

INS. REC. BY: Thuan

REF: CS3/LPC2/012182/VAF3

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: _____

Veh No: PC9644L Yr Regn: 15/11/21
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota hi/c commuter GL cc 2754
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 3896 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GDH223200/418
 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: 196/80R15
 R: 196/80R15

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 106k
 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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>30/11/21</u>	D.O.I. <u>22/12/21 1200</u>

 Survey held at G13
 Des. of Damages: Fr Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	mv: 106k
	rebate: 41999
	WV: 64221
	rc: 34221 4h-sk ✓
	SUBMIT PRS REPORT

Date/Time File Pass to? : Prel. Report
 : Final Report
 Date/Time File Return to? _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Misc. end (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + RS:	_____
Fines:	_____
Other:	_____
TOTAL:	_____

Report Form: _____
 Date/Time File Return to? _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	498C
Vehicle Details	
Vehicle No.:	PC9644C
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Dec 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	1GD8384272
Chassis No.:	GDH2232001418
Maximum Power Output:	-
Open Market Value:	\$46,193.00
Original Registration Date:	15 Nov 2021
First Registration Date:	15 Nov 2021
Transfer Count:	0
Actual ARF Paid:	\$2,310.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Nov 2031
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$42,001.00
COE Rebate Amount:	\$41,779.00
Total Rebate Amount:	\$41,779.00

The information contained herein is correct as at 03 Dec 2021

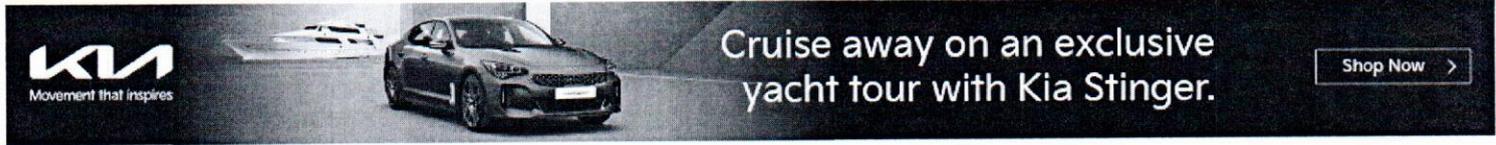
OK

$$\begin{array}{r} dp: 10700 \\ \underline{\quad\quad} \\ 12 \\ = 892 \end{array}$$

$$9 \text{ yrs } 11/119$$

$$\begin{array}{r} 892 \times 119 = 106148 \\ = 106k \end{array}$$

$$\begin{array}{r} 106k - 41779 \\ = 64221 \end{array}$$



to

New HIACE COMMUTER Cars for Sale (1 vehicles)

Sort by [Most Popular](#)

15 results/page

Car Model	Price	Dealer	Built in	User Rating
Toyota Hiace High Roof Diesel		Parallel Importers	Japan	
 2.8 GL Commuter 14-Seater [Euro VI] (A)	\$107,000 \$10,700 /yr ?	• 11.8km/L 149bhp 6-speed (A)		3 User Reviews
3.0 Commuter 14-Seater Bus [Euro VI] (A)	\$108,000 \$10,400 /yr ?	• 12.2km/L 136bhp Unknown		

Car Model	Price	Dealer	Built in	User Rating
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15 results/page

[Home](#) | [New Cars](#) | [Used Cars](#) | [Rental Cars](#) | [Sell My Car](#) | [Directory](#) | [Products](#) | [Insurance](#) | [Article](#) | [Forum](#) | [Resources](#)

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Compare [1]

Hiace Commuter 2.8A GL Used Vehicle List (3 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availability
Toyota Hiace Commuter 2.8A GL (Diesel)	\$101,800	\$10,920 /yr	31-Mar-2021	2,754 cc	5 km	Swee Seng Motors	Available

Almost Brand New Unit And Diesel Powered! Included Essential Add-ons Like Multimedia Player And Reverse Camera.

Office No. - 63663808

Joe Chew - 81421488 | Vin Chua - 91001574 | CK Chua - 81540333

Toyota Hiace Commuter 2.8A GL High Roof (Diesel)	\$107,800	\$11,840 /yr	08-Jan-2021	2,754 cc	-	Hon Brothers Pte Ltd	Available
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10 Times Free Servicing, Warranty 3 Years Or 100,000Km And Full Accessories! Immediate! Please Call To Arrange For Viewing Thanks.

Office No. - 67788862

Ivan Ho - 97200193 | Mr Chong - 88003223 | Sam - 97421147 | Tony Hon - 81184141

Toyota Hiace Commuter 2.8A GL High Roof (Diesel)	\$108,800	\$11,770 /yr	01-Mar-2021	2,754 cc	-	Car (S) Pte Ltd	Available
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LATEST NEW FACELIFT HIACE 14 SEATER BUS PROMO! HIGH LOAN AVAILABLE. Private Bus, Private Hire Bus, Excursion Bus, School Bus Are All Welcome. Well Prepared Paperworks To Minimize The Delivery Lead Tim...

Office No. - 63863322

Ray - 81281193 | Bernard Chan - 97373788

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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 01/12/2021 15:58 (SGT)
Date of Accident 30/11/2021 08:53 (SGT)
Exact Location of Accident Upper Bukit Timah Rd & Old Jurong Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9644C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PERFECTGOH LIMO
Company Reg No 53134498C
Email Address REGINE_YAU@HOTMAIL.COM
Mobile Phone No (Phone) +65-98778475
Alternative Phone No (Home) +65-98778475

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 2754

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5124435815
Cover Note Number -

DRIVER

Name of Driver KHAIRULNIZAM BIN ABDUL KHALID
NRIC No S7511166E

Date Of Birth	20/04/1975
Occupation	Outdoor
Date Of Driving Pass	04/09/1995
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98694051
Alt. Phone Number	-
Email Address	REGINE_YAU@HOTMAIL.COM
Address	BLK 534 JURONG WEST STREET 52
Address complement	#02-455
Postcode	640534
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	STUDENT
Gender	Female

PASSENGER 2

Name	STUDENT
Gender	Female

PASSENGER 3

Name	STUDENT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
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 YM6773Z
 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 KHAIRULNIZAM BIN ABDUL KHALID
 Gender Male
 Phone No -
 Address BLK 534 JURONG WEST STREET 52
 Address Complement #02-455
 Post Code 640534
 Approximate Age Years Old 46
 Injuries Sustained -
 Injured person in which vehicle? PC9644C
 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 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. 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 :

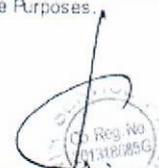
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.



[Signature] 30/11/2021 @ 1120HRS

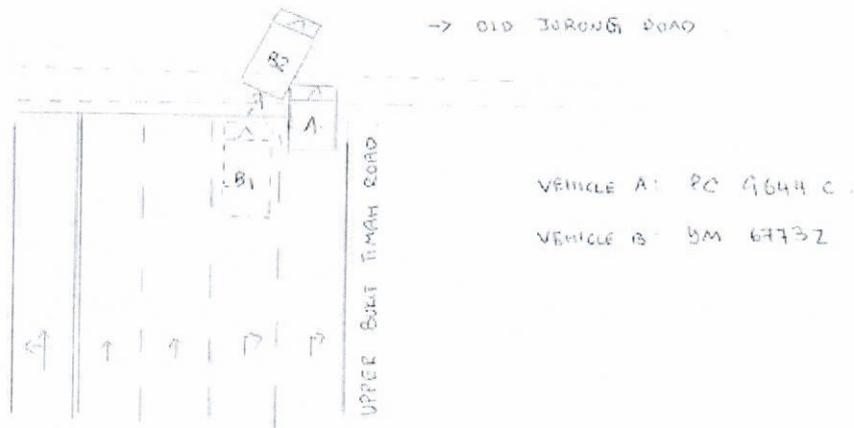


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT ATTACHED
3/2021 1130 / 17044

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 30/11/2021 @ 1120HRS
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



J/20211130/7044

1 of 2

POLICE REPORT (NP299)

Report No. J/20211130/7044

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 30/11/2021 18:20	Vide Report No.	Station Diary No.
Name Of Informant KHAIRULNIZAM BIN ABDUL KHALID	Address 534 JURONG WEST STREET 52 #02-455 SINGAPORE 640534	
ID Type / ID No. NRIC NO / S7511166E	Contact No. Home/Office:	Mobile: 98694051
Nationality SINGAPORE CITIZEN	Email Address EIJAMP.20@GMAIL.COM	
Occupation Limo driver	Sex Male	Age 46
Institution/School Name	Date of Birth 20/04/1975	Race Malay
Date/Time Of Incident 30/11/2021 09:00	Location Of Incident UPPER BUKIT TIMAH ROAD	

Brief details.

On the stated date and time I was ferrying 3 female student on board vehicle PC9644C. I was travelling straight on lane 1 along Upper bukit timah road. As I approach the junction to turn right to Old Jurong Road, I notice a truck YM6773Z who is on lane 2 on my left also making a right turn. As we were about to turn, the said truck cut into my lane, I quickly applied my brakes and managed to stop however the truck still hit onto my vehicle left front portion.

The impact causes me to hit my abdomen onto the steering wheel.

I then quickly check on the passengers and they are fine.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2021 18:20
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20211130/7044

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20211130/7044

Later i felt pain on my back area too.

I then proceeded to Peace Family Clinic Pte Ltd to seek treatment and I was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2021 18:20
Officer In-Charge Of Case:	Classification Of Case: