

A.S. REC. BY: P. K. M.REF: CS/TM121001876/RH/3

15K

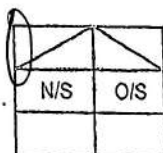
ASSIGNMENT

LOG ENTRY 2024/NOV

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: 941044C
at Workshop m/s: NHEE NHEE MOTOR
of: BLK K NO 22 P. K. M. LSP
Insured: TM1
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: 26K
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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 941044C Yr Regn: 2005/200
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: TOYOTA LEXUS SP2 c.c. 2184
Colour: GREEN A/C: Insured / Std / NI / NA
Sp. Reading: 311402 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: CR425016901
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: NI / S/Rim / STD A/Rim or
Tyre Size: F: 165 R13C
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / NIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 28/01/2021 D.O.I. 09/02/2021
Survey held at NHEE NHEE

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S FR

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Report (mt - 15K)</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (4K-5K) / 6 days</u>
	<u>SUBMIT PRS REPORT</u>

Date/Time, File Pass to?



: Prel. Report

Days Of Repair: 6

1)



: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.S. (\$) _____

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	28/01/2021 18:05 (SGT)
Date of Accident	28/01/2021 13:00 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	ALONG SEMBAWANG ROAD JUNCTION OF BAH SOON PAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY1044C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHAO JUN ELECTRICAL PTE. LTD.
Company Reg No	2XXXXX151K
Email Address	nabilah@mova.com.sg
Mobile Phone No	(Phone) +65-98276005
Alternative Phone No	+65-98276005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
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	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5101748551-02
Cover Note Number	-

DRIVER

Name of Driver	LI CHAOCHAO
NRIC No	SXXXX698B
Date Of Birth	27/09/1993

ation
Of Driving Pass
ing experience
nder
obile 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

Outdoor
01/10/2015
5 YEARS AND 3 MONTHS
Male
(Phone) +65-98276005
-
nabilah@moval.com.sg
BLK 275C JURONG WEST STREET 25 #15-73
-
643275
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Clear
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) 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? Yes
Police Station Name Yishun South Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18008522999
Alt. Police Station Phone No (Fax) +65-68522239
Police Station Address 32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO STATEMENT ON THE POLICE REPORT NO. T/20210128/2077.

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 GBH8323A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver NG LAI HOCK

No	SXXXX029A
Act Number	-
ress	-
dress complement	-
ostcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

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:



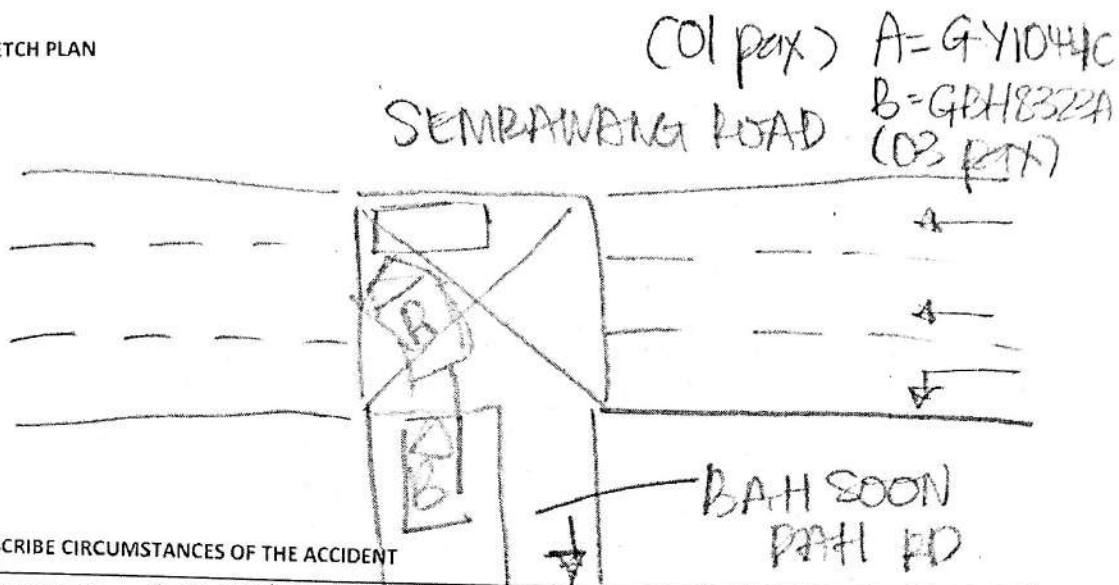
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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

[Signature]
Name: Nabilah
28/01/2021

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: GY1044C ACCIDENT DATE & TIME: 28/01/2021 @ 1300hrs.
CONTACT NUMBER: 98276005 E-MAIL ADDRESS:

LOCATION: Along Semrawang Road.

Please refer to police report no. T120210128/2021.

Remarks: Upon impact, my vehicle swerved to the right and hit the kerb causing further damages to my right portion.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state

() Claim Own Policy

☒ Claim Third Party

() Claim OD/TP at other workshop

() Reporting Only

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.:

Naimah
28/01/2021.



SINGAPORE POLICE FORCE



T/20210128/2077

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20210128/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2021 14:58		Vide Report No.:		Station Diary No.: 38
Informant's Particulars				
Name of Informant: LI CHAOCHAO		Address: APT BLK 275C JURONG WEST STREET 25 #15-73 SINGAPORE 643275		
ID Type / ID No.: NRIC NO / S9373698B		Contact No.: Home/Office: Mobile: 98276005		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 27	Date of Birth: 27/09/1993	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2021 13:00	Type of Location: Straight Road
Location: SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8323A	Lorry	TOYOTA		White	Slightly Damaged	2
GY1044C	Van	TOYOTA		Silver	Slightly Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999



T/20210128/2077

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Report No. T/20210128/2077

CONTINUATION OF REPORT

Driver				
Name	Ng Lai Hock		ID No.	S6924029A
Related Vehicle	GBH8323A (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LI CHAOCHAO		ID No.	S9373698B
Related Vehicle	GY1044C (Van)		Contact No.	98276005
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 28/01/2021 at about 1300hrs, I was travelling in my van (GY1044C, silver Toyota) along Sembawang Road towards Yishun Ave 1 on the most right lane. When I was near the junction of Sembawang Road and Bah Soon Pah Road, a lorry (GBH8323A, white Toyota) had turned out from Bah Soon Pah Road and had collided to the left front of my van. There is a stop line at the end of Bah Soon Pah Road.

The front left tyre was punctured and I managed to stop at the nearby bus stop. I then asked the lorry driver to come over to the bus stop. We then exchange particulars and took photos of the damages. The driver then left the scene.

No one was injured at the point of time. No police and ambulance had attended to the accident. There are dents and scratches to the front left side of my van and there are dents and scratches to the right front side of the lorry.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999



T/20210128/2077

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Report No. T/20210128/2077

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:
L /
Sgt 3 ISAAC LEE YU JIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP/GIA /
Staff Sgt WONG SIEU LUI SN 130
Contact No: 65476151

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:
28/01/2021 14:58

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	151K

Vehicle No.:	GY1044C
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	LITEACE 5DR
Primary Colour:	Silver
Manufacturing Year:	2004
Engine No.:	3C4005908
Chassis No.:	CR425010901
Maximum Power Output:	-
Open Market Value:	\$18,669.00
Original Registration Date:	03 Jan 2005
First Registration Date:	03 Jan 2005
Transfer Count:	1
Actual ARF Paid:	\$934.00

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	30 Nov 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$13,156.00
COE Rebate Amount:	\$10,013.00
Total Rebate Amount:	\$10,013.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 10 Feb 2021

OK

Silver

com/used_cars/info.php?ID=964573&DL=2932

Toyota Liteace 2.2M (COE till 02/2025)

Overview

Financial

Accessories

Similar

Research

Photos

Map

NETLINK

Your Commercial Specialist

Specialized in New & Used Commercial Vehicles. Insurance. Hire Purchase. Scrap/Export

Price	\$27,800	Lifespan	02-Feb-2025
Depreciation	\$6,980 /yr	Reg Date	03-Feb-2005 (3yrs 11mths 23days COE left)
Mileage	N.A.	Manufactured	2004
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$9,700 as of today (change)	OMV	\$18,669
COE	\$12,184	ARF	\$934
Engine Cap	2,184 cc	No. of Owners	6
Curb Weight	1,280 kg		
Type of Vehicle	Van		

Accessories

Customized Rear Cabin Seat! Full Body Kit! New Upholstery!

