ASS. REC. BY: REF: CS3 A14 210	50 43 10 RHf3 (w) P
ASS	SIGNMENT COGREGE - 2024 DEC
From: Date:	Veh No: STU 7944 Yr Regn: 2009 / OGC
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SJU 73446	Make: 154017 WSH 2-0 A c.c 1987
at Workshop m/s GALOGE 13	Colour A/C: Insured / Std / NI / NA
of B, Karki Bukit put 4 \$103-46	Sp.Reading 164(38 T/Radio: Insured / Std / NI / NA
Insured: MG	Eng/No:
Policy No.	C/No: 3TD4J20W 005 00t 731
Claims No.	Gen. Cond: Good / Fail Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: knorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / STD A/Rim or
/ · · · · · · · · · · · · · · · · · · ·	Tyre Size: F: (95/65RV5
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GPJ FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value: 32-K	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 62/04/21 D.O.I. 6/04/21
Lum Sum: % 3 Val.: Yes or No	Survey held at GARMSE 13
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	
ate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
SUBMIT DAR REPORT	
Time, File Pass to? : Preli. Report : Final Report Time, File Return to?	Days Of Repair: 8 Resurvey No. of Trip: Survey Fee: Transportation:
Add Fe	ee: Site Insp (\$)s + RS,SI
	: Interview (\$) Photos
ort Format :	: Interview (\$) Photos : Tech. Invs (\$) Others

G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 3. Information provided mids be as duffind the december of 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 the control of the control of the control of the mode available upon application by interested parties. 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@vahoo.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 Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto 1987 CC

INSURANCE COMPANY

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

DRIVER

MOLLAH MD FARHAD Name of Driver GXXXX400P Passport No/FIN

pate Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by I	Outdoor 12/12/2013 7 YEARS AND 4 MONTHS Male (Phone) +65-86472042 +65-86472042 farhadmollahm@yahoo.com 63B SING AVENUE - 217909 Yes - No Oriver
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Raining
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	
NameGender	
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	(Phone) +65-18005871999 (Fax) +65-65871699 6 Tampines Ave 4 Singapore 529682 No
CIRCUMSTANCES OF ACCIDENT	A COMPLICATION AND A PROPERTY OF THE PROPERTY
REFER TO POLICE REPORT T/20210402/2086	
ATTACHMENT(S)	
Are accident photos available for attachment?	No
DETAILS OF	OTHER VEHICLE PROPERTY 1

SLM1873E Nissan

Vehicle Registration Number

Vehicle Manufacturer

/NA /NA

whicle Model	Qashqai
micle Variant micle Colour micle Colour micle Colour micle Colour microscopic microsco	•
	•
	Private car
Vehicle Category Vehicle of Driver Name of Number	-
	•
Address complement	-
Address Company	-
	-
	•
Nature Of Damage Details of property damaged in accident	•
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	•
DETAILS OF OTHER	R 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)	
140. Of 1 doscingor (including briver)	-

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
Was this initired conveyed to hospital by ambalance.	11.0

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Std / N

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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' law yers/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 law yers/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@virom.com.sq Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time Time 05 APR 2021 Sketch Plan A = SJU 7944 B B = SIM 1873 E C = 52G A129 H

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Declaration

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

Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackberdoom.com.sg

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

05 APR 2021

oneMotoring

PARF/COE Rebate for Registered Vehicle

In Type:	AND THE PROPERTY OF THE PARTY O	Man many in
owner ID Type:	Foreign Identification Number	
Owner ID:	400P	
Vehicle No.:		
Vehicle to be Exported:	SJU7944B	
Intended Deregistration Date:	No	
Vehicle Make:	07 Apr 2021	
	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	
· 建铁铁矿矿铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁	¥22,003.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount:	\$0.00	
Albitalite this contrate the second contract t		
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	
	the state of the Mail, and provide the	

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

Home » Used Cars » Car World Automobile Pte Ltd » Toyota Wish 2.0A (COE till 01/2025)

Toyota Wish 2.0A (COE till 01/2025)

Overview

Financial

Accessories

Similar

Research

Photos

Map



Price	\$32,800		
Depreciation ②	\$8,750 /yr	Reg Date	06-Jan-2010 (3yrs 8mths 29days COE left)
Mileage	178,000 km (15.8k /yr)	Manufactured ⑦	2009
Road Tax ①	\$1,438 /yr	Transmission	Auto
Dereg Value ⑦	\$14,802 as of today (change)	OMV ⑦	\$22,003
COE ⑦	\$19,732	ARF ⑦	\$22,003
Engine Cap	1,987 cc	Power	106.0 kW (142 bhp)
Curb Weight ⑦	1,380 kg	No. of Owners ①	3 25 35 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 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 Peal 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 availbility 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



ited on: 06-Apr-2021

















More



Seller Information

Car World Automobile Pte 12 vehicles for sale, 31 sold in past 3

Q 61 Ubi Avenue 2 #05-06 **Automobile Megamart**

Tel: 64712822

Search cars nearby

Raymond Nah Vincent Lim Ricky Wong Ambrose Koh

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1148 993068 Rear Bumper Side Retainer	+-	+	+	1
1149 993045 Rear Bumper Reinforcement	-	+	+	1
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1152 992999 Rear Bumper Damper]
1153 993040 Rear Bumper Protector]
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1159 993327 Rear End Panel	-	+	+	4
1160 993339 Rear End Panel Top Garnish 1161 993333 Rear End Panel Inner Trim	-	+	+	+
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1163 993851 Rear LH Taillamp	2 2 2	\top		
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1177 995243 Bootlid Lock				
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92 994555 Tailgate Wiper Motor				_
93 994602 Tailgate Glass		-		_
94 994606 Tailgate Glass Rubber	-			-
95 994604 Tailgate Glass Moulding				SERVICE STREET
96 994607 Tailgate Glass Sealant			-	-
97 994629 Tailgate Lock	J	An	/	
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