

(08/11/13) wef

ASS. REC. BY: PASU

REF:

CS3/A1421004310/R483

9
400P

ASSIGNMENT

COG KD/RG = 2024/06

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJU 7944Bat Workshop m/s: GARAGE 13of B, KAKI BUKIT MUK 4 #03-46Insured: AK

Policy No. _____

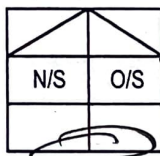
Claims No. _____

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: 32K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJU 7944B Yr Regn: 2009 / DGEType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA WISH 2.0A c.c. 1987Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 169138 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JDH J20W 005 001 731Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15BS / DUN / EXNOVA / GS / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 02/04/21 D.O.I. 06/04/21Survey held at GARAGE 13Des. 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 1st - 17K

SUBMIT DAR REPORT

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS, SI

Photos

Others

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 05/04/2021 21:20 (SGT)
Date of Accident 02/04/2021 18:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information LAVENDER STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU7944B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOLLAH MD FARHAD
Passport No/FIN GXXXX400P
Email Address farhadmollahm@yahoo.com
Mobile Phone No (Phone) +65-86472042
Alternative Phone No +65-86472042

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 Private car
Transmission Auto
CC 1987

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116299074 (CLASSIC)
Cover Note Number -

DRIVER

Name of Driver MOLLAH MD FARHAD
Passport No/FIN GXXXX400P

Date Of Birth 10/03/1989
 Occupation Outdoor
 Date Of Driving Pass 12/12/2013
 Driving experience 7 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-86472042
 Alt. Phone Number +65-86472042
 Email Address farhadmollahm@yahoo.com
 Address 63B SING AVENUE
 Address complement -
 Postcode 217909
 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 Chain Collision
 Weather Conditions Raining
 Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 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 UNKNOWN
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Tampines Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18005871999
 Alt. Police Station Phone No (Fax) +65-65871699
 Police Station Address 6 Tampines Ave 4 Singapore 529682
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210402/2086

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 SLM1873E
 Vehicle Manufacturer Nissan

Vehicle Model	Qashqai
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG4129H
Vehicle Manufacturer	Nissan
Vehicle Model	X-trail
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	MOLLAH MD FARHAD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	32
Injuries Sustained	5 DAYS MEDICAL LEAVE FROM OUR FAMILY CLINIC
Injured person in which vehicle?	SJU7944B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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: vackb@vac.com.sg

Witnessed by Reporting Centre
Personnel

05 APR 2021

Policyholder's Signature / Date &
Time

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

Sketch Plan

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A = SJU 7944 B

B = SLM 1873 E

C = SLG 2129 H

Describe Circumstances of the Accident


Refer to Police Report

T 12021040212086

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 (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackh@vcom.com.sg

Witnessed by Reporting Centre
Personnel

05 APR 2021

OneMotoring

PARF/COE Rebate for Registered Vehicle

Owner ID Type:		Foreign Identification Number
Owner ID:		400P
Vehicle No.:		SJU7944B
Vehicle to be Exported:		No
Intended Deregistration Date:		07 Apr 2021
Vehicle Make:		TOYOTA
Vehicle Model:		WISH 2.0 AUTO
Primary Colour:		Brown
Manufacturing Year:		2009
Engine No.:		3ZRA430336
Chassis No.:		JTDGJ20W005001731
Maximum Power Output:		106.0 kW (142 bhp)
Open Market Value:		\$22,003.00
Original Registration Date:		29 Dec 2009
First Registration Date:		29 Dec 2009
Transfer Count:		1
Actual ARF Paid:		\$22,003.00
PARF Eligibility:		Forfeited
PARF Eligibility Expiry Date:		-
PARF Rebate Amount:		\$0.00
COE Expiry Date:		28 Dec 2024
COE Category:		B - Car (1601cc & above)
COE Period(Years):		5
PQP Paid:		\$19,657.00
COE Rebate Amount:		\$14,637.00
Total Rebate Amount:		\$14,637.00
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 07 Apr 2021

OK

Toyota Wish 2.0A (COE till 01/2025)

[Overview](#)

[Financial](#)

[Accessories](#)

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[Photos](#)

[Map](#)



CARWORLD AUTOMOBILE



Price	\$32,800		
Depreciation ?	\$8,750 /yr	Reg Date	06-Jan-2010 (3yrs 8mths 29days COE left)
Mileage	178,000 km (15.8k /yr)	Manufactured ?	2009
Road Tax ?	\$1,438 /yr	Transmission	Auto
Dereg Value ?	\$14,802 as of today (change)	OMV ?	\$22,003
COE ?	\$19,732	ARF ?	\$22,003
Engine Cap	1,987 cc	Power	106.0 kW (142 bhp)
Curb Weight ?	1,380 kg	No. of Owners ?	3
Type of Vehicle	MPV		

Features

View specs of the Toyota Wish (2009-2018)

Description

(The Best SUV 7 Seater For Your Daily Drive!) Elegant Pearl White In Colour, Nice Black Leather Seat Interior With Premium Grooming Done And Nice Paint. Price Stated Included STA Evaluation For Your Assurance With 6 Months Certified Pre-Owned Car Warranty From The Date Of Purchase. Option For Your In-House Financing Loan Scheme Are Welcome In Car World Establishe Since 2002.

Category

COE Car, Premium Ad Car

Status

Available for sale. Shortlist this car to get alerted whenever the price or availability changes.

Resources



Car Valuation - Free

Find out the market value of your existing car for free. Get started



Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



Location Map

Shortlist

Compare

More

Seller Information

Car World Automobile Pte

12 vehicles for sale. 31 sold in past 3

61 Ubi Avenue 2 #05-06

Automobile Megamart

Tel: 64712822

Search cars nearby

Raymond Nah

Vincent Lim

Ricky Wong

Ambrose Koh

