

> Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Owner ID Type:</b>	Business
<b>Owner ID:</b>	871W
<b>Vehicle No.:</b>	PC2497G
<b>Vehicle to be Exported:</b>	No
<b>Intended Deregistration Date:</b>	23 Feb 2021
<b>Vehicle Make:</b>	TOYOTA
<b>Vehicle Model:</b>	HIACE HIGH ROOF COMMUTER TURBO AUTO
<b>Primary Colour:</b>	Silver
<b>Manufacturing Year:</b>	2014
<b>Engine No.:</b>	1KD2410176
<b>Chassis No.:</b>	JTFST22P000020164
<b>Maximum Power Output:</b>	-
<b>Open Market Value:</b>	\$38,054.00
<b>Original Registration Date:</b>	31 Jul 2014
<b>First Registration Date:</b>	31 Jul 2014
<b>Transfer Count:</b>	2
<b>Actual ARF Paid:</b>	\$1,903.00
<b>PARF Eligibility:</b>	No
<b>PARF Eligibility Expiry Date:</b>	-
<b>PARF Rebate Amount:</b>	\$0.00
<b>COE Expiry Date:</b>	30 Jul 2024
<b>COE Category:</b>	C - Goods Vehicle & Bus
<b>COE Period(Years):</b>	10
<b>PQP Paid:</b>	\$31,529.00
<b>COE Rebate Amount:</b>	\$10,866.00
<b>Total Rebate Amount:</b>	\$10,866.00

The information contained herein is correct as at 23 Feb 2021

OK

Silver





Merimen e-Claims



Used 2014 Toyota Hiace Comm



WhatsApp

mart.com/used\_cars/info.php?ID=953525&DL=1328

## ▶ Toyota Hiace Commuter 3.0A High Roof

**Overview**

Financial

Accessories

Similar

Research

Photos

Map

<b>Price</b>	<b>\$32,800</b>	<b>Lifespan</b>	21-Jul-2034
<b>Depreciation</b>	\$9,620 /yr View models with similar depre	<b>Reg Date</b>	22-Jul-2014 (3yrs 4mths 28days COE left)
<b>Mileage</b>	N.A.	<b>Manufactured</b>	2014
<b>Road Tax</b>	N.A.	<b>Transmission</b>	Auto
<b>Dereg Value</b>	\$8,273 as of today (change)	<b>OMV</b>	\$38,054
<b>COE</b>	\$24,274	<b>ARF</b>	\$1,903
<b>Engine Cap</b>	2,982 cc	<b>No. of Owners</b>	2
<b>Curb Weight</b>	2,200 kg		
<b>Type of Vehicle</b>	Bus/Mini Bus		

### Features

The Engine And Body At Very Excellent Condition. View specs of the [Toyota Hiace](#)

### Accessories

Easy In-House Loan Available.

### Description

Please click on the image For Viewing, Thanks.

**Compare**



ASS. REC. BY: James REF: CS3/SMB 2100 2330/R1Kqd3 B  
871u

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: PC 24976  
 at Workshop m/s Koo Ah Whar  
 of 5, Soon Leet St #06-03  
 Insured: SMB  
 Policy No. \_\_\_\_\_  
 Claims No. CMTD2100510/RUC  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: PC 24976 Yr Regn: 2014 / July  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: TOYOTA HIACE H.R COMMUNE c.c 2982  
 Colour: GREEN A/C: Insured / Std / NI / NA  
 Sp. Reading: 435882 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTFST 22P0000 20164  
 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: 195R15  
 R: 21

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS DUN / EXNOVA / GY / FS / LIZA / MHC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_

Bal. or Market Value: 32K  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

Front Rear  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 15/02/21 D.O.I. 22/02/21  
 Survey held at Koo Ah Whar

CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
N/S FRT  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Repair Int - 21K</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (2K-3K) / 5 days</u>
	<u>Kenneth quoted \$2000-\$3000; 3 repair days.</u>
<u>30/03/21</u>	<u>Submit PRS.</u>

Date/Time, File Pass to?  : Prel. Report  
 : Final Report

Days Of Repair: 3  
 Resurvey No. of Trip: \_\_\_\_\_

1) 30/03 Typist  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

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

Survey Fee:	_____
Transportation:	_____
\$ + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____

Report Format: PRS  
 Lump Sum / E.P. (\$) \_\_\_\_\_

# 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	16/02/2021 10:31 (SGT)
Date of Accident	15/02/2021 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG GATEWAY (DROP OF POINT JURONG EAST MRT)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2497G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TEE TRANSPORT
Company Reg No	5XXX871W
Email Address	LUCASTEOWL@GMAIL.COM
Mobile Phone No	(Phone) +65-94575285
Alternative Phone No	(Home) +65-94575285

## 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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114137857-01 (COMP)
Cover Note Number	-

## DRIVER

Name of Driver	LIM TOON TECK
NRIC No	SXXXX719G
Date Of Birth	30/07/1952
Occupation	Outdoor

Date Of Driving Pass	08/09/1972
Driving experience	48 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86927622
Alt. Phone Number	-
Email Address	LUCASTEOWL@GMAIL.COM
Address	APT BLK 547 JURONG WEST STREET 42 #02-143
Address complement	-
Postcode	640547
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 - Major/Minor Rd
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

**PASSENGER 1**

Name	WORKER
Gender	Male

**PASSENGER 2**

Name	WORKER
Gender	Male

**PASSENGER 3**

Name	WORKER
Gender	Male

**PASSENGER 4**

Name	WORKER
Gender	Male

**PASSENGER 5**

Name	WORKER
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**

**REFER TO STATEMENT ATTACH**



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 SKS5635E  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
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) -



**Describe Circumstances of the Accident**

I was at junction gateway with junction east side at drop of point at MRT there was a car in front of me the car enter the 1st lane drop lane and I moved forward to 2nd drop lane suddenly the car come out from the 1st lane and hit my van on left portion.

**Declaration**

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

Witnessed by Reporting Centre Personnel

**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 willful 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 to 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.

**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.

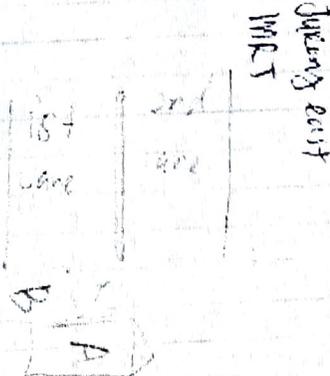


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A - PC24976  
 B - SKS 5635E



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel: (65) 6224 0010 Fax: (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S65500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No: PC 2497G  
Name (as shown in NAIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 15-2-21 Time of Accident : 10:15  
Place of Accident : Jurong gateway  
Insurance Company: NWU

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\* EDIT SKETCH plan  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Signature]  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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