

Thuvan 1 CS3/LPC 22001-269/Vuf3

ASSIGNMENT

From:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBE 5965H

Policy No.

Claims No. 22/22/22/NC05/025437

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: 28k

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: 28k

rebate: 10576

MV: 17424

9/3/22 Submit PRS

Date/Time File Pass to?

☐ : Proll. Report

1)

☐ : Final Report

Date/Time File Return to?

9/3/22-typist

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : V/V & C (\$

Survey Fee:

Transportation:

____ S + RS. ____ SI

Flashes

Collage

Total

Veh No: PC1944B

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

Truck / Trailer or

Make: Toyota Hiace HR c.c 2982

Colour: orange

Sp. Reading: 843313

NC: Insured / Std / III / NA

Eng/No:

T/Radio: Insured / Std / III / NA

C/No:

STFST22P5000/7809

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / SIRIM / STD A/Rim or

Tyre Size: F: 195HR15

R: 195HR15

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

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 8/2/22

D.O.I. 23/2/22 1600

Survey held at

Atec

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/Top or

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	530D
Vehicle Details	
Vehicle No.:	PC1949B
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE HIROOF AUTO 14 SEATER
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	1KD2321135
Chassis No.:	JTFST22P500017809
Maximum Power Output:	-
Open Market Value:	\$37,122.00
Original Registration Date:	05 Sep 2013
First Registration Date:	05 Sep 2013
Transfer Count:	1
Actual ARF Paid:	\$1,857.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	04 Sep 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$71,001.00
COE Rebate Amount:	\$10,576.00
Total Rebate Amount:	\$10,576.00

The information contained herein is correct as at 08 Mar 2022

OK

dp: 18k

12

= 1300

1500719

= 28500

= 28k

28k - 10576

= 17424

Hiace 3.0A High Roof Used Vehicle List (1 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availability
Toyota Hiace Commuter 3.0A GL High Roof (Diesel)	\$32,800	\$18,220 /yr	26-Dec-2013	2,982 cc	120,000 km	Zenith Automobile	Available

\$77,000 With 10 Year New COE, Buy To Renew COE Later On After 2 Years To Enjoy The Lowest Depreciation For A 12-Seater Mini Bus. Full Loan Available At Low Interest Rate / Monthly. Trade In Available....

Office No. - 66848884

Simon - 98197237 | Andy - 88181155 | George - 88088825

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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 Authorized 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 use 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 to the insurance of the Road Traffic Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that request of the 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	08/02/2022 11:40 (SGT)
Date of Accident	08/02/2022 08:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(CHANGI) NEAR LOR 6 TOA PAYOH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1949B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEVILAI TRANSPORT PTE LTD
Company Reg No	201003530D
Email Address	ENQUIRY@SEVILAITRANSPORT.COM
Mobile Phone No	(Phone) +65-96692137
Alternative Phone No	(Office) +65-67831412

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	HIGH ROOF
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	3000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112300085-02
Cover Note Number	05/09/2021 - 04/09/2022

DRIVER

Name of Driver	MOHD RAHIMAN BIN MOHD SANI
NRIC No	S2582074F

Date Of Birth 03/06/1963
 Occupation Unknown
 Date Of Driving Pass 03/06/2006
 Driving experience 15 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number
 All Phone Number (Phone) 05 82034121
 Email Address
 Address
 Address complement
 Postcode 765722
 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 - Head to Rear
 Weather Conditions Clear
 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? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 8
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name
 Gender PASSENGER Male

PASSENGER 2

Name
 Gender PASSENGER Female

PASSENGER 3

Name
 Gender PASSENGER Female

PASSENGER 4

Name
 Gender PASSENGER Female

PASSENGER 5

Name
 Gender PASSENGER Female

PASSENGER 6

Name
 Gender PASSENGER Female

PASSENGER 7

Name
 Gender PASSENGER Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes
Yes
SD CARD WITH VEHICLE OWNER
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5965H
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KWA YONG HWEE
NRIC No	S1173990C
Contact Number	(Phone) +65-90995398
Address	BLK 268 TOH GUAN ROAD #11-43
Address complement	-
Postcode	600268
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

STEC Income Motor Service Centre

Report No: MH

DICA

8 2 22

Vehicle No

Make Model

PC 1449B

7/111 Ace

Report Date 8/2/2022 Start Time 10:45 AM

Reporting Type

7P

End Time

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.



8/2/2022 10:45

Policyholder's Signature
Date & Time:

[Signature]

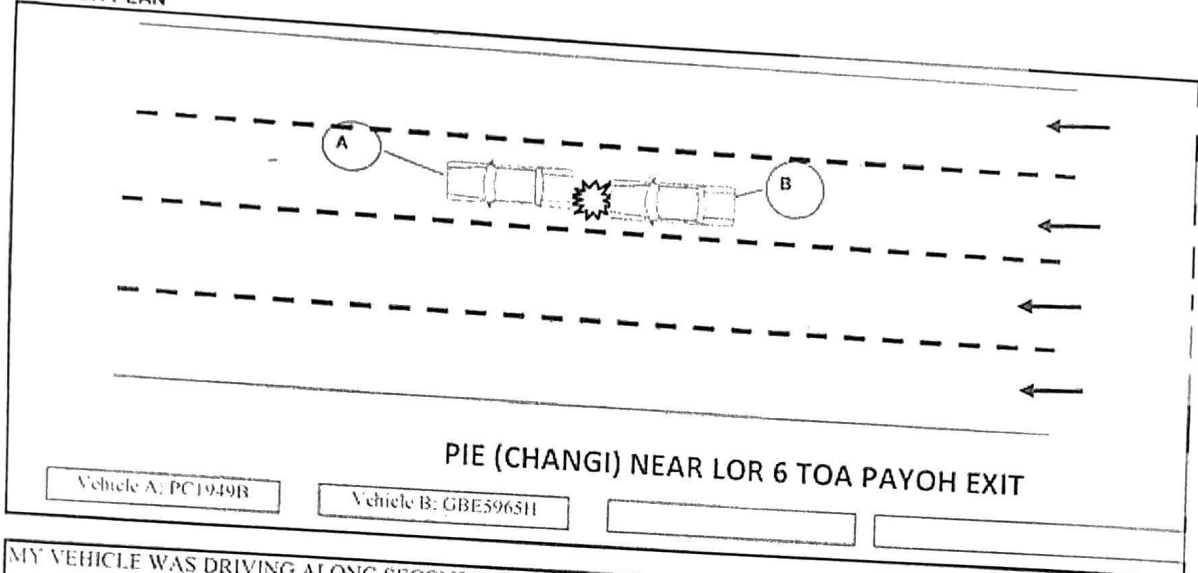
Driver's Signature (If driver is not the policyholder)
Date & Time:

8/2/2022 10:45

[Signature]

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

SKETCH PLAN



MY VEHICLE WAS DRIVING ALONG SECOND RIGHT LANE OF PIE(CHANGI) NEAR LOR 6 TOA PAYOH EXIT. TRAFFIC WAS HEAVY. VEHICLES INFRONT OF ME STOPPED AND I ALSO STOPPED. VEHICLE B UNABLE TO STOP ON TIME AND HIT ONTO MY VEHICLE REAR PORTION.

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:

8/2/2022 10:45

[Signature]

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765