

ASS. REC. BY: ADRIAN

REF: CS/SMO21007584/Aqf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SGR 475K

at Workshop m/s AUTOMOBILE HUB

of _____

Insured: GBD 2858J

Policy No. _____

Claims No. CMTD2102083/AGC

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 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: SGR475K Yr Regn: 207 Jan.

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

Truck / Trailer or _____

Make: Toyota Wish. C.C. 1794

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 261452 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZNE100338850

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or

Rydan

Front

06

R/Bal. mm

Rear

06

R/Bal. mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

D.O.I.

13/07/21.

Survey held at

Automobile Hub.

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

Front o/s.

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

Date / Time Action / Instruction

TP Smpo.

COE Expiry: 29/01/22

19/08/21@4.02pm revised to Agnes Chan by email.

MV: 6K

PV: 2.9K

Nett: 3.1K.

LS \$3000, 5 days (Red \$3526.90, 54%)

Date/Time, File Pass to?

☐

Preli. Report

1) 19/08 Typist

☐

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + PS. SI

Photos

Others

TOTAL

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

Report Format: TP

Lump Sum / Fee: 3000

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	12/07/2021 16:57 (SGT)
Date of Accident	11/07/2021 20:00 (SGT)
Exact Location of Accident	Bukit Batok Street 23, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR475K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARHUB LEASING PTE LTD
Company Reg No	2XXXXX930G
Email Address	NGLENGCHUA@GMAIL.COM
Mobile Phone No	(Phone) +65-86121671
Alternative Phone No	(Home) +65-86121671

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5121633220
Cover Note Number	-

DRIVER

Name of Driver	NG AH TEE
NRIC No	SXXXX897E

Date Of Birth	01/12/1948
Occupation	Outdoor
Date Of Driving Pass	19/09/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86121671
Alt. Phone Number	-
Email Address	NLENGCHUA@GMAIL.COM
Address	APT BLK 109C EDGEDALE PLAINS #05-133
Address complement	-
Postcode	823109
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	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet

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 vehicle 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	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 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	GBD2858J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 Authorized 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)

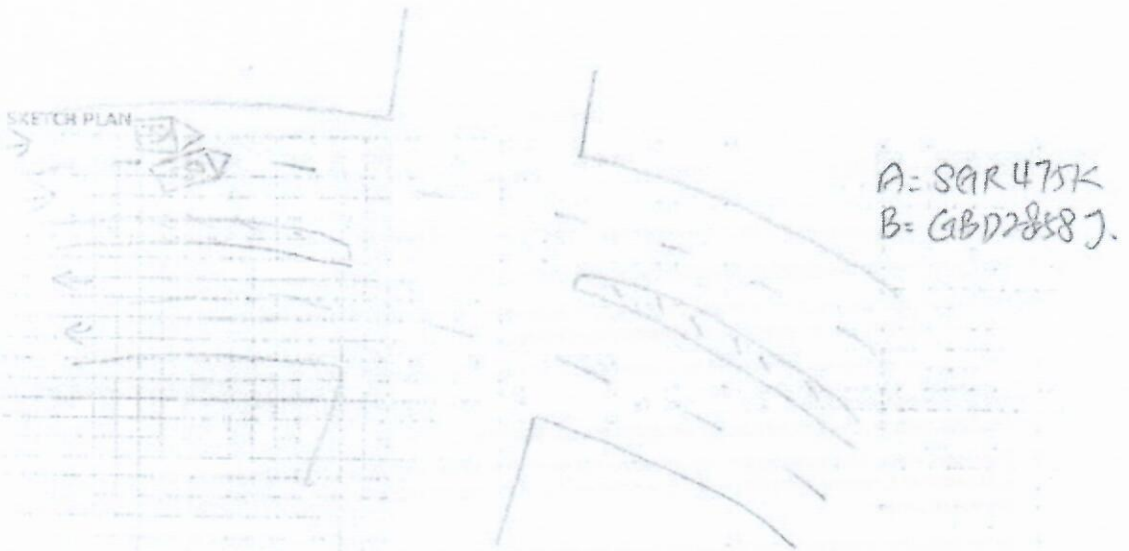
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ID No.:

SINGAPORE ACCIDENT REPORT, 2018



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight on the left lane, out of sudden, car B cut into my lane and collided onto my vehicle caused my front portion serious damage.

DECLARATION

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



Police Officer's Signature
Date & Time

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

Reporting Officer's Signature
Name
Institution No.

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	930G
Vehicle Details	
Vehicle No.:	SGR475K
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jul 2021
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 A
Primary Colour:	Grey
Manufacturing Year:	2006
Engine No.:	1ZZ2761144
Chassis No.:	ZNE100338850
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$17,280.00
Original Registration Date:	30 Jan 2007
First Registration Date:	30 Jan 2007
Transfer Count:	3
Actual ARF Paid:	\$19,008.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jan 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$26,330.00
COE Rebate Amount:	\$2,859.00
Total Rebate Amount	\$2,859.00
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 13 Jul 2021

OK



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toyota wish

Price Range

Depreciation

> 10 year(s)

Vehicle Type

Advanced Search

Used Car Comparison

--- Comparing 4 Vehicles ---

Toyota Wish 1.8A (COE till 02/2022)


Clear All

Add all to Shortlist

Back to search result

Toyota Wish 1.8A (COE till 04/2022)


Add to Shortlist

Toyota Wish 1.8A (COE till 04/2022)


Add to Shortlist

Toyota Wish 1.8A (COE till 05/2022)


Add to Shortlist

CAR DETAILS

Price	\$8,000	\$7,800	\$8,000	\$7,900
Instalment	N.A.	N.A.	N.A.	N.A.
Registration Date	14-Feb-2007	27-Apr-2007	30-Apr-2007	25-May-2007
Manufactured	2006	2007	2007	2006
Mileage	-	121,000 km	230,000 km	214,890 km
Transmission	Auto	Auto	Auto	Auto
Engine Cap	1,794 cc	1,794 cc	1,794 cc	1,794 cc
Road Tax	\$1,458 /yr	\$1,458 /yr	\$1,458 /yr	\$1,458 /yr
Power	97.0 kW (130 bhp)	97.0 kW (130 bhp)	97.0 kW (130 bhp)	97.0 kW (130 bhp)
Curb Weight	1,300 kg	1,300 kg	1,300 kg	1,300 kg
Features	-	1.8L Powerful And Reliable 16 Valves VVT-i DOHC Engine. Smooth Auto Steptronic Gearbox, Digital Climate Aircon, ABS.	-	-
Accessories	-	Good Condition, No Issue With Engine And Gearbox At All. Good To Go Till COE Expire With Regular Servicing And Maintenance.	-	-
Description	Trade-In Welcome, 100% Loan Approval, Bank And In House Loan All Available, Interested Please Call For Viewing, Viewing By Appointment Only.	A Reliable MPV Toyota Model With Less Problem, Short Term Drive, Excellent Driving Condition, Come With 6 Month Warranty, Call Us Now For A Appointment.		
COE	\$26,039	\$26,004	\$26,004	\$26,246
OMV	\$18,304	\$17,752	\$16,536	\$20,286
ARF	\$20,135	\$19,528	\$18,190	\$22,315
Depreciation	\$13,580 /yr	\$9,920 /yr	\$10,070 /yr	\$9,150 /yr
No. of Owners	1	6	4	3
Type of Vehicle	MPV	MPV	MPV	MPV
Category	COE Car	COE Car, Premium Ad Car, Low Mileage Car	COE Car, Premium Ad Car	COE Car