

REC BY: Theuan

REF: CS3/CTI21012029/Vtg3

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.

Bal. or Market Value: 59k ✓

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

Date / Time Action / Instruction

MV: 59k

rebate: 2856

NU: 56144

rr: 31c-4k ✓

Got BI

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

3

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Wash and (\$

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Prints

Other

Total

Veh No: PC50546 ✓

Yr Regn: 18/10/16

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

Truck / Trailer or

Make: Toyota Hiace Commuter GL c.c 2982

Colour: black

A/C: Insured / Std / NI / NA

Sp. Reading: 180290

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: HDH2230024631

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195R15C

R:

195R15C

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

TOYO / YOKO or

Wind-fore

Front

Rear

R/Bal. 6

mm

R/Bal. 6

mm

L/Bal. 6

mm

L/Bal. 6

mm

D.O.A. 24/11/21

D.O.I. 26/11/21

1200

Survey held at

G13

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

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

Request Form:

Using Form / M.B.I.:

Hiace 3.0A Super GL Used Vehicle List (1 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availability
Toyota Hiace 3.0A Super GL Dark Prime (Diesel)	\$58,800	\$12,600 /yr	28-Jul-2016	2,982 cc	-	Car (S) Pte Ltd	Available

Super Rare Mid Roof Super GL In The Market With 1 Owner Only! High Resale Value In The Future As Production Stopped! Well Maintained By Previous Owner! Trade In Are Welcomed! Flexible Loan Are Availab...

Office No. - 63863322

Rain Lim - 81027051 | Edmund - 84392227

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$$\begin{array}{r} dp: 12k \\ 12 \\ \hline = 1k \end{array}$$

~~10k~~

$$4 \text{ yrs } 4 / 59$$

$$1 \times 59 = 59k$$

$$59k - 2956$$

$$= 56144$$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	347D

Vehicle Details

Vehicle No.:	PC5054G
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Nov 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER 3.0 GL AUTO
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1KD2650193
Chassis No.:	KDH2230029631
Maximum Power Output:	-
Open Market Value:	\$45,697.00
Original Registration Date:	19 Oct 2016
First Registration Date:	19 Oct 2016
Transfer Count:	1
Actual ARF Paid:	\$2,285.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	18 Oct 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,897.00
COE Rebate Amount:	\$2,856.00
Total Rebate Amount:	\$2,856.00

The information contained herein is correct as at 26 Nov 2021

OK



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	25/11/2021 18:24 (SGT)
Date of Accident	24/11/2021 16:30 (SGT)
Exact Location of Accident	Eng Neo Avenue & Vanda Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5054G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ROCKET TRANSPORTATION
Company Reg No	53436347D
Email Address	c-weisheng@hotmail.com
Mobile Phone No	(Phone) +65-88526673
Alternative Phone No	(Home) +65-88526673

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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123184739
Cover Note Number	-

DRIVER

Name of Driver	AW BOON THONG
NRIC No	S1552468E

Date Of Birth	15/08/1962
Occupation	Outdoor
Date Of Driving Pass	04/12/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96669400
Alt. Phone Number	-
Email Address	c-weisheng@hotmail.com
Address	BLK 749 YISHUN STREET 72
Address complement	#08-120
Postcode	760749
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	Collision - Cross Junction
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)	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?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
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 SKETCH PLAN 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	SMA4094T
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	SGR828X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AW BOON THONG
Gender	Male
Phone No	(Phone) +65-96669400
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	PC5054G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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



Describe Circumstances of the Accident

On the 24/11/2021 at about 1600 hrs I stopped my vehicle at the traffic junction at King Geo Avenue. While I was waiting at the traffic light, ven B (SMA40947) and ven C (SMA828X) collided at the traffic junction and ven B (SMA40947) collided into the front of my vehicle. Skidded and into the accident I was feeling unwell and went to visit International Hospital and was given 5 drugs for me no pain killers possible.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel

[Signature]