

ASS. REC. BY:

REF:

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.

N/S	O/S

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: _____

GBF3429C Yr Regn: 2015 / Nov

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

Truck / Trailer or

Make: _____

Toyota Hiace

C.C

2982

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

130220

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JTFHT02P500181186

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:

195 R15C

R:

195 R15C

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

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

25/08/21

Survey held at

Twin Car

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

TP Budget Direct.

MV: 43K.

PV: 18.3K

Nett: 24.7K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Report Format: _____

Lump Sum / B/E: \$

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	25/08/2021 09:47 (SGT)
Date of Accident	24/08/2021 08:20 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS CTE AFT WOODLANDS AVE 12 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3429C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WINTER AIR PTE LTD
Company Reg No	201503009H
Email Address	winter.air@gmail.com
Mobile Phone No	(Phone) +65-90046608
Alternative Phone No	+65-90046608

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	Manual
CC	2494

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070148783
Cover Note Number	-

DRIVER

Name of Driver	MOTALEB
Passport No/FIN	G6820759U

Date Of Birth	17/08/1985
Occupation	Outdoor
Date Of Driving Pass	29/03/2015
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89056159
Alt. Phone Number	-
Email Address	mdmotaleb715@gmail.com
Address	7 MANDAI LINK
Address complement	#07-39 MANDAI CONNECTION
Postcode	728653
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	HASAN MAHEDI
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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM1817G
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB6856Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOTALEB
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE3429C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HASAN MAHEDI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE3429C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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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.



Policyholder's Signature / Date & Time

Sketch Plan

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

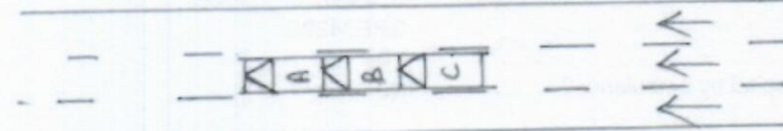
Witnessed by Reporting Centre Personnel

(A) GBE 3429C.

(B)

(C) GBB 68562.

SLE towards CTE after Woodlands Ave 12 exit.



Describe Circumstances of the Accident

On 24/08/2021 at @ 0820 hrs, I was travelling in my vehicle (GBE 3429C) along SLE towards CT6 after Woodlands Ave 12 exit on the centre lane. It was raining heavily. I slowed down and stopped due to traffic jam ahead. Suddenly a car (SMM 1817G) from behind collided into the rear portion of my vehicle. After the collision, another lorry (GGB 6856Z) then collided onto the said car.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Company

Owner ID:

009H

Vehicle Details

Vehicle No.:

GBE3429C

Vehicle to be Exported:

No

Intended Deregistration Date:

26 Aug 2021

Vehicle Make:

TOYOTA

Vehicle Mode :

TOYOTA HIACE VAN TURBO 5 DR MANUAL

Primary Colour:

White

Manufacturing Year:

2015

Engine No.:

1KD2546479

Chassis No.:

JTFHT02P500181186

Maximum Power Output:

-

Open Market Value:

\$27,741.00

Original Registration Date:

11 Nov 2015

First Registration Date:

11 Nov 2015

Transfer Count:

1

Actual ARF Paid:

\$1,388.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

10 Nov 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$43,487.00

COE Rebate Amount:

\$18,298.00

Total Rebate Amount:**\$18,298.00**

The information contained herein is correct as at 26 Aug 2021

OK

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hiace

Price Range

Depreciation

2015

Vehicle Type



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Used Car Comparison

--- Comparing 4 Vehicles ---

Toyota Hiace 3.0A

Toyota Hiace 3.0M

Toyota Hiace 3.0M

Toyota Hiace 3.0A



Clear All

Add all to Shortlist

Back to search result

Add to Shortlist

Add to Shortlist

Add to Shortlist

Add to Shortlist

CAR DETAILS

Price	\$44,800	\$47,800	\$45,800	\$46,800
Instalment	N.A.	N.A.	N.A.	N.A.
Registration Date	23-Oct-2015	30-Oct-2015	04-Nov-2015	16-Dec-2015
Manufactured	2015	2015	2015	2014
Mileage	-	-	-	120,000 km
Transmission	Auto	Manual	Manual	Auto
Engine Cap	2,982 cc	2,982 cc	2,982 cc	2,982 cc
Road Tax	-	-	-	-
Power	-	-	-	-
Curb Weight	1,780 kg	1,740 kg	1,740 kg	1,660 kg
Features	The Engine And Body At Very Excellent Condition.	-	-	-
Accessories	Easy In-House Loan Available.	-	Front And Back Recording Camera, Reverse Camera, Rear Sofa Seat, Brand New Tyre.	4k Drive Away Incl Insurance And 1st
Description	Please Call To Arrange For Viewing. Thank You.	Agent 5-Doors Unit With Genuine Low Mileage! Enjoy Exclusive 3-Months Warranty Program Now! Superbly Well Maintained By Previous Owner With Regular Servicing, Wear & Tears Parts Replaced According To Mileage Requirement! Timing Belt Set Just Replaced, Free Servicing & Assurance Check Will Be Provided. Flexible Financing, Book A Test Drive & Viewing With Our Friendly Sales Consultant Today!	Very Well Maintained By Previous Owner! No Repairs Needed! Come With Plywood Compartment, Easy Storage! Flexible In-House Loan Package Available. Please Call Our Friendly Representatives For More Information Or For Viewing.	Auto Unit, Servicing Gearbox 1 Month V Available. Call To A Before It Gone.
COE	\$29,687	\$49,302	\$25,241	\$36,773
OMV	\$30,036	\$27,741	\$27,741	\$28,622
ARF	\$1,502	\$1,388	\$1,388	\$1,432
Depreciation	\$10,770 /yr	\$11,440 /yr	\$10,930 /yr	\$10,870 /yr
No. of Owners	1	2	2	1
Type of Vehicle	Van	Van	Van	Van