

ASS. REC. BY: Alan

REF:

CC4/FCI 20014768/Rlea3

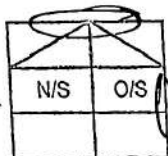
5314

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: GBH 8542J
at Workshop m/s ETHO2
of 20, BUKIT BATU CRESSENT
Insured: FCI
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: 61k
IDAC Accident Report: _____ 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: GBH 8542J Yr Regn: 2018 / OCT
Type: M.Car / M.Cycle / Bus ☒ Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA HIACE VAN Turbo c.c. 2982
Colour: BLACK A/C: Insured / Std / NI / NA
Sp. Reading: 59830 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTFHT02P200245426

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: Inorder / ☒ Jammed / Leaked / Burnt or _____Brake: Inorder / ☒ Jammed / Leaked / Burnt or _____Modi: ☒ NIP / S/Rim / STD A/Rim or _____Tyre Size: F: 195R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / ☒ OHTSUN / PIR / SUMI /
TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 03/12/2020D.O.I. 31/12/2020Survey held at ETHO2

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	Action / Instruction
	Repair limit - 39K

Date/Time, File Pass to?



: Prell. 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

Rep. Format: _____

Lump Sum / L.B.F. (\$) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 30/12/2020

To : MS FIRST CAPITAL INSURANCE LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTHCVE001804 Accident Date : 03/12/2020

Vehicle No : GBH-8542-J Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>List Item</u>			
1	FRONT BUMPER <i>fm✓</i>	420.00	
2	FRONT BUMPER BRACKET RH/LH <i>re✓</i>	298.00	
1	FRONT BUMPER REINFORCEMENT <i>lt✓</i>	320.00	
1	FRONT BUMPER LOWER GRILLE <i>cr✓</i>	160.00	
10	FRONT BUMPER CLIPS <i>re✓</i>	50.00	
1	FRONT GRILLE ASSY <i>cr✓</i>	1,021.00	
2	HEADLAMP RH/LH <i>cr✓</i>	1,700.00	
2	FOGLAMP GARNISH COVER RH/LH <i>cr✓</i>	96.00	
1	BONNET <i>lt✓</i>	780.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	BONNET LOGO <i>ne</i> ✓	68.00	
2	BONNET HINGE RH/LH <i>?</i>	96.00	
1	BONNET LOCK <i>bt</i> ✓	80.00	
1	FRONT FENDER RH <i>bt</i> ✓	193.00	
1	FRONT FENDER LH <i>bt</i> ✓	193.00	
2	FRONT FENDER BRACKET RH/LH <i>ne</i> ✓	96.00	
1	FRONT WINDSCREEN GLASS <i>com</i> ✓	1,500.00	
1	FRONT WINDSCREEN MOULDING <i>ne</i> ✓	80.00	
1	FRONT SUPPORT PANEL ASSY <i>bt</i> ✓	330.00	
1	FRONT SUPPORT LOWER PANEL <i>bt</i> ✓	480.00	

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Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
2	FRONT SUPPORT MEMBER REINFORCEMENT RH/LH ?	320.00	
1	BRACE PANEL 51-	48.00	
1	FRONT PANEL C-MEMBER 51-	180.00	
2	FRONT PANEL C-MEMBER BRACKET RH/LH ?	170.00	
2	FRONT CABLE CONNECTOR BLOCK RH/LH X	150.00	
1	AIR CLEANER BOX ASSY cm/	670.00	
1	WIPER WASHER TANK ?	120.00	
1	RELAY BOX COVER ?	85.00	
1	HORN UNIT ?	120.00	
1	RH FRONT CHASSIS MEMBER bt	1,500.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	RESTORE		
1	LH FRONT CHASSIS MEMBER		
1	FRONT AIR CLEANER DUCT <i>scr</i>	95.00	
1	BRAKE MASTER PUMP ASSY <i>?</i>	580.00	
1	BRAKE SERVO ASSY <i>bf</i>	1,700.00	
1	A PILLAR ASSY RH <i>bf</i>	420.00	
1	FIREWALL INSULATOR <i>rec</i>	280.00	
1	INTERIOR REAR VIEW MIRROR ASSY <i>MIS</i>	750.00	
1	DASHBOARD ASSY <i>7GRN</i>	850.00	
1	DASHBOARD LOWER INSTRUMENT PANEL TRIM <i>?</i>	280.00	
1	STEERING COLUMN COVER <i>?</i>	120.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	GLOVE BOX ASSY <i>cut</i>	380.00	
1	LOWER GEAR SHIFT COVER ?	135.00	
1	CENTRE INSTRUMENT PANEL COVER ?	720.00	
1	BLOWER HOUSING ASSY <i>cm</i>	1,200.00	
1	HEATER BLOWER HOUSING ASSY <i>cm</i>	3,070.00	
1	CENTRE VENTILATION HOUSING ?	85.00	
1	STEERING AIRBAG ASSY <i>act</i>	2,350.00	
1	STEERING AIRBAG CLOCK SPRING <i>rec</i>	480.00	
1	PASSENGER AIRBAG ASSY. <i>act</i>	3,600.00	
1	AIRBAG CONROL UNIT <i>act</i>	850.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
2	FRONT AIRBAG IMPACT SENSOR <i>Act ✓</i>	760.00	
2	SEAT BELT RH/LH <i>Act ✓</i>	1,900.00	
1	AIRCON CONDENSER <i>bt ✓</i>	1,200.00	
1	AIRCON EVAPORATOR PIPE <i>?</i>	464.00	
1	REAR AIRCON EVAOPRATOR PIPE <i>?</i>	464.00	
1	AIRCON COMPRESSOR EVAPORATOR PIPE <i>?</i>	440.00	
1	CONDENSER TUBE PIPE <i>?</i>	198.00	
1	RADIATOR <i>bt ✓</i>	2,300.00	
1	INTER COOLER ASSY <i>bt ✓</i>	1,358.00	
1	INTER COOLER OUTLET PIPE <i>?</i>	195.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	INTER COOLER INLET PIPE ?	195.00	
1	RADIATOR EXPANSION TANK <i>cm</i>	509.00	
1	FAN COWLING <i>cm</i>	280.00	
1	FAN SHROUD <i>cm</i>	280.00	
2	FAN BLADE RH/LH <i>cm</i>	454.00	
2	FAN MOTOR RH/LH <i>cm</i> ?	2,600.00	
1	INTER COOLER COWLING <i>de</i>	180.00	
1	WIPER WASHER TANK <i>X reported</i>	120.00	
1	FRONT DOOR LH <i>bt</i>	1,800.00	
1	FRONT DOOR HINGE UPPER LH ?	78.00	

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Vehicle No : GBH-8542-J

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT DOOR HINGE LOWER LH X ?	78.00	
1	FRONT DOOR CHECKER LH X ?	140.00	
1	FRONT DOOR RH <i>repair</i>	1,800.00	
1	FRONT DOOR HINGE UPPER RH X	78.00	
1	FRONT DOOR HINGE LOWER RH X	78.00	
1	FRONT DOOR CHECKER RH ?	140.00	
2	HEADLAMP BRACKET RH /LH ?	56.00	
1	FRONT EXTENSION CROSSMEMBER RH T57181-26030 ?	180.00	
1	SLIDING DOOR RH <i>by</i>	1,800.00	
1	REAR FENDER RH <i>repair</i>	RESTORE	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FLOOR PANEL RESTORE		
1	FIREWALL PANEL RESTORE		
1	FRONT CHASSIS PANEL RESTORE		
1	A PILLAR LH RESTORE		
	Sub Total	49394.00	
	Discount 25% On Parts	(12348.50)	
Special Nett Item			
1	FRONT NUMBER PLATE <i>bt</i>	35.00	
1	COOLANT <i>re</i>	20.00	
1	FRONT WINDSCREEN SEALANT <i>re</i>	50.00	

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ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	IU BRACKET <i>me</i>	20.00	
2	FRONT DOOR ROC STICKER <i>me</i>	50.00	
1	ADVERTISEMENT STICKER PANELS <i>me</i>	400.00	
	Sub Total	575.00	
Labour & Misc			
	LABOUR TO FACILITATE REPAIR	2,400.00	<i>2000</i>
	TO RESPRAY AFFECTED AREAS	2,000.00	<i>1800</i>
	TO REMOVE AND REFIT FRONT WINDSCREEN GLASS	150.00	<i>120</i>
	TO REMOVE AND REFIT DASHBOARD ASSY	250.00	<i>200</i>

- Parts
- Tools
- Materials
- Supplies

Acknowledged by Reparer

Signature:

Date:

Date : 30/12/2020

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Accident Date : 03/12/2020

Vehicle No : GBH-8542-J

Make & Model : TOYOTA HIACE 3.0 TURBO VAN G (M) EURO

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO REMOVE AND REFIT AIRBAG ASSY	200.00	150
	TO RESET AIRBAG SYSTEM	200.00	150
	TO PULL AND REPAIR CHASSIS PANEL	400.00	300
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	50.00	
	TOWING CHARGE <i>invo?</i>	50.00	
	TO TOP UP AIRCON GAS	120.00	
	Sub Total	5820.00	
		43,440.50	
		SUB TOTAL	
		GST 7.0 %	3,040.84
		TOTAL	46,481.33

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Reparer

Signature:

Date:

Remarks:

16 days - Lumpsum
Paying after repair

Surveyor's name:

Rasul - Hp 9010068

Principal's name: ETHOZ Group Ltd

Survey Date & Time:

31/12/2020 @ 1030



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	07/12/2020 12:45 (SGT)
Date of Accident	03/12/2020 23:15 (SGT)
Exact Location of Accident	Near 301 Tampines Street 32, Singapore 520301
Additional Location Information	Junction of Tampines Ave 2 and Tampines St 23
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8542J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ GROUP LTD
Company Reg No	1XXXXX531H
Email Address	rakes.anand@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	(Home) +65-66547777

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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MTHCVE000218
Cover Note Number	10/10/2020-09/10/2021

DRIVER

Name of Driver	Khudaifah Bin Badrun
Passport No/FIN	GXXXX431T
Date Of Birth	07/04/1994
Occupation	Outdoor

Date Of Driving Pass	09/04/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84030141
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	Blk 11 Woodlands Close #05-40
Address complement	-
Postcode	737853
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Mohd Rafaie Bin Mohtar
Gender	Male

PASSENGER 2

Name	Norhamzah Bln Ab Karim
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the Sketch Plan

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 11

Vehicle Registration Number	SHC621Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Norhamzah Bln Ab Karim
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 days of medical leave
Injured person in which vehicle?	GBH8542J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	Mohd Rafaie Bin Mohtar
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Slightly Injured
Injured person in which vehicle?	GBH8542J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	Khudaifah Bin Badrun
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Slightly Injured
Injured person in which vehicle?	GBH8542J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

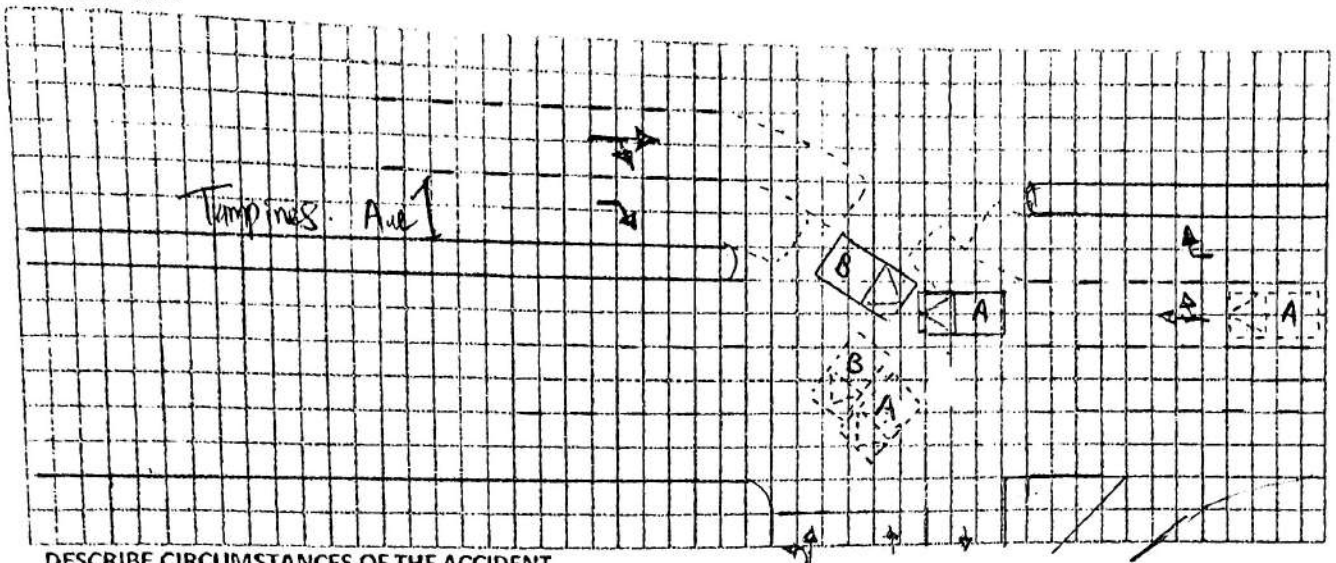
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/12/20

1710 hours

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature
Date & Time

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

4/12/20
17 17 hours.

Reporting Centre Personnel's Signature
Name: Rakeshwaran. Arund
Nric/Fin No.



SINGAPORE POLICE FORCE



T/20201204/2009

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20201204/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2020 03:22	Vide Report No.: G/20201203/0274	Station Diary No.: 14
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Informant's Particulars

Name of Informant: KHUDAIFAH BIN BADRUN		Address: #05-40 11 Woodlands Close SINGAPORE	
ID Type / ID No.: FIN NO / G8743431T		Contact No.: Home/Office: Mobile: 84070141	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 26	Date of Birth: 07/04/1994	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,3C	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2020 23:15	Type of Location: X-Junction
Location: TAMPINES STREET 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8542J	Van	TOYOTA	HIACE	Black	Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20201204/2009

Police Station Of Origin:
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Report No. T/20201204/2009

CONTINUATION OF REPORT

Passenger			
Name	MOHD RAFAIE BIN MOHTAR	ID No.	G2770727R
Related Vehicle	GBH8542J (Van)	Contact No.	87589473
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	KHUDAIFAH BIN BADRUN	ID No.	G8743431T
Related Vehicle	GBH8542J (Van)	Contact No.	84030141
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	NORHAMZAH BIN AB KARIM	ID No.	S8826516E
Related Vehicle	GBH8542J (Van)	Contact No.	87675125
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2020	Date Discharge	04/12/2020
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On 3rd December 2020 at about 2315hrs, I was driving my company van bearing GBH8542J along Tampines Avenue 2. The traffic was moderate at that point of time.

Subsequently, while I was travelling along the 2nd lane (from the right) of Tampines Avenue 2, I wanted to drive pass the cross junction of Tampines Avenue 2 and Tampines Street 23. When I passed the stop line of the said road, the traffic light changed from green to Amber. Unfortunately, there was a yellow colored taxi (I do not know the registration plate number), from the other side of the road inch forward and made a right turn.

My van then collided onto the left side of the said vehicle. Police and ambulance came to the accident scene reference report number G/20201203/0274. There is a in car camera in my van. The ambulance



**SINGAPORE
POLICE FORCE**



T/20201204/2009

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Report No. T/20201204/2009

CONTINUATION OF REPORT

treated myself and one of my passenger namely Mohd Rafaie at scene itself and we were not being conveyed. As for myself, I had bruises on my right wrist. As for Mohd Rafaie, his left knee suffered bruises. My second passenger namely Norhamzah was being conveyed to CGH as his right ring finger was fractured and bruises on his left shin.

Due to the accident, my van had the following damages:

- 1) Front portion of vehicle badly dented and dislodged
- 2) Front windscreen crack
- 3) Scratches and dents at right side of vehicle

That's all.



**SINGAPORE
POLICE FORCE**



T/20201204/2009

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
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Report No. T/20201204/2009


CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 AHMAD BIN HASHIM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2020 03:22
Officer In Charge Of Case: TP / GIT / Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case:
Authentication Stamp NP168	



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

531H

Vehicle Details

Vehicle No.:

GBH8542J

Vehicle to be Exported:

Yes

Intended Deregistration Date:

31 Dec 2020

Vehicle Make:

TOYOTA

Vehicle Model:

HIACE VAN TURBO 5DR MT

Primary Colour:

White

Manufacturing Year:

2018

Engine No.:

1KD2827529

Chassis No.:

JTFHT02P200245426

Maximum Power Output:

-

Open Market Value:

\$28,136.00

Original Registration Date:

10 Oct 2018

First Registration Date:

10 Oct 2018

Transfer Count:

0

Actual ARF Paid:

\$1,407.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

09 Oct 2028

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$27,787.00

COE Rebate Amount:

\$21,602.00

Total Rebate Amount:

\$21,602.00

The information contained herein is correct as at 24 Dec 2020

OK

mart.com/used_cars/info.php?ID=942916&DL=2976

► Toyota Hiace 3.0M

Overview

Financial

Accessories

Similar

Research

Photos

M



Price \$59,800

Lifespan

31-Jul-2038

Depreciation ⓘ

\$7,880 /yr

View models with similar depre

Reg Date

01-Aug-2018

(7yrs 7mths COE left)

Mileage

N.A.

Manufactured ⓘ

2018

Road Tax ⓘ

N.A.

Transmission

Manual

Dereg Value ⓘ

\$21,270 as of today (change)

OMV ⓘ

\$28,138

COE ⓘ

\$28,037

ARF ⓘ

\$1,407

Engine Cap

2,982 cc

No. of Owners ⓘ

1

Curb Weight ⓘ

1,700 kg

Type of Vehicle

Van

Features

View specs of the Toyota Hiace

D

Search results

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