

(08/11/13) wef

ASS. REC. BY: Pam

REF:

CS3/LPC21008526/R19/3-1

9674

ASSIGNMENT

From:

Date:

Veh No:

GBE 6506T

Yr Regn:

2016 / FEB

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No: GBE 6506T

Make:

TOYOTA HIACE 3.0DXM

C.C

2982

at Workshop m/s

WILLY MOTORS

Colour

GREEN

A/C: Insured / Std / NI / NA

of

2703 Inverclyde Park Rd #01-32

Sp. Reading

205152

T/Radio: Insured / Std / NI / NA

Insured:

LPC

Eng/No:

Policy No.

C/No:

KDH2010184423

Claims No.

21/21/21/VC05/024843

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

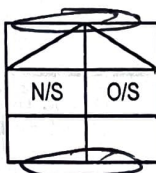
Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

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



Tyre Size:

F:

R5R15C

R:

~

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

TOYO / YOKO or

Bal. or Market Value:

43K

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

10

days

Res.:

Yes or No

D.O.A.

11/08/21

D.O.I.

16/08/21

Lum Sum:

%

3 Val.: Yes or No

Survey held at

WILLY MOTORS

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

Repair limit - 23K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS (10K - 11K) / 10 days

17/08/21 Submit PRS.

08/12/21 Submit LS \$13650, 10 days (Red \$8800, 39%)

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

10

1) 08/12 Typist

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:

☐

: Site Insp (\$

) : S + RS, SI

☐

: Interview (\$

) : Photos

☐

: Tech. Invs (\$

) : Others

☐

: Weekend (\$

)

Report Format : TP

Lump Sum 43K (\$ 13650)

TOTAL

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 12/08/2021 14:45 (SGT)
Date of Accident 11/08/2021 14:40 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AYE TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE6506T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CROWN LAUNDRY LLP
Company Reg No T07LL0967G
Email Address CLFOONG1965@GMAIL.COM
Mobile Phone No (Phone) +65-96484867
Alternative Phone No +65-96484867

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 3000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5083310351-05
Cover Note Number -

DRIVER

Name of Driver FOONG CHEE LEONG
NRIC No S1700005E

Date of Birth	24/04/1965
Location	Outdoor
Date of Driving Pass	19/11/1985
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96484867
Alt. Phone Number	-
Email Address	CLFOONG1965@GMAIL.COM
Address	41 HUME AVENUE #10-11
Address complement	-
Postcode	598738
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
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	6
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)	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

AS PER SKETCH PLAN

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	GBD8184E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIN YEW WEN
NRIC No	S1737239D
Contact Number	(Phone) +65-90672627
Address	-

Insurance complement
Insurance code
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 SLM2231B
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car
Name of Driver TAN
NRIC No S8509286C
Contact Number (Phone) +65-91919868
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 3

Vehicle Registration Number SLL3525C
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car
Name of Driver MS WANG
Contact Number (Phone) +65-91381212
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 4

Vehicle Registration Number SKX5346M
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car
Name of Driver GINNY
Contact Number (Phone) +65-96549937
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 5

Registration Number	GBB4833C
Manufacturer	-
Model	-
Variant	-
Colour	-
Category	Commercial vehicle
Name of Driver	RAJENDRA
Contact Number	(Phone) +65-87130064
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Policy
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GIA /
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CA
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C

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG
A4E TOWARDS CITY
VEHICLE B JAMMED BRAKE,
I MANAGE TO BRAKE IN
TIME BUT VEHICLE C
BEHIND ME HIT MY
REAR PORTION CAUSING
MY VEHICLE TO PUSH
FORWARD & COLLIDE
WITH VEHICLE B IN FRONT
OF ME. UPON CHECKING,
IT WAS A CHAIN
COLLISSION OF 6 VEHICLES

Declaration

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



Policyholder's Signature / Date & Time

For.

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



Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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

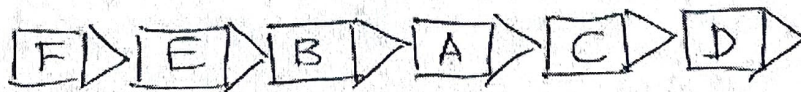
Handwritten signature

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A = GRE 6506T
B = GBD 8184E
C = SLM 2231B
D = SLL 3525C
E = SKX 5346M
F = GBB 4833C

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Limited Liability Partnership
Owner ID:	967G
Vehicle No.:	GBE6506T
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0DXM
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2561149
Chassis No.:	KDH2010184423
Maximum Power Output:	-
Open Market Value:	\$28,955.00
Original Registration Date:	26 Feb 2016
First Registration Date:	26 Feb 2016
Transfer Count:	1
Actual ARF Paid:	\$1,448.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	25 Feb 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$43,047.00
COE Rebate Amount:	\$19,473.00
Total Rebate Amount:	\$19,473.00

The information contained herein is correct as at 17 Aug 2021

OK

Toyota Hiace 3.0M DX

Overview

Financial

Accessories

Similar

Research

Photos

Map



Think One Automobile



Price	\$43,800	Lifespan ?	11-Feb-2036
Depreciation ?	\$9,750 /yr View models with similar depre	Reg Date	12-Feb-2016 (4yrs 5mths 25days COE left)
Mileage	N.A.	Manufactured ?	2015
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$20,881 as of today (change)	Fuel Type	Diesel
COE ?	\$46,502	OMV ?	\$28,476
Engine Cap	2,982 cc	ARF ?	\$1,424
Curb Weight ?	1,780 kg	No. of Owners ?	1
Type of Vehicle	Van		