



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	09/03/2021 11:27 (SGT)
Date of Accident	08/03/2021 14:35 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7882E
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZOOM AUFA PTE LTD
Company Reg No	2XXXXX905G
Email Address	SUYATISAPAR@GMAIL.COM
Mobile Phone No	(Phone) +65-98791142
Alternative Phone No	+65-98791142

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	Bus

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5117949224
Cover Note Number	-

DRIVER

Name of Driver	SUYATI BINTE SAPAR
NRIC No	SXXXX557I
Date Of Birth	16/05/1963
Occupation	Outdoor

Date Of Driving Pass	01/11/1999
Driving experience	21 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98791142
Alt. Phone Number	-
Email Address	SUYATISAPAR@GMAIL.COM
Address	BLK 769 WOODLANDS DR 60 #06-140
Address complement	-
Postcode	730769
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Head to Rear
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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	F RUSNI BTE KAWI NAJAMUDIN
Gender	Female

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.

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	SMM9584A
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SUYATI BINTE SAPAR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? PA7882E
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person F RUSNI BTE KAWI NAJAMUDIN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? PA7882E
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN



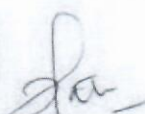

IMPORTANT NOTICE

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.

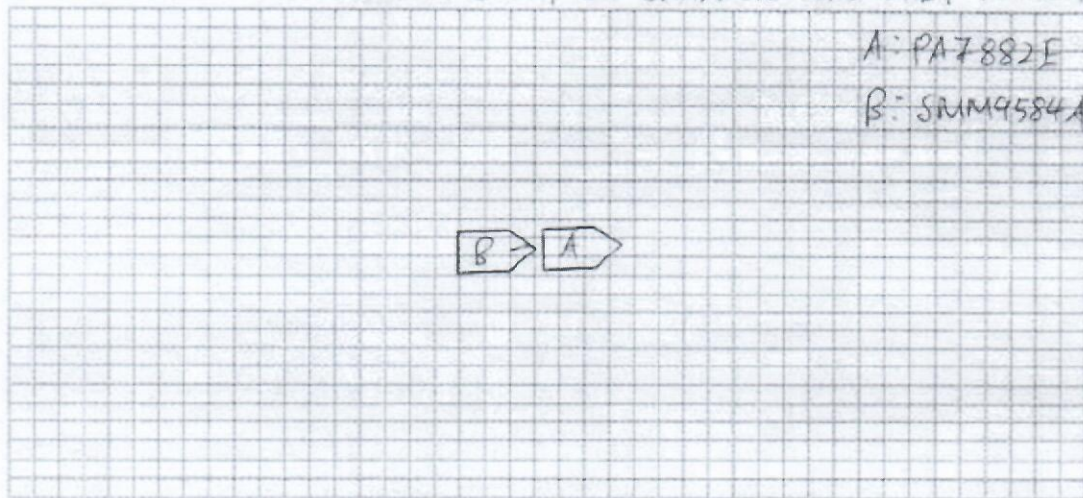
8. Consent under the Personal Data Protection Act (PDPA)

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

SKETCH PLAN: CTE TOWARDS CITY B4 BRADDELL ROAD EXIT LANE 4



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT LANE 4. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEH B REAR-ENDED MY VEHICLE.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:



[Signature]

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

[Signature]

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	905G
Vehicle Details	
Vehicle No.:	PA7882E
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER 3.0GL A
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1KD1836146
Chassis No.:	KDH2230004342
Maximum Power Output:	-
Open Market Value:	\$42,042.00
Original Registration Date:	08 Sep 2008
First Registration Date:	08 Sep 2008
Transfer Count:	3
Actual ARF Paid:	\$2,103.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	07 Sep 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$30,696.00
COE Rebate Amount:	\$23,050.00
Total Rebate Amount:	\$23,050.00

The information contained herein is correct as at 09 Mar 2021

OK



New Cars

Used Cars

Rental Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Resources

**CONNECTING CAR BUYERS & SELLERS.**

We'll handle your loans, insurance & other paperwork for FREE.

Find out more

► **SEARCH**

Hiace

Price Range

Depreciation

> 10 year(s)

Vehicle Type



Search

View All

Advanced Search

Used Car Comparison

--- Comparing 3 Vehicles ---

Toyota Hiace Commuter 3.0M DX
(COE till 06/2028)

Add to Shortlist

Toyota Hiace Commuter 3.0A High Roof
(COE till 03/2029)

Add to Shortlist

Toyota Hiace Commuter 3.0M (COE till 10/2029)

Add to Shortlist



NO IMAGE AV

Use search bar above to se
to compare.

Clear All

Add all to Shortlist

Back to search result

CAR DETAILS

Price	\$51,800	\$48,800	\$54,500	-
Instalment	N.A.	N.A.	N.A.	-
Registration Date	20-Jun-2008	10-Mar-2009	02-Nov-2009	-
Manufactured	2008	2008	2009	-
Mileage	-	-	-	-
Transmission	Manual	Auto	Manual	-
Engine Cap	2,982 cc	2,982 cc	2,982 cc	-
Road Tax	-	-	-	-
Power	-	-	-	-
Curb Weight	1,800 kg	2,160 kg	2,000 kg	-
Features	Well Maintained.	-	-	-
Accessories	-	Almost New Michelin Tyres! Pioneer Bluetooth Dvd Set!	Borneo Unit! Android Head Unit. Upgraded Seats, Carbon Steering Wheel With Multi-Function Control.	-
Description		Well-maintained 14 Seater Bus! Fully Upholstered! Only Used For VIP Transport! Call Now For An No Obligations Discussion!	No Expenses Spared Unit. Beautiful Paint Work, Engine Overhaul, New Clutch With Receipts To Prove. Accident Free. Call Now To View.	-
COE	\$33,717	\$26,756	\$25,842	-
OMV	\$33,661	\$34,205	\$34,417	-
ARF	\$1,684	\$1,711	\$1,721	-
Depreciation	\$7,110 /yr	\$6,100 /yr	\$6,300 /yr	-
No. of Owners	1	5	1	-
Type of Vehicle	Bus	Bus	Bus	-
Category	COE Car, Direct Owner Sale	COE Car	COE Car	-
Availability	Available	Available	Available	-
Remarks	Fuel type Diesel COE expiry date 2029-10-31	Fuel type Diesel COE expiry date 2029-10-31	Fuel type Diesel COE expiry date 2029-10-31	-

SELLER INFORMATION

Seller	Direct Owner	Net Link Partners Pte Ltd	Big Bird Automobiles Pte Ltd	-
--------	--------------	---------------------------	------------------------------	---