

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS / FC120.014388/UVd3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

CB6339M

at Workshop m/s

unimotor

of

Insured:

SHD 3618H

Policy No.

Claims No.

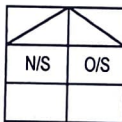
Sum Insured:

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:

\$30k

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:

Date / Time

Action / Instruction

see note 13-07-2018 LTA O

Veh No:

CB6339M

Yr Regn:

14/7/08

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

Truck / Trailer or

(in)

Make:

Toyota hiace

c.c

2982

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

706420

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KDH12010022996

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:

195-215 85

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

22/12/20

D.O.I.

28/12/20

Survey held at

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, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

SS1Y20CN0004 / SME MOTOR PTE LTD
ENTRY DATE & TIME 23/12/2020 13:47 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (23/12/2020 13:47 (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	23/12/2020 13:47 (SGT)
Date of Accident	22/12/2020 08:40 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6339M
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K.H.NG BUS TRANSPORT PTE LTD
Company Reg No	2XXXXX778G
Email Address	info@khngbus.com.sg
Mobile Phone No	(Phone) +65-81219963
Alternative Phone No	+65-83698211

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA548331
Cover Note Number	-

DRIVER

Name of Driver	LIM CHENG HUI
NRIC No	SXXXX843B
Date Of Birth	19/06/1965
Occupation	Outdoor



Date Of Driving Pass	28/10/1995
Driving experience	25 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83698211
Alt. Phone Number	-
Email Address	info@khngbus.com.sg
Address	BLK 644 HOUGANG AVE 8 #03-253
Address complement	-
Postcode	530644
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	Dry

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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

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

I WAS STOPPING AT THE DOTTED WHITE LINE TO LOOK OUT FOR TRAFFIC. OUT OF SUDDEN, VEHICLE (SHD3618H) DID NOT STOP AND HIT ONTO MY BUS (CB6339M) REAR PORTION.

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 SHD3618H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver LEE BOON HENG
NRIC No -1
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -





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.

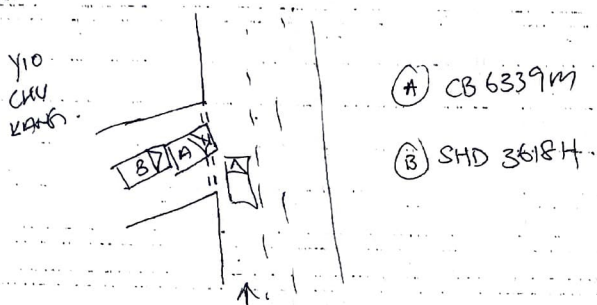
 
 Policyholder's Signature
 Date & Time:


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

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

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STOPPING AT THE DOTTED LINE WHITE TO LOOK OUT OF TRAFFIC. OUT OF SHODEN VEHICLE SHD 3618H DID NOT STOP AND HIT ALSO MY BUS CB 6339M REAR PORTION.

DECLARATION

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

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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	778G
Vehicle Details	
Vehicle No.:	CB6339M
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 M
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1KD1812591
Chassis No.:	KDH2010022996
Maximum Power Output:	-
Open Market Value:	\$32,710.00
Original Registration Date:	14 Jul 2008
First Registration Date:	14 Jul 2008
Transfer Count:	4
Actual ARF Paid:	\$1,636.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 28 Dec 2020

OK

New Cars

Used Cars

Rental Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Resources

CONNECTING CAR BUYERS & SELLERS.

We'll handle your loans, insurance & other paperwork for FREE.

Find out more



hiace

Price Range

Depreciation

> 10 year

Vehicle Type

Submit

Advanced Search

Home » Used Cars » Direct Owners » Toyota Hiace Commuter 3.0M DX (COE till 06/2028)

Toyota Hiace Commuter 3.0M DX (COE till 06/2028)

Overview

Financial

Accessories

Similar

Research

Photos

Map

DIRECT OWNER

Price	\$46,800	Lifespan	19-Jun-2028
Depreciation	\$6,260 /yr	Reg Date	20-Jun-2008 (7yrs 5mths 22days COE left)
Mileage	N.A.	Manufactured	2008
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$25,218 as of today (change)	OMV	\$33,661
COE	\$33,717	ARF	\$1,684
Engine Cap	2,982 cc	No. of Owners	1
Curb Weight	1,800 kg		
Type of Vehicle	Bus/Mini Bus		

100% FREE
PAPERWORK
SUPPORT FOR
BOTH BUYER
& SELLER

Preferred Viewing Area

Shortlist

Compare

Report Error

More Actions

Features

Well Maintained. View specs of the Toyota Hiace

Category

COE Car, Direct Owner Sale

Status

Available

Resources



Car Valuation - Free

Find out the market value of your existing car for free. Get started



Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more

Posted on: 27-Oct-2020 | Last Updated on: 22-Dec-2020

Upfront Payment

» more Financial info

Transfer Fee	\$25	
Down Payment	\$4,680 (change)	Maximum 90% Loan
1st Instalment	\$1,035	Based on 4.5% interest rate
Total Upfront Payment	\$5,740 (excluding insurance)	Check with seller for exact figure

Products and Services

» View All

Compare

Seller Information

Contact Person(s)	Eddie Tang
Contact No.	90079769
Enquiry	Contact Seller

ESSENTIAL TRANSACTION FORMS

- » Indemnity form
- » Sales agreement
- » Receipt
- » Hand-over form
- » Ownership Transfer

GET HELP WITH
PAPERWORK

sgCarMart Connect handles your transaction paperwork - send us your completed Sales Agreement, and we'll help with **Car Loans, Insurance, Payments & Ownership Transfer**. FREE for all sgCarMart Advertised Vehicles.

Upload your Sales Agreement

Read our 8 Step Guide for Direct Buyers & Sellers