

ASS. REC. BY: Sun Pin.

REF: CS3/CT121003808/Gtffj

Denise.

*PRS

ASSIGNMENT

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: _____

(Policy Condition)

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

| | |
|--------|-----|
| XXXXXX | |
| 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

Veh No: CB68432 Yr Regn: 08/03/2012.

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

Truck / Trailer or _____

Make: Toyota Hiace. c.c 2982.

Colour: White. A/C: Insured / Std / NI / NA

Sp. Reading: 507014. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFST22P600012585

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: 195 R15C

R: 195 R15C

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

TOYO / YOKO or GIT Radial

Front Rear

R/Bal. 6 mm / R/Bal. 6 mm

L/Bal. 6 mm / L/Bal. 6 mm

D.O.A. 23/03/2024 D.O.I. 24/03/2024

Survey held at FTL Auto.

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

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

| Date / Time | Action / Instruction |
|-------------|----------------------------------|
| | Repair day 8 days |
| | NIV: 19,000 |
| | PV: 0 |
| | NV: 19,000 |
| | Repair Range. \$7,000 - \$8,000. |

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

1) Date/Time, File Return to?
 2) _____

Report Format: _____

Lump Sum / I.B. (C) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

| |
|------------------------|
| Survey Fee: _____ |
| Transportation: _____ |
| _____ S + RS. _____ SI |
| Photos _____ |
| Others _____ |
| 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 23/03/2021 13:19 (SGT)
Date of Accident 23/03/2021 07:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information GUILLEMARD CRESCENT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6843Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BT & TAN TRANSPORT PTE LTD
Company Reg No 2XXXXX272G
Email Address ops@btntan.com
Mobile Phone No (Phone) +65-64834527
Alternative Phone No (Office) +65-64834527

VEHICLE PARTICULARS

Manufacturer Toyota
Model HIACE HIROOF AUTO 14 SEATER
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113436799-01-000005
Cover Note Number 17/10/2020 TO 16/10/2021

DRIVER

Name of Driver ZAINAL ABIDIN BIN MOHAMED
NRIC No SXXXX020H

| | |
|--|---|
| Date Of Birth | 27/02/1984 |
| Occupation | Outdoor |
| Date Of Driving Pass | 28/11/2014 |
| Driving experience | 6 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-85002971 |
| Alt. Phone Number | - |
| Email Address | nal_simple_guy@hotmail.com |
| Address | 201 SERANGOON CENTRAL #04-16 (S) 550201 |
| Address complement | - |
| Postcode | - |
| 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) | 11 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|-------------------|
| Name | UNKNOWN PASSENGER |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-------------------|
| Name | UNKNOWN PASSENGER |
| Gender | Male |

PASSENGER 3

| | |
|--------------|-------------------|
| Name | UNKNOWN PASSENGER |
| Gender | Male |

PASSENGER 4

| | |
|--------------|-------------------|
| Name | UNKNOWN PASSENGER |
| Gender | Male |

PASSENGER 5

| | |
|--------------|-------------------|
| Name | UNKNOWN PASSENGER |
| Gender | Male |

PASSENGER 6

| | |
|--------------|-------------------|
| Name | UNKNOWN PASSENGER |
| Gender | Male |

PASSENGER 7

| | |
|--------------|-------------------|
| Name | UNKNOWN PASSENGER |
| Gender | Male |

PASSENGER 8

| | |
|------------|-------------------|
| Name | UNKNOWN PASSENGER |
|------------|-------------------|

| | |
|--------------|-------------------|
| Gender | Female |
| PASSENGER 9 | |
| Name | UNKNOWN PASSENGER |
| Gender | Female |
| PASSENGER 10 | |
| Name | UNKNOWN PASSENGER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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 | SMH7716B |
| 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) | - |

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



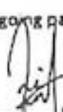
A - CB6843Z
B - SMH7716B

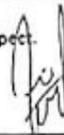
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report.

DECLARATION

I/We declare that the foregoing particulars are true and correct to the best of my/our respect.


Policyholder's Signature
Date & Time:


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


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














































**SINGAPORE
POLICE FORCE**


T/20210323/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210323/7011

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 23/03/2021 11:52 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ZAINAL ABIDIN BIN MOHAMED BASIR | | | Address: 201 SERANGOON CENTRAL #04-16 SINGAPORE 550201 | | |
| ID Type / ID No.: NRIC NO / S8406020H | | | Contact No.: | | Mobile: 85002971 |
| Nationality: SINGAPORE CITIZEN | | | Email: NAL_SIMPLE_GUY@HOTMAIL.COM | | |
| Sex: Male | Age: 37 | Date of Birth: 27/02/1984 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: Bus driver | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 23/03/2021 07:45 | Type of Location: Straight Road |
| Location: GUILLEMARD CRESCENT | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 60 Km/h |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| CB6843Z | Van | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210323/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20210323/7011

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| Name | ZAINAL ABIDIN BIN MOHAMED BASIR | ID No. | S8406020H |
| Related Vehicle | CB6843Z (Van) | Contact No. | 85002971 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |

Brief Details.

ON 23/03/2021 AROUND 07:45HRS I WAS DRIVING ALONG GUILMARD CRES TRAVELLING ON THE EXTREME LEFT LANE. I WAS TRAVELLING STRAIGHT, THE OTHER VEHICLE SMH7716B MAKING A RIGHT TURN WITHOUT CHECKING THE TRAFFIC SMH7716B COLLIDED ONTO MY BUS AND THE IMPACT CAUSED MY BUS TO SWEVRE TO THE LEFT JUST BEFORE THE ENTRANCE OF THE GULLIMARD ENTRANCE.
AFTER THE ACCIDENT I FELT MY LEFT HAND NUMB AND BOTH MY LEGS FELT ACHING. I WILL CONSULT THE DOCTOR AFTER MAKING THE POLICE REPORT.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210323/7011

3 of 3

Report No. T/20210323/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/03/2021 11:52

Classification Of Case:

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|------------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 272G |
| Vehicle Details | |
| Vehicle No.: | CB6843Z |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 26 Mar 2021 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | TOYOTA HIACE HIROOF AUTO 14 SEATER |
| Primary Colour: | White |
| Manufacturing Year: | 2011 |
| Engine No.: | 1KD2142530 |
| Chassis No.: | JTFST22P600012585 |
| Maximum Power Output: | - |
| Open Market Value: | \$37,302.00 |
| Original Registration Date: | 08 Mar 2012 |
| First Registration Date: | 08 Mar 2012 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$1,866.00 |
| 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 Mar 2021

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2 vehicles

Toyota Hiace

Advanced Search

| | Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage | Veh Type | Status |
|---|--------------|-------------------------|----------|--------------|-------------|----------|---------|----------|-----------|
| Search Selection | Toyota Hiace | | Any | Any | 2012 | Any | Any | Any | Available |
| | Toyota Hiace | Commuter 3.0A High Roof | \$21,800 | \$20,940 /yr | 11-Apr-2012 | 2,982 cc | - | Bus | Available |
| Fuel Type: Diesel Free New Brilliant Silver Paintwork! 3 Months Warranty Guaranteed! Options To Buy With New 5/10 Years COE Or Drive Till 04/2022! Lucrative Packages That Includes Warranty Plus Servicing Plus Repairs. Flexible Financing Options With Low Interest Rates. Trade In Arr... PREMIUM AD | | | | | | | | | |
| Car (S) Pte Ltd | | | | | | | | | |
| Posted: 24-Mar-2021 Tags: 2012 Toyota Hiace, Toyota Hiace, Toyota, Hiace | | | | | | | | | |
| | Toyota Hiace | Commuter 3.0A High Roof | \$20,800 | \$25,560 /yr | 18-Jan-2012 | 2,982 cc | - | Bus | Available |
| Fuel Type: Diesel Please Call To Arrange For Viewing. Thank You. | | | | | | | | | |
| Posted: 09-Feb-2021 Tags: 2012 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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