(08/11/13) wef	
ASS. REC. BY: Marcus	266/ A16210.0 8869/Uga3
•	ASSIGNMENT
From: Date:	Veh No: PC 3639H Yr Regn: 14/5/15
From: Date: Estimated Cost:	Type: M.Car / M.Cycle //Bus/ Van / Lorry / Taxi / Prime Mover /
OD / P) WS / TP RES / OD RES / EVA / INV / MV	Touch (Toollesse (A)
	7 / /
1 - 30 3/1/	, , , , , , , , , , , , , , , , , , ,
at Workshop m/s Zan Len	TO LINE AND
Insured: 5 MM 9257	203640
Policy No.	CINO: 6 KDH2230023786
Claims No.	C/No: [40+22300 233 96] Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inforder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: /norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (Nil /)S/Rim / STD A/Rim or
	Tyre Size: F: 195-015-
(Policy Condition)	R:
Remark: The veh had commenced its	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or To Mador
Bal. or Market Value: 8354.	Front Rear
IDAC Accident Rport: Consistent? : Yes or	
GIA / PR Seen: Consistent? : Yes or	r No L/Bal. 6 mm L/Bal 6 mm
Est. Repairs: days Res.: Yes or	2 10
Lum Sum: % 3 Val.: Yes or	r No Survey held at
CA / REV / REP. / 24 HRS 3	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Ve	ehicle: IN/OUT N/S fof,
Date: Person Contacted: LTA \$1	
Date / Time Action / Instruction oup 9500	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2)	Add Fee: : Site Insp (\$)S+RSSI
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others

Weekend (\$

) TOTAL

)

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



AlGAsia Insured's Veh No : SMM9252H Date of Accident : 20 August 2021 1 Defu Lane 6 Singapore 539365

Tel: 68585151 (24 Hours) Fax: 68580877

GST Regn. No. : M2-8922054-2

Messrs Transportation OTG

Date: 23 August 2021

Estimate To Repair PC3639H - Toyota Hiace Commuter GL 3.0 A

Chassis No : KDH2230023396

Reg! maras - Uld 24/08/2011/070h

S/No	Quantity	Description		Ar	nount	
01 02 03 04 05 06 07 08 09 10 11	1 pc 1 pc 2 ps 4 ps 2 ps 1 pc	LIST ITEMS front bumper front bumper reinforcement bott front bumper side holder @ \$15 front bumper side holder @ \$15 front bumper air scoop @ \$39.0 n/s headlamp n/s front door n/s front door hinge top n/s front door hinge bottom n/s front door window glass cha n/s front door window glass cha n/s front door weatherstrip Less 25 % LABOUR & MISC. CHARGES To check electrical lighting cont To transfer of door fittings and ground to the saffected Panel beating, knocking and stremove and renewal of parts, a Putty and spray painting of the Total	2,4.50 M X X X X X X X X X X X X X X X X X X	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1,850.00 345.00 345.00 300.00 18.00 78.00 115.00 115.00 115.00 220.00 4,888.00 1,222.00 50.00 100.00 120.00 700.00 1,670.00	PXX /
No illeSupplis sub	egal modification lementary item(s ject to final app wiedged by Rep	wal from Insurance Company	Whee he Ather reg-			
- Alban		Y				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 4. The Issue and acceptance of this Policy in Management and acceptance of the Policy in Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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 aloresaid.

ACCIDENT STATEMENT

21/08/2021 09:31 (SGT) Date of Submission 20/08/2021 09:05 (SGT) Date of Accident

Exact Location of Accident Singapore

UPPER PAYA LEBAR ROAD Iditional Location Information

Singapore

Auto 850

DETAILS OF OWN VEHICLE

PC3639H Vehicle Registration Number

INSURED/POLICYHOLDER

untry/State of Loss

Is company? Yes

TRANSPORTATION OTG Name Of Registered Owner

53430638A Company Reg No

MDRUDYFAMILY07@GMAIL.COM Email Address

(Phone) +65-87491466 Mobile Phone No

Alternative Phone No. +65-87491466

VEHICLE PARTICULARS

Toyota unufacturer Model HIACE

Variant

Exact purpose for which vehicle was being used at time of

Employment accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Commercial vehicle Vehicle Category

Transmission

CC

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5121439615 Cover Note Number

DRIVER

Name of Driver MOHAMED RUDY BIN ZAINAL NRIC No S78278911

Accident report SN07218L0003

Date Of Birth 21/09/1978 Occupation Outdoor **Date Of Driving Pass** 18/03/2005 Driving experience

16 YEARS AND 5 MONTHS Gender Male

PASIR RIS STREET 71

510759

OWNER

No

No

FSAH

Female

Mobile Number (Phone) +65-87491466 Alt. Phone Number

Email Address MDRUDYFAMILY07@GMAIL.COM Address BLK 759 #07-188

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 Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe Weather Conditions Raining Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 9 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Namo Gender

PASSENGER 2

Name UNKNOWN Gender Female

PASSENGER 3

Name UNKNOWN Gender Female

PASSENGER 4

Name UNKNOWN Gender Male

PASSENGER 5

Name UNKNOWN Gender Male PASSENGER 6

Name UNKNOWN Gender Male

PASSENGER 7

Name UNKNOWN Gender Male

PASSENGER 8

Name UNKNOWN Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 20TH AUGUST 2021 AT ABOUT 0905HRS. I WAS TRAVELLING ON UPPER PAYA LEBAR ROAD TOWARDS PIE BEFORE AIRPORT ROAD, AS I COME OUT OUT FROM UPPER PAYA LEBAR UNDERPASS, I CHANGED LANE FROM 1 TO LANE 2. AS I WAS ON LANE 2, CAR SMM9252H CHANGED LANE INTO MY LANE AND HIT AGAINST MY FRONT LEFT PORTION OF THE VEHICLE. UPPON IMPACT, THE CAR DID NOT STOP IMMEDIATELY ON SCENE AND STOP AT THE SIDE OF THE ROAD FURTHER AHEAD. WE EXCHANGED PARTICULARS SHORTLY AFTER. THERE WERE NO INJURIES TO BOTH PARTIES.,

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM9252H
Vehicle Manufacturer	¥1
Vehicle Model	•
Vehicle Variant	*
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO WAI MENG
NRIC No	S2636447G
Contact Number	(Phone) +65-96952788
Address	
Address complement	•
Postcode	-
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	1
200	

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 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
- 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
- 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:

- 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)
 - (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;
 - (fii) 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
- 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 Sign 21/08/21 Date & Time:

0900hr

Driver's bignature (If driver is not the policyholder)

Date & Time: 21/08/21 090000

Reporting Centre Personnel's Signature Name NRIC/FIN No .:

SKETCH PLAN	
A - PC3639H	COOR
B - SMM9252H	UNYR PRYACESIAL TOUREN PIE
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to circumstance of accident	
Section 19 to the second section 19 to the	
	A deficiency of the second
The state of the s	Proceedings and the second
Committee Commit	
7.005	
The second secon	
The state of the s	
Social the begoing particulars are true in every respect.	a
licyholder's Signature Driver's Signature (If driver is not the policyholder) Date & Time: 3 06	Reporting Centre Personnel's Signature Name: 88aa NRIC/FIN No.: 8790349

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	638A
Vehicle Details	20010011
Vehicle No.:	PC3639H
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 A
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2499618
Chassis No.:	KDH2230023396
Maximum Power Output:	-
Open Market Value:	\$39,689.00
Original Registration Date:	14 May 2015
First Registration Date:	14 May 2015
Transfer Count:	1
Actual ARF Paid:	\$1,985.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	1011 0005
COE Expiry Date:	13 May 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$28,085.00
COE Rebate Amount:	\$10,442.00
Total Rebate Amount:	\$10,442.00

The information contained herein is correct as at 24 Aug 2021

ОК

Resources

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Cheap Car Insurance Renewal Is your car insurance expiring soon?

Receive best quotations from multiple insurers in as little as 2 hours.

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Approval Case Up To 99%, High Trade In Price \$2,888 Drive away, Bank Loan

@ 1.88% and 100% In House Financing @ 3.28%



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∨ 20 results/page ∨

Any

Bus

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5 vehicles

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toyota hiace commuter

Anv

\$10,740 /vr

Low Mileage Excellent Condition Minibus To Sell, Chrome And Sport Facelift, Is Driven Before By A Lucky Uncle, He Was Taken Care Ver...

\$10,370 /yr

2015 16-Dec-2015

26-Oct-2015

09-Oct-2015

03-Nov-2015

Anv 2,982 cc

2,982 cc

2,982 cc

2,982 cc

2.982 cc

134,125 km

92,274 km

Veh Type Status

Available

Available

Available

PREMIUM AD

Available

Available

Available











Toyota Hiace Commuter 3.0A 11/15 Toyota Hiace Commuter High Roof 3.0 GL One Owner, 14 Seater, New Paint No Repair, Deposit \$3K.

Fuel Type: Diesel

Think One Automobile & Trading Posted: 30-Jul-2021 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace

Save this search criteria, to get email alerts whenever a match is found.

\$42,500

Compare

Posted: 14-Aug-2021 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace 05-Feb-2015

\$42,800

\$44,800

Fuel Type: Diesel

Posted: 10-Aug-2021 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace

GL High Roof Fuel Type: Diesel Please Call To Arrange For Viewing. Thank You.

Posted: 05-Aug-2021 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace

2 x Absorber Mounting for Toyota Caldina.

More info about this product

Toyota Hiace Commuter 3.0A

Absorber Mounting (Toyota Caldina)

\$10,130 /yr

In-House Or Bank Loan Available, Super Reliable 13 Plus 1 Toyota Hiace Commuter GL 3.0 Auto! Original Paintwork, Well Maintained By...

Toyota Hiace Commuter 3.0A \$31,800 \$9,210 /yr

In-house, Flexible Loan Available. Fast Approval. Prime Motor & Leasing

> GL Fuel Type: Diesel

ABS Bus Pte Ltd

Toyota Hiace Commuter 3.0A \$46,800 \$10,850 /vr **GL High Roof** Fuel Type: Diesel Posted: 15-Aug-2021 Tags: 2015 Toyota Hiace, Toyota Hiace, Toyota, Hiace

Toyota Hiace Commuter 3.0A

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Depreciation

Reg Date