

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS3/ASM21005164/Uvc

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.

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:

Yr Regn:

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

Truck / Trailer or

Make:

c.c

Colour

A/C:

Insured / Std / NI / NA

Sp.Reading

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

Survey held at

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

completed 18-04-2023 LTA 7311
PRS No Estimate

\$800-\$1000.

7/5/21 Submit PRS, repair range \$800-\$1000

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

7/5- typist

Days Of Repair:

1

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS, \$ SI

) Photos

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format : SMART claim

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

)

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	700W
Vehicle Details	
Vehicle No.:	GZ609A
Vehicle to be Exported:	No
Intended Deregistration Date:	07 May 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DIESEL
Primary Colour:	White
Manufacturing Year:	2003
Engine No.:	5L5315687
Chassis No.:	LH1621008702
Maximum Power Output:	-
Open Market Value:	\$21,936.00
Original Registration Date:	19 Apr 2003
First Registration Date:	19 Apr 2003
Transfer Count:	1
Actual ARF Paid:	\$1,097.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 Apr 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$18,773.00
COE Rebate Amount:	\$7,311.00
Total Rebate Amount:	\$7,311.00
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 07 May 2021

OK

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5 vehicles

hiace 2023

Advanced Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type
Search Selection	hiace 2023		Any	Any	> 10 year(s) old	Any	Any	Any
	Toyota Hiace 3.0A (COE till 06/2023)		\$22,800	\$10,910 /yr	10-Jun-2008	2,982 cc	280,700 km	Van
	Fuel Type: Diesel Auto Van, Well Maintained, Engine And Gear Box In Excellent Condition, Loan Available. Posted: 06-May-2021 Tags: 2008 Toyota Hiace, Toyota Hiace, Toyota, Hiace							
	Toyota Hiace 3.0M (COE till 08/2023)		\$25,800	\$11,480 /yr	06-Aug-2008	2,982 cc	-	Van
	Fuel Type: Diesel Top Selling 5 Door Hiace, Powerful And Reliable Van, Big Space For Delivery Business And Transportation, 100% Easy Loan, Fast Call Our Friendly Salesgirl Now To Arrange For A Viewing And More Information. SG Motor Link Pte Ltd Posted: 06-May-2021 Tags: 2008 Toyota Hiace, Toyota Hiace, Toyota, Hiace							
	Toyota Hiace 3.0M (COE till 07/2023)		\$28,800	\$13,010 /yr	25-Jul-2008	2,982 cc	-	Van
	Fuel Type: Diesel 2 Owner Beautiful Hiace Good Condition. Able To Renew For Another's 5 Years. Drive With The Peace Of Mind. Reliable Brand. Bank/In-house Loan. Available. Fast Approval. View To Believe Call Us Now. Net Link Partners Pte Ltd Posted: 03-May-2021 Tags: 2008 Toyota Hiace, Toyota Hiace, Toyota, Hiace							
	Toyota Hiace 3.0A (COE till 07/2023)		\$27,800	\$12,510 /yr	28-Jul-2008	2,982 cc	-	Van
	Fuel Type: Diesel Highly Demand Auto Gear Unit! Full Checker Plate. Well Maintained And Serviced. High Trade In, Easy In House Loan. Come View To Believe. Posted: 27-Apr-2021 Tags: 2008 Toyota Hiace, Toyota Hiace, Toyota, Hiace							

**GET YOUR
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RENEWAL
LOAN**

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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	20/04/2021 14:23 (SGT)
Date of Accident	03/04/2021 11:30 (SGT)
Exact Location of Accident	Cairnhill Cir, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ609A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Company Reg No	2XXXXX860W
Email Address	MOHDSUHARDI63@GMAIL.COM
Mobile Phone No	(Phone) +65-67415520
Alternative Phone No	(Office) +65-67415520

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	MOHD SUHARDI BIN KASLIK
NRIC No	SXXXX184A

Date Of Birth	23/04/1963
Occupation	Outdoor
Date Of Driving Pass	10/09/1985
Driving experience	35 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93579537
Alt. Phone Number	-
Email Address	MOHDSUHARDI63@GMAIL.COM
Address	BLK 111 YISHUN RING ROAD #02-367
Address complement	-
Postcode	760111
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	Collision - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX 1
Gender	Male

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 THE ATTACH
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2826X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	.....	Taxi
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 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.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

A- G2609A
B- SHA286X



Describe Circumstances of the Accident


Taxi change lane did not saw my van and
hit onto my van front left side.

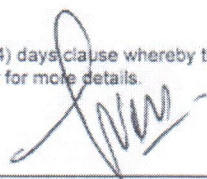
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel