

ASS. REC. BY: **ADRIAN**

REF:

CS/SMO21010080/Aqf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: **PC 5645B**

at Workshop m/s _____

of _____

Insured: **GZ 775C**

Policy No. _____

Claims No. **CMTD2102912/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: **3** 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: **PC 5645B** Yr Regn: **2016 / Dec.**

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

Truck / Trailer or **Mini Bus**

Make: **Toyota Hiace** c.c. **2982**

Colour: **White** A/C: **Insured / Std / NI / NA**

Sp. Reading: **238512** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **KDH2230029053***

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. **29/09/21 2pm.**

Survey held at **Unimol**

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 Sampo. |
| | LS \$4300, 3 days (Red \$8277.93, 66%) |
| | MV: 55K |
| | PV: 21.3K |
| | Nett: 33.7K. |
| | |
| | |
| | |

Date/Time, File Pass to? ☐ : Preli. Report

1) **21/01 Typist** ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **3**

Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: **TP**

Lump Sum / ASD: **4300**

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 | 28/09/2021 16:37 (SGT) |
| Date of Accident | 27/09/2021 16:30 (SGT) |
| Exact Location of Accident | Princess Of Wales Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | PC5645B |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | Yes |
| Name Of Registered Owner | LGK TRANSPORT |
| Company Reg No | 53258952A |
| Email Address | lgktransport25@gmail.com |
| Mobile Phone No | (Phone) +65-91111817 |
| Alternative Phone No | +65-91111817 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| 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 | Commercial vehicle |
| Transmission | Auto |
| CC | 2982 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5115082280-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------------|
| Name of Driver | ARIVALAGAN S/O ARULMANI |
| NRIC No | S7637448A |

| | |
|--|----------------------------|
| Date Of Birth | 13/11/1976 |
| Occupation | Outdoor |
| Date Of Driving Pass | 20/09/2003 |
| Driving experience | 18 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-91111817 |
| Alt. Phone Number | - |
| Email Address | lgktransport25@gmail.com |
| Address | BLK 102 JALAN RAJAH #02-22 |
| Address complement | - |
| Postcode | 321102 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 - Major/Minor Rd |
| Weather Conditions | Raining |
| 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? | 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 | LEISHARINI ARIVALAGAN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Kampong Java Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002959999 |
| Alt. Police Station Phone No | (Fax) +65-63913442 |
| Police Station Address | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210927/2126.

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 | GZ775C |
| 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 | VEHICLE B |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------------|
| Name of injured person | ARIVALAGAN S/O ARULMANI |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | PC5645B |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|-----------------------|
| Name of injured person | LEISHARINI ARIVALAGAN |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | PC5645B |
| 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.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

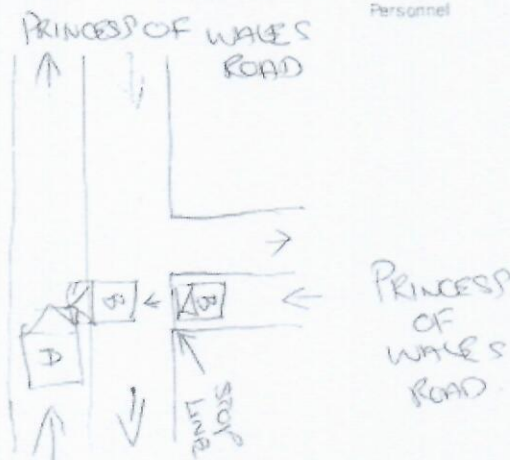


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



UNIMOTOR

Describe Circumstances of the Accident

Acc: ~~for~~ POLICE REPORT T/20210927/2126

Declaration

I/We declare the foregoing statements 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



SINGAPORE POLICE FORCE



T/20210927/2126

1 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20210927/2126

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 27/09/2021 23:45 | Vide Report No.: | Station Diary No.: 84 |
|--|------------------|--------------------------|

| | | |
|---|------------|---|
| Informant's Particulars | | |
| Name of Informant: ARIVALAGAN S/O ARULMANI | | Address: APT BLK 102 JALAN RAJAH #02-22 SINGAPORE 321102 |
| ID Type / ID No.: NRIC NO / S7637448A | | Contact No.: Home/Office: Mobile: 91111817 |
| Nationality: SINGAPORE CITIZEN | | Email: |
| Sex: Male | Age: 44 | Date of Birth: 13/11/1976 |
| Type of Informant: Driver | | |
| Race: Indian | | Language: Institution / School Name: |
| Occupation: Other car and light goods vehicle drivers nec | | Driving Licence Information: Class: 3 Date of Expiry: |

| | | | | |
|--|------------------|------------------------------------|---|---------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 27/09/2021 16:30 | Type of Location: X-Junction |
| Location: PRINCESS OF WALES ROAD | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|--------|-----------|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GZ775C | Lorry | TOYOTA | Dyna | White | Slightly Damaged | 0 |
| PC5645B | Van | TOYOTA | High Roof | White | Slightly Damaged | 1 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



SINGAPORE POLICE FORCE



T/20210927/2126

2 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20210927/2126

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|--------------------------------|------------------|--|-----------------------------------|
| Name | HAJA MOHIDEEN BIN PEER MOHAMED | | ID No. | S1377240A |
| Related Vehicle | GZ775C (Lorry) | | Contact No. | 92952382 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL | |
| Driver | | | | |
| Name | ARIVALAGAN S/O ARULMANI | | ID No. | S7637448A |
| Related Vehicle | PC5645B (Van) | | Contact No. | 91111817 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 27/09/2021 | Date Discharge | NIL | |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight | |
| Passenger | | | | |
| Name | LEISHARINI ARIVALAGAN | | ID No. | T0510057C |
| Related Vehicle | PC5645B (Van) | | Contact No. | NIL |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 27/09/2021 | Date Discharge | NIL | |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight | |

Brief Details.

On 27/9/2021 at about 1630hrs, I was travelling along Princess of Wales Rd towards Bt Timah Rd in my Toyota High Roof (PC5645B). I had one passenger, my daughter namely Leisharini Arivalagan (T0510057C). While travelling along the major road, one white lorry Toyota Dyna (GZ775C) was coming out of Princess of Wales minor road, failed to stop at the stop line and was heading straight as well, causing a collision between the front left of their vehicle and front right of mine.

My Toyota High Roof sustained damages on the front right region, causing an impacted right front body and cracked right headlights, whereas the Toyota Dyna sustained a dented frontal region towards the left side. The lorry's driver was not injured, however I sustained impact on my knees and chest whereas my daughter sustained an impact on her knees and legs. We then went to Mt Alvernia Hospital for medical attention where both of us received 5 days MC, MC no: M21000071768 and M21000071766 respectively.



**SINGAPORE
POLICE FORCE**



T/20210927/2126

3 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20210927/2126

CONTINUATION OF REPORT

No government property was damaged, no ambulance was called and no Police officers were called up.

I am lodging this report to claim for damages, admin purposes and for any Police investigation purposes if necessary.



**SINGAPORE
POLICE FORCE**



T/20210927/2126

4 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20210927/2126

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
E /
Sgt 2 ADAM MALIK BIN
MOHAMED ABUSALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151
65476151

Authentication Stamp
NP168

Signature Of Informant.

Date/Time
27/09/2021 23:45

Classification Of Case

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|----------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Business |
| Owner ID: | 952A |
| Vehicle Details | |
| Vehicle No.: | PC5645B |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 30 Sep 2021 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | HIACE COMMUTER GL 3.0 AUTO |
| Primary Colour: | White |
| Manufacturing Year: | 2016 |
| Engine No.: | 1KD2634700 |
| Chassis No.: | KDH2230029053 |
| Maximum Power Output: | - |
| Open Market Value: | \$46,304.00 |
| Original Registration Date: | 27 Dec 2016 |
| First Registration Date: | 27 Dec 2016 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$2,316.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 26 Dec 2026 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| PQP Paid: | \$40,666.00 |
| COE Rebate Amount: | \$21,294.00 |
| Total Rebate Amount: | \$21,294.00 |

The information contained herein is correct as at 30 Sep 2021

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|------------------|----------------|-------|-------|--------------|-----------------|---------|---------|----------|-----------|
| | hiace commuter | | Any | Any | < 5 year(s) old | Any | Any | Any | Available |


**Toyota Hiace Commuter 3.0A
GL High Roof**

Fuel Type: Diesel

Genuine Mileage! Thinking Of Buying A Brand New Toyota High Roof But Too High Monthly Installment To Bear Now. Here We Have A Used 3 Yrs Old Plus Toyota High Roof For Sales. Monthly Installment Only \$900 Plus Excellent Condition From Outside To Inside, LED Headligh...

Posted: 18-Sep-2021 Tags: 2016 Toyota Hiace, Toyota Hiace, Toyota, Hiace


**Toyota Hiace Commuter 2.8A
GL**

Fuel Type: Diesel

Please Call To Arrange For Viewing, Thank You.

Posted: 14-Sep-2021 Tags: 2018 Toyota Hiace, Toyota Hiace, Toyota, Hiace


**Toyota Hiace Commuter 2.8A
GL**

Fuel Type: Diesel

Toyota Hiace High-Roof 13-Seaters Excursion Bus With Power Door For Sale! The Most Trusted Model In Its Class! Vehicle In Excellent Condition! Powerful And Responsive Engine! Full Service Done! We Have Various Loan Packages Available For You To Choose From. Call...

ABWIN (1994) Pte Ltd

Posted: 27-Sep-2021 Tags: 2018 Toyota Hiace, Toyota Hiace, Toyota, Hiace


**Toyota Hiace Commuter 2.8A
GL High Roof**

Fuel Type: Diesel

Diesel Tax Up \$10K Too Expensive To Get New Hiroof? We Have Nice White 2 Years Old High Roof Available. Monthly Installment \$1K. All Seats In Tip Top Condition Like New. Ready To Go No Need Touch Up. High Trade In, Flexible Loan, Fast Handover. Buy Before COE Pric...

ABS Bus Pte Ltd

Posted: 28-Sep-2021 Tags: 2018 Toyota Hiace, Toyota Hiace, Toyota, Hiace

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LOAN**

Is your COE expiring? Let us help you renew it!

Getting your COE renewed is easy, fast and affordable. We'll help you renew your COE and get a loan for it. Get the cheapest loan in town and an approval in 2 days without effort! Enquire today.


**Toyota Hiace Commuter 3.0A
High Roof**

Fuel Type: Diesel

Well Taken Care By Previous Owner. Tip Top Condition. Full Loan Available 100% Loan Available, Welcome Trade-In Any Of Your Vehicle. Call In Now For Viewing And Test Drive To Believe It Yourself.

Posted: 29-Aug-2021 Tags: 2018 Toyota Hiace, Toyota Hiace, Toyota, Hiace

| | | | | | | | |
|----------------------------|----------|--------------|-------------|----------|-----------|-----|-----------|
| Toyota Hiace Commuter 2.8A | \$76,800 | \$10,720 /yr | 29-Nov-2018 | 2,754 cc | 60,500 km | Bus | Available |
|----------------------------|----------|--------------|-------------|----------|-----------|-----|-----------|

Fuel Type: Diesel

Compare