REF:	
SS, REG. BY:	SSIGNMENT
rom. Date:	Veh No: GBH 3969U Yr Regn: 2018 / Muy Type: M.Car / M.Cycle / Bust Van J Lorry / Taxi / Prime Mover /
stimated Cost:	Truck / Trailer or
D / TP / WS / TP RES / OD RES / EVA / INV / MV	7 11 11 11 11 11
nspect Vehicle No:	1 11/10
Workshop m/s	75.534
	William State Company of the Company
sured:	C/No: JTFHT02P00241695
olicy No.	Gen. Cond: Goody Fair / Poor / Burnt
aims No.	Steering: Inorder / Jammed / Leaked / Burnt or
ım Insured: Excess:	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or
lake of Veh:	10/2/5
	1050150
(Policy Condition)	
Remark: The ven had commenced its	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm / R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	11111
Est. Repairs: days Res.: Yes or No	7-1
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN	/ OUT The U/C / Chassis frame / Body Structure affected due to collision
Date:Person Contacted:	The O/C / Chassis frame / Body Structure anected due to comoc
Date / Time Action / Instruction	,
11 3.151	
mv: 621c	
PV: 22K.	annote you yet as the note of the second of
Nett: HOK.	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) . Ad	d Fee: Site Insp (\$)s +Rssi
	: Interview (\$) Photos
Report Formal:	: Tech. Invs (\$) Others
Lump Sum / LBJ: (3	:Weelend (\$
	TOTAL

SY0A21220001 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 02/02/2021 09:53 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (02/02/2021 09:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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.

4. The issue and acceptance of this Point by insurance companies is not an admission of policy liability of the part of the insurance and 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

02/02/2021 09:53 (SGT) 01/02/2021 15:40 (SGT) Bishan Street 11, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH3969U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

EC COOL AIR CONDITIONING 5XXXX642W AHBOYPHANG@HOTMAIL.COM (Phone) +65-84182992 (Home) +65-84182992

VEHICLE PARTICULARS

Manufacturer Model

Variant

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?

Vehicle Category

Toyota Hiace

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number

NTUC Comprehensive No 5100572295-02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

PHANG SUE MIN SXXXX205A 23/07/1989 Outdoor

Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

07/09/2010

10 YEARS AND 5 MONTHS

Male

(Phone) +65-84182992

AHBOYPHANG@HOTMAIL.COM APT BLK 877 TAMPINES ST 84 #04-54

520877

No

Employee

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Major/Minor Rd

Clear Dry

No

Yes

No

Yes

2

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

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?

Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Eunos Neighbourhood Police Post (Phone) +65-18004439999

(Fax) +65-62444376

Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMELT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver Contact Number

EU1222A Honda

Civic

Blue Private car

Address	-
Address complement	-
Postcode	_
Insurance Company Name	- 2
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 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.
- 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 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:
 - 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:
 - 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/HN No .:

SKETCH PLAN			
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		(B) EU (3969U :
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DECLARATION I/We declarate foregoing particula Resp. No. 1	ars are true in every respect.	assente assente accorde	
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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Business		
Owner ID: Vehicle Details	642W		
Vehicle No	GBH3969U		
Vehicle to be Exported:	No		
Intended Deregistration Date:	02 Feb 2021		
Vehicle Make:	TOYOTA HIACE VAN TURBO 5DR MT		
Vehicle Model:			
Primary Colour:	White		
Manufacturing Year:	2018		
Engine No.:	1KD2791938		
Chassis No.:	JTFHT02P900241695		
Maximum Power Output:			
Open Market Value:	\$28,138.00		
Original Registration Date:	16 May 2018		
First Registration Date:	16 May 2018		
Transfer Count:	0		
Actual ARF Paid: Intended PARF Rebate Details	\$1,407.00		
PARF Eligibility:	No		
PARF Eligibility Expiry Date:	elinio evido di luna use		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00		
COE Expiry Date:	15 May 2028		
COE Category:	C - Goods Vehicle & Bus		
COE Period(Years):	10		
PQP Paid:	\$30,086.00		
COE Rebate Amount:	\$21,917.00		
Total Rebate Amount:	\$21,917.00		

The information contained herein is correct as at 02 Feb 2021

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\$76,800 https://www.sqcarmart.com/used_cars/listing.php?ORD=RGD_ASC&MOD=hiace&RPG=20&VFH=0&RGD=2018&AVI =2

Posted: 19-Jan-2021 Tags: 2018 Toyota Hiace, Toyota Hiace, Toyota, Hiace

vota Hiace Commuter 2.8A

ICE- (Optional) Front:DLS 3way Sound System Rear:DLS 2way Speaker x 4; 12" Woofer x 2 -Undercarriage- (Optional) Front_UI

Vehicle_Stabilizer Bar Rear_Cusco_Stabilizer Bar -Wheel- (Optional) Fabulous PANDEMIC LW10 Size: 17", All Optional Item Will Be Repla..

\$9,740 /vr

20-Dec-2018

2.754 cc

DIRECT OWNER

Available

Bus