry / Taxi / Prime M	over
OD / TP / WS / TP RE	S/OD RES/EVA/INV/M	<u>(V</u>		/ Trailer or	y read / mile in	over /
To Inspect Vehicle No:			Make:	Toyota Lite	oG(a	2/0/1
at Workshop m/s			Colour	Silver.		2184
of			Sp.Reading	410071	, , , , , , , , , , , , , , , , , , ,	Std/NI/NA
Insured:				410011	T/Radio: Insured /	Std/NI/NA
Policy No.			Eng/No:	(242		
Claims No.	C10007969/CH		C/No:	ood/Fair/Poor/Bur	007273	
Sum Insured:	Excess:					
(Client's Record)				den / Jammed / Leake		
Make of Veh:				der / Jammed / Leake		
The school on				S/Rim / STD A/Rim		
(Policy Condition)			Tyre Size:	F: 165 R		
Remark: The veh had o	commenced its	N/S O/S		R: 165R		
	ime of inspection.	14/3 0/8	BS / DUN / EX	NOVA / GY / FS / LIZA	A/MIC/OHTSU/PIR/	SUMI/
Bal, or Market Value:			TOYOIYOK	D or		
IDAC Accident Rport:	Consistent? : Ye	o or No	Front	,	Rear	,
GIA / PR Seen:	Consistent? : Ye			mm	R/Bal.	6 mm
1200			L/Bal.	96 mm	L/Bal.	6 mm
Est. Repairs: 4	days Res.: Ye.		D.O.A.		D.O.I. 16/11	/20
Com Sone	% 3 Val.: Yes	S OF NO	Survey held at		Hony '	
CA / REV / REP.	/ 24 HRS		Des. of Damag	es: Frt / Rear / O/S	I N/S POIC I Roofto	p or .
Date:F	Person Contacted:	Vehicle: IN / OUT	The 11/0 /	Peas N/s		
Date / Time Action	/ Instruction		The U/C /	Chassis frame / Bod	ly Structure affected du	ie to collision.
Tr	Budget Dice	cl.		LOFEXD	in 31 05/2) (L
	0				-1-31-21	: T
	200, 4 days (Red	\$5165.30, 70	(%)	- 1131		
	21k.					
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77617	11-11					
	Comment					
Date/Time, File Pass to?	: Preli. Report	Ε	Days Of Repa	ir: 4		
18/01 Typist	: Final Report	F	Resurvey No.	of Trip: 2	Survey Fee:	
Date/Time. File Peturn In?			[Transportation:	
3)		Add Fag:	: Site Ins	р (\$)3+PSSI	- Van
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					Pari	

APT BLK 235 TAMPINES STREET 21 #08-515 S 521235 Address Postcode 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 COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO THE ATTACHED. Attachment(s) Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? FILE SIZE TOO LARGE Remarks/ Reasons: NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SLZ3086D Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 witholding 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	13/11/2020 16:44
Date Of Accident	13/11/2020 14:40
Exact Location Of Accident	CHURCH STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX5302L
Insured/Policyholder	
Name Of Registered Owner	HIAP HONG MOTOR REPAIR
Co Reg No	4XXXX700J
Email Address	HIAP,HONG,MOTOR@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67459633
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	M0007317
Cover Note Number	
Driver	
Name of Driver	CHUA MENG LIANG
NRIC No	SXXXX816F
Date Of Birth	27/07/1955
Occupation	INDOOR
Date Of Driving Pass	29/11/1973
Driving Experience	46 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98333989
Fax Number	
Contact Number	
EMail Address	HIAP.HONG.MOTOR@GMAIL.COM

Accident 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.
- 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.
- 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.
- 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.
- 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 or Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - 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, involves, 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 thire 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 draver is not the policyholder)
Date & Times | 3/11/2070

ARIC/FIN No.

Reporting Centre P

s Signature

Page 3 of 17

Accident Sketch Plan Pg. 1

KETCH PLAN	
A	
A B	
	6x t2121
	A- GX 5302L
	B - SLZ 3086 F
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
on the mentioned date & time, I Saw vehicle in from Stopped, I as a sudden, I felt an impact from	was driving along church street.
Saw vehicle in from Stopped , 1 as	pplied brakes auf followed. Out of
a gudden I felt on Impact from	behind and rentised that my
van was hit by SUZ 36860	
AND MAS WILL DO JOE JOB OF	
	Marria & E-TID-A
	Version NEXX 5 3 6 2 feets of Accident 23/(1/2620
	Versica Not 1 5 3 6 2 feet of Accident 23/11/ 2620 Reporting Only
	Version NEXX 5 3 6 2 feet of Accident 23/(1/2020)
	Verside No. 1 5 3 b 2 feet of Accident 2/(1/2020) Reporting Only Own Bernario Claim
	Verlick No. 1 5 3 6 2 Gene of Accident 23/(1/2620) Reporting Only Own Bernage Claim Third Party Claim
	Vericle No. 1 5 3 b 2 feete of Accident 2/(1/2620) Reporting Only Own Bernage Glaim Third Party Claim Other Workshop
DECLARATION MO pare the foregoing particulars a se true in every respect.	Vericle No. 1 5 3 b 2 feete of Accident 2/(1/2620) Reporting Only Own Bernage Glaim Third Party Claim Other Workshop
Depart the foregoing particulars are true in every respect.	Velicie MEX 5 3 to 2 feet of Accident 23/(1/2020) Reporting Only Own Bernage Grain Other Workshop Other Workshop Other Workshop
Policyholder's Signature Driver's Signature (if driver is not the policyhold	Velicie MAX 5 3 b 2 feer of Accident 23/(1/2020) Reporting Only Own Dernage Claim Other Workshop Other Workshop Reporting Centre Personnel's Signature Name:
Policyholder's Signature Driver's Signature Oute & Time: (if driver is not the policyhold	Velicie MAX 5 3 6 2 feer of Accident 23/(1 / 26 2 0) Reporting Only Own Dernage Claim Other Workshop Other Workshop Reporting Centre Personnel's Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Business		
Owner ID: Vehicle Details	700J		
Vehicle No.:	GX5302L		
Vehicle to be Exported:	No		
ntended Deregistration Date:	16 Nov 2020		
Vehicle Make:	TOYOTA		
Vehicle Model:	LITEACE 2.2A		
Primary Colour:	White		
Manufacturing Year:	2003		
Engine No.:	3C3983287		
Chassis No.:	CR425007273		
Maximum Power Output:	en pro restaure plantation and son		
Open Market Value:	\$23,473.00		
Original Registration Date:	25 Jun 2004		
First Registration Date:	25 Jun 2004		
Fransfer Count:	1		
Actual ARF Paid: ntended PARF Rebate Details	\$1,174.00		
PARF Eligibility:	No		
PARF Eligibility Expiry Date:	· Company		
PARF Rebate Amount: ntended COE Rebate Details	\$0.00		
COE Expiry Date:	31 May 2024		
COE Category:	C - Goods Vehicle & Bus		
COE Period(Years):	5		
PQP Paid:	\$13,910.00		
COE Rebate Amount:	\$9,849.00		
otal Rebate Amount: Message	\$9,849.00		

The information contained herein is correct as at 16 Nov 2020

vehicle.

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\$58 until it's SOLD!



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10

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Liteace

Toyota Liteace 2.2A (COE till

Ways of Selling

Model

Price

Depreciation

> 10 year(s)

Eng Cap Anv Mileage Anv Veh Type

Anv

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Liteace

Advertiser Login

Anv \$16,001

Anv \$9,360 /vr

03-Aug-2002

2.184 cc

106,000 km

Van Available

08/2022) Fuel Type: Diesel

Immaculate Condition, Absolutely No Repairs Required. Powerful Engine Using Diesel.

Posted: 09-Oct-2020 Tags: Toyota Townace, 2002 Toyota Liteace, Toyota Liteace, Toyota, Liteace

DIRECT OWNER

Available

Toyota Liteace 2.2M (COE till

\$14,800

\$10,190 /yr

25-Aug-2003

2,184 cc

280,000 km

Available

04/2022) Fuel Type: Diesel

Most Reliable Japanese Van Ever Produced! Drives Well, And Powerful Too. Perfect For Your Business Needs. New Aircon System, And Good Undercarriage. No More Repairs To Be Done. High Paper Value Too! Loan And Trade In Available. GST Inclusive.

Tan Wei Auto Pte Ltd

Posted: 25-Oct-2020 Tags: Toyota Townace, 2003 Toyota Liteace, Liteace, Toyota Liteace, Liteace,



Toyota Liteace 2.2M (COE till 09/2023)

\$17,800

\$6,200 /yr

31-Oct-2003

2,184 cc

265,400 km

Available

Fuel Type: Diesel

One Owner Only. Full Loan Available, Super Good Condition, Perfect Under Carriage With No Oil Leakage. Wear And Tear Done, Absolutely No More Repairs Needed. In House Loan And Competitive Insurance Available. Call Now For Test Drive!

Posted: 04-Nov-2020 Tags: Toyota Townace, 2003 Toyota Liteace, Toyota Liteace, Toyota, Liteace



Toyota Liteace 2.2M (COE till

\$19,800

\$6,310 /yr 06-Jan-2004

2.184 cc

Van

Available

01/2024)

Fuel Type: Diese 5 Doors. No Repair Needed. Full Servicing Done. Come With Nice 2 Digit Number "48". 4 Pieces New Tyres. New Seat Cushion. New Road Tax 02/06/2021. Loan/Trade In Available, Price Negotiable. Call Now. Don't Miss.

Posted: 11-Nov-2020 Tags: Toyota Townace, 2004 Toyota Liteace, Toyota Liteace, Toyota, Liteace

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Model

Depreciation

Eng Cap

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