

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:

G/A / PR Seen:

Est. Repairs:

Lum Sum:

days

Res.: Yes or No

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

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.

R/Bal.

L/Bal.

L/Bal.

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, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. \$ SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

SS1Y2155000D / SME MOTOR PTE LTD
ENTRY DATE & TIME: 05/05/2021 17:42 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (05/05/2021 17:42 (SGT))



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	05/05/2021 17:42 (SGT)
Date of Accident	05/05/2021 14:05 (SGT)
Exact Location of Accident	Aljunied Rd, Singapore
Additional Location Information	TWDS GEYLANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2461M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MM FLOWERS & TRADING PTE LTD
Company Reg No	2XXXXX198C
Email Address	mm_thillai2007@yahoo.co.in
Mobile Phone No	(Phone) +65-98365180
Alternative Phone No	+65-98365180

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107827560-02
Cover Note Number	-

DRIVER

Name of Driver	MALAIYAPPAN THILLAINATARAJAN
NRIC No	SXXXX963D



Date Of Birth	06/07/1977
Occupation	Outdoor
Date Of Driving Pass	24/10/2008
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98365180
Alt. Phone Number	-
Email Address	mmtepl14@gmail.com
Address	BLK 108 SERANGOON NORTH AVE 1 #03-705
Address complement	-
Postcode	550108
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

MY VEHICLE WAS STATIONARY. SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE REAR. TOTAL 4 VEHICLES WERE INVOLVED.

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	SLS4132J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM
Contact Number	(Phone) +65-86493435
Address	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT5588C
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	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJG8686M
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	VEHICLE D
No. Of Passenger (Including Driver)	-



A=GBJ 2461 M

B=SLS 4132 J

C=SKT 5588 C

D=STG 2686 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was stationary, suddenly vehicle B hit onto my vehicle rear. TOTAL 4 VEHICLES WAS INVOLVED.

DECLARATION



[Signature]
Date & Time:

Responsible Person's Signature:
Name:
Designation:

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.
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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:
NIC/FIN No.:

PLEASE SEND REPORT TO = SALES@HEEBROTHERS.COM.SG

only

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	198C
Vehicle Details	
Vehicle No.:	GBJ2461M
Vehicle to be Exported:	No
Intended Deregistration Date:	06 May 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 2.8 DX DIESEL TURBO AT 2WD
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	1GD8375624
Chassis No.:	GDH2012004699
Maximum Power Output:	-
Open Market Value:	\$36,100.00
Original Registration Date:	04 Mar 2019
First Registration Date:	04 Mar 2019
Transfer Count:	0
Actual ARF Paid:	\$1,805.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	03 Mar 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$26,230.00
COE Rebate Amount:	\$20,521.00
Total Rebate Amount:	\$20,521.00

The information contained herein is correct as at 06 May 2021

OK

Together

Post an Advertisement
Sell it yourself! Advertise it at just
\$68 until it's SOLD!

Post an Ad

Advertiser Login

Ways of Selling

Mercedes Benz E250 CGI Coupe.



Selling Off Due To Change Of A
Bigger Vehicle.
Direct Owner StarAd



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31 vehicles

Toyota Hiace

Advanced Search 🔍

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type

Search Selection

Toyota Hiace

Any

Any

2019

Any

Any

Any



Toyota Hiace 3.0A

\$68,800

\$8,760 /yr

14-Mar-2019

2,982 cc

25,288 km

Van

Fuel Type: Diesel

1 Owner, Fully Serviced & Maintained By Borneo Motors, Free Servicing Package At Agent, Agent Warranty, Accident Free, STA Or Vicrom
Are Welcome, Free Grooming, Kindly Call For Viewing Appointment.

Carway

Posted: 06-May-2021 Tags: 2019 Toyota Hiace, Toyota Hiace, Toyota, Hiace

Toyota Hiace Commuter 2.8A
GL

-

N.A

29-Apr-2019

2,754 cc

-

Bus

Fuel Type: Diesel

Auction Closing Time: 7th May 2021 at 04:00 PM

Posted: 06-May-2021 Tags: 2019 Toyota Hiace, Toyota Hiace, Toyota, Hiace

Toyota Hiace Commuter 2.8A
GL

-

N.A

31-May-2019

2,754 cc

-

Bus

Fuel Type: Diesel

Auction Closing Time: 7th May 2021 at 04:00 PM

Posted: 06-May-2021 Tags: 2019 Toyota Hiace, Toyota Hiace, Toyota, Hiace



Toyota Hiace 3.0M DX

\$63,800

\$8,180 /yr

21-Feb-2019

2,982 cc

82,000 km

Van

Fuel Type: Diesel

Reliable Toyota Hiace Van, New Tyres. 2 Free Servicing, Consignment Unit. 1 Owner. Purchased From Think One Dealer. Loan Can Be
Arranged. Please Call To Arrange Viewing.

Posted: 05-May-2021 Tags: 2019 Toyota Hiace, Toyota Hiace, Toyota, Hiace



Alliance Auto Pte Ltd - Specialist for Toyota Car repair, servicing & maintenance

A Lexus specialise workshop with an extensive investment in the manpower, equipment and genuine parts for Lexus.

More info about this shop

Toyota Hiace 3.0M

\$71,500

\$8,930 /yr

09-May-2019

2,982 cc

-

Van

Fuel Type: Diesel

Condition. Call To View, Borneo Stock.

Compare