

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: CB 79356at Workshop m/s styletech 2pmof CB 5237R

Insured: _____

Policy No. _____

Claims No. _____

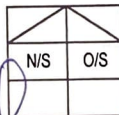
Sum Insured: _____

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: 470k

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

33 PF

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: CB 79356Yr Regn: 11/7/17

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

Truck / Trailer or (4)Make: Toyota hiaceDX 3.0.c.c 2982Colour silver

A/C: Insured / Std / NI / NA

Sp. Reading 246094

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH 2010223200Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 195 R15

R: _____

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

TOYO / YOKO or

Front 6Rear 6

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. 6

mm

L/Bal. 6

mm

D.O.A. 25/2/21D.O.I. 26/2/21

Survey held at _____

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

N/S Rear

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

Date / Time Action / Instruction

have video. LTA 0

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: _____

Add Fee: ☐

: Site Insp (\$

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

TOTAL

Report Format : _____

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

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	26/02/2021 10:09 (SGT)
Date of Accident	25/02/2021 15:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHAI CHEE LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7935K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO HOCK LEONG
NRIC No	SXXX338F
Email Address	teo8843@yahoo.com
Mobile Phone No	(Phone) +65-94892945
Alternative Phone No	+65-94892945

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / HIACE DX 3.0 AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5092578781-03
Cover Note Number	-

DRIVER

Name of Driver	TEO HOCK LEONG
NRIC No	SXXX338F
Date Of Birth	05/12/1963
Occupation	Outdoor

Date Of Driving Pass	15/02/1989
Driving experience	32 YEARS
Gender	Male
Mobile Number	(Phone) +65-94892945
Alt. Phone Number	+65-94892945
Email Address	teo8843@yahoo.com
Address	BLK 715 #05-85 CLEMENTI WEST STREET 2
Address complement	-
Postcode	120715
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. WHILE TRAVELLING ON MY LANE, VEHICLE GBG5237R CAME OUT FROM THE MINOR ROAD AND COLLIDED ONTO MY VEHICLE LEFT HAND SIDE PORTION, WHICH RESULTED TO SUSTAIN DAMAGED.

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	GBG5237R
Vehicle Manufacturer	Nissan
Vehicle Model	NISSAN / NV350 PANEL VAN 2.5 5AT 5DR EURO V
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KHAMIS BIN SIN
NRIC No	SXXXX233H
Contact Number	-
Address	-

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

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacb@vicom.com.sg

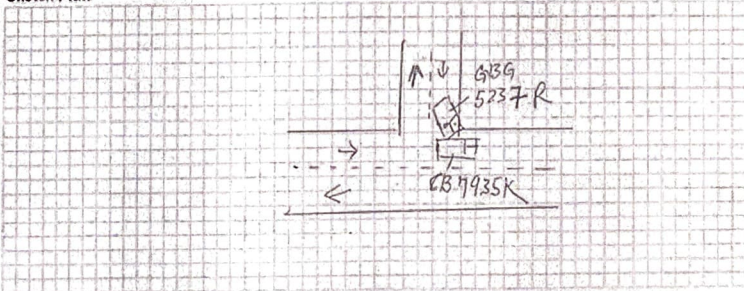
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

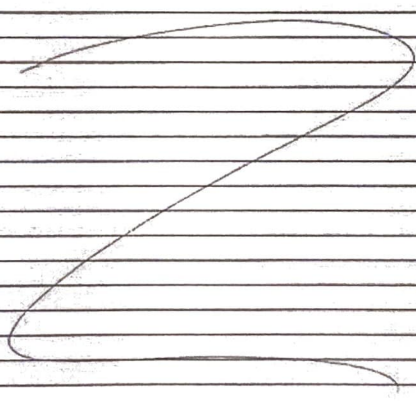
26 FEB 2021

Sketch Plan



Describe Circumstances of the Accident

Ref
L. He



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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacb@vloom.com.sg

Witnessed by Reporting Centre Personnel

26 FEB 2021



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1 vehicles

Hiace 3.0A DX

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Hiace 3.0A DX		Any	Any	2017	Any	Any	Any	Available
	Toyota	Hiace 3.0A DX	\$65,800	\$10,380 /yr	29-Jun-2017	2,982 cc	73,000 km	Van	Available
	Fuel Type: Diesel Exclusive Premium Warranty Provided! Unit Packed With Carpet Floorboard/Checker Plated Side Board, Rare Rear Aircon Unit! Very Well Maintained. Full Loan Option Available! Speedy Loan Process. Zero Downtime. Immediate Handover Upon Loan Approval. Get It Before... Car (5) Pte Ltd								
	Posted: 21-Feb-2021 Tags: 2017 Toyota Hiace, Toyota Hiace, Toyota, Hiace								

Save this search criteria, to get email alerts whenever a match is found.

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	338F
Vehicle Details	
Vehicle No.:	CB7935K
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 3.0 AUTO
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	1KD2713903
Chassis No.:	KDH2010223200
Maximum Power Output:	-
Open Market Value:	\$36,958.00
Original Registration Date:	11 Jul 2017
First Registration Date:	11 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$1,848.00
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 26 Feb 2021

OK