

REF:

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____


Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Remark: The veh had commenced its repair at the time of inspection.

	
N/S	O/S

Bal. or Market Value: _____

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Tyre Size: F: 205/55R16
R: 205/55R16

TOYO / YOKO or

<u>Front</u>		<u>Rear</u>	
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u>	mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u>	mm
D.O.A.		D.O.I. <u>09/03/21</u>	

Survey held at Xin Hua

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

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

Date / Time	Action / Instruction
	TP A/G.
	COE Expiry: 10/11/24.
	MV:
	PV:
	Nett:

☐ : Prel. Report
☐ : Final Report

2)

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

Resurvey No. of Trip:

☐ Weekend (8)

TOTAL

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 17:19 (SGT)
Date of Accident	12/02/2021 11:25 (SGT)
Exact Location of Accident	Kang Ching Rd, Block 353, Singapore 610353
Additional Location Information	BLK 353 KANG CHING ROAD DRIVEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB292X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIZCAR PTE. LTD.
Company Reg No	2XXXXX991Z
Email Address	bizcarsg@gmail.com
Mobile Phone No	(Phone) +65-86848181
Alternative Phone No	(Office) +65-86848181

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5112943928-01
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD FUAD BIN SULIMAN
NRIC No	SXXXX068J
Date Of Birth	14/07/1983
Occupation	Outdoor

Date Of Driving Pass	06/04/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86089663
Alt. Phone Number	-
Email Address	fuadblackbird@gmail.com
Address	APT BLK 788C WOODLANDS CRESCENT
Address complement	#04-174 SINGAPORE
Postcode	733788
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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

PLEASE REFER TO ATTACHED. PLEASE REFER TO SKETCH AND STATEMENT FOR TYPE OF ACCIDENT. VEHICLE A(SLB292X) WAS REVERSING WHEN SUDDENLY VEHICLE B(GBK3728H) SQUEEZE IN AND HIT ONTO VEHICLE A.

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	GBK3728H
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD A'FIF BIN SAFIEE
NRIC No	SXXXX530Z
Contact Number	(Phone) +65-94897956
Address	-
Address complement	-

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

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.



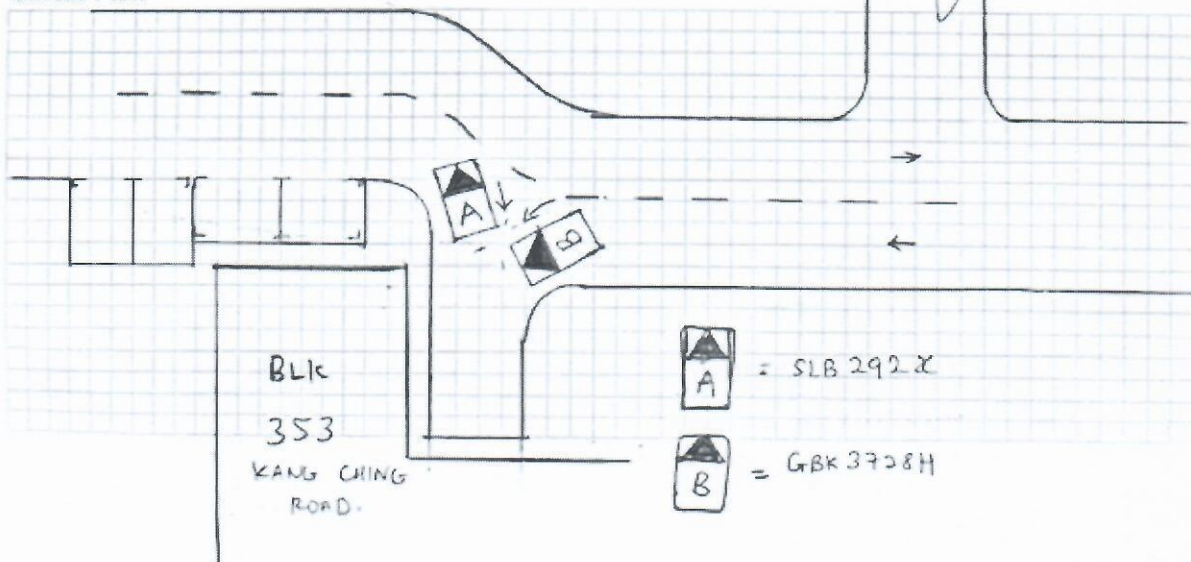
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

On the 12th of February 2021, at about 11:30am, I was sending a passenger to BLK 354, Kang Ching Road. After I dropped the passenger at the side road close to BLK 354, I moved forward to find a space to conduct a U-turn as there is no space for me to do that to exit the area.

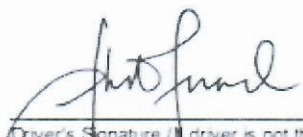
About 50m ahead, I observed a space at the next blk (353) rubbish chute area and was intending to make a U-turn. Nearing to the area, I proceeded slight right and intended to reverse to the left towards the rubbish chute area. I checked on the left and while reversing, I check on the right as well. That's where the collision between a DHL Van (GBK 3728 H) and my car. I was not aware that the van was planning to squeeze to the left and entering towards the same rubbish chute area. We exchanged particulars after that. That's all.

Declaration

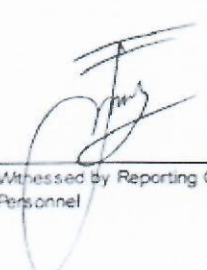
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	991Z
Vehicle Details	
Vehicle No.:	SLB292X
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Beige
Manufacturing Year:	2009
Engine No.:	3ZZ4905205
Chassis No.:	MR053ZEE106148607
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,500.00
Original Registration Date:	11 Nov 2009
First Registration Date:	11 Nov 2009
Transfer Count:	4
Actual ARF Paid:	\$17,500.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Nov 2024
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$16,208.00
COE Rebate Amount:	\$11,966.00
Total Rebate Amount:	\$11,966.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 01 Mar 2021

OK

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Feb 2021 / 10:15:02

Receipt Date/Time : 28 Feb 2021 / 10:15:01

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210228-000392

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - GBK3728H As at 12 Feb 2021/11:25:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - GBK3728H Enquiry Fee 20210228101357787476	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	20210228101409195		Direct Debit: eNETS Debit (Internet Banking)	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.