

ASS. REC. BY:

REF: CS/EGI20014195/Avd3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

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.

N/S	O/S

Bal. or Market Value: _____

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: PC4699C Yr Regn: 2016 Feb.

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

Truck / Trailer or Mini BusMake: Toyota Hiace C.C. 2982Colour: silver A/C: Insured / Std / NI / NASp. Reading: 159633 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P400189375Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185R15CR: 185R15CBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm / R/Bal. 06 mmL/Bal. 06 mm / L/Bal. 06 mmD.O.A. 18/12/20 D.O.I. 21/12/20Survey held at NHTDes. 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

TP Ergo

MV :

PV :

Nett :

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 15/1/21-TypistDays Of Repair: 7Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : West end (\$Report Format: MerimenLump Sum / L.B.I: LS \$6600

ERGO-LKK-

ADRIAN

SN0920CJ0002 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 19/12/2020 09:51 (SGT)
SUBMITTED BY: Celine Fong Wai Li
VERSION: 1 (19/12/2020 09:51 (SGT))



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 Submission	19/12/2020 09:51 (SGT)
Date of Accident	18/12/2020 12:10 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4699C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GLORY SHIP MANAGEMENT PTE LTD
Company Reg No	1XXXXX770W
Email Address	brian@gloryship.com.sg
Mobile Phone No	(Phone) +65-65361986
Alternative Phone No	(Office) +65-65361986

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus

INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-200095065MBP
Cover Note Number	-

DRIVER

Name of Driver	LAI GEK HUA
NRIC No	SXXXX003J
Date Of Birth	03/10/1957
Occupation	Outdoor



Date Of Driving Pass	13/12/2011
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-96321152
Alt. Phone Number	-
Email Address	brian@gloryship.com.sg
Address	BLK 498L TAMPINES STREET 45
Address complement	#06-484
Postcode	528498
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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	GBK1254X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KAUNG SATT NAING
Passport No/FIN	GXXXX512Q
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident

I stopped my vehicle along Orchard Rd as traffic light was red.
 suddenly I felt an impact of my vehicle and realised that vehicle B
 hit into my vehicle rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

GLORY SHIP MANAGEMENT PTE LTD

9 Temasek Boulevard #38-03 Suntec Tower 2 Singapore 038963
 Tel: 6536 1986 Fax: 6536 1887 E-mail: gon@gloryship.com.sg

Company Registration No. 19650472007
 Policyholder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	770W
Vehicle Details	
Vehicle No.:	PC4699C
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 4 DR AUTO
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2588896
Chassis No.:	JTFHT02P400189375
Maximum Power Output:	-
Open Market Value:	\$36,257.00
Original Registration Date:	17 Feb 2016
First Registration Date:	17 Feb 2016
Transfer Count:	0
Actual ARF Paid:	\$1,813.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Feb 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$40,817.00
COE Rebate Amount:	\$21,074.00
Total Rebate Amount:	\$21,074.00

The information contained herein is correct as at 19 Dec 2020

OK