Marten on: Throan 1 "LE CS3/LPCZ	-1012182/VA+f3
CS3/LPC21012182/Vty3-1 ASS	IGNMENT
From: Cate.	Veh No: PC96444 Vr Rogn: 15/11/21
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Vany Lorry / Taxl / Prime Mover /
QD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Togota hig/c Commuter 66 c.c 7754
til Workshop m/s	Colour White AC: Insured/Std/NI/NA
ol	Sp.Reading 3896 . T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: GD+12232001418 .
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inforder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S(RIm) / STD A/RIm or .
1	Tyre Size: F: 196/80 R15
(Policy Condition)	R: 196/80 R15
Remark: The veh had commenced its N/S O/S	(BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value: 106K	Eron Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs. 3 days Res.: Yes or No	D.O.A. 36/11/2/ D.O.I. \$2/12/2/ 1200
tum Sum: % 3 Val.: Yos or No	
CA REV REP. 24 HRS	Des. of Damages: (Frt.) Rear O/S N/S U/C Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
mv: 106k	
rebate: 41979	
mv: 64221 m: 340-24 4h-sh	The second secon
11.31.60 (11-5)	
lump sum \$	2650, 4days
	028.28; 43%
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Data/Table File Return to?	Trensportation:
Add Fee:	: Site Insp (\$) _ s + Rs si .
	: Interview (\$) From
Foyert Forms :	: Tech, thvs (\$) (there
Lierop Fina (UBJ: 12	Western C
	707-51

> 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: Intended PARF Rebate Details	\$2,310.00
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 dp: 10700

12 = 892 $9 \times 15 11/119$ $892 \times 119 = 106148$ = 106k 106h - 41779 = 64221

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\$10,700 /vr >

\$108,000

\$10,400 /yr ?

Dealer

Built in

Japan

✓ results/page User Rating

3 User Reviews

Toyota Hiace High Roof Diesel

Sort by Most Popular

2.8 GL Commuter 14-Seater [Euro VI] (A)

3.0 Commuter 14-Seater Bus [Euro VI] (A)

Price

Parallel Importers

* 11.8km/L | 149bhp | 6-speed (A)

· 12.2km/L | 136bhp | Unknown

Dealer

Built in

User Rating

15 ✓ results/page

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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 \$101,800 \$10,920 /yr 31-Mar-2021 2,754 cc 5 km Swee Seng Motors Available GL (Diesel)

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\$107,800 \$11,840 /yr 08-Jan-2021 2,754 cc - Hon Brothers Pte Ltd Available

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\$108,800 \$11,770 /yr 01-Mar-2021 2,754 cc - Car (S) Pte Ltd **Available**

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

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate 5. Internation products the 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.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

01/12/2021 15:58 (SGT) 30/11/2021 08:53 (SGT) Upper Bukit Timah Rd & Old Jurong Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC9644C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes PERFECTGOH LIMO 53134498C REGINE_YAU@HOTMAIL.COM (Phone) +65-98778475 (Home) +65-98778475

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident

Toyota Hiace

Employment

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Commercial vehicle

Vehicle Category Transmission CC

Auto 2754

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive No

5124435815

DRIVER

Name of Driver NRIC No

KHAIRULNIZAM BIN ABDUL KHALID S7511166E



Accident report SA1E21C10005

Date Of Birth 20/04/1975 Occupation Outdoor Date Of Driving Pass 04/09/1995 Driving experience 26 YEARS AND 2 MONTHS Gender 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) 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?

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

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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)

Lunderstand, 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 yers/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
- (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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CTGO44 GC (Co. Fieg. No) C GC (Co. Fieg. No) C GC (Co. Fieg. No) C CC (Co. Fiel. No) C C

Policyholder's Signature / Date & Time

May 30/11/2021 @ 1120485

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

Witnessed by Reparting Centre

JURONG DOAD

Sketch Plan

UPPER BURT TIMAH ROBO

VEHICLE A: PC 9644 C

VEHICLE B - YM 6773Z

/X
REFER TO PULLE REPORT ATTACHED
3/2021430/7044

We declare the foregoing particulars 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





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000 Report No. J/20211130/7044

Date/Time Report Made	Vide Re	port No.		Station Diary No.
30/11/2021 18:20				
Name Of Informant	Address			
KHAIRULNIZAM BIN ABDUL KHALID	534 JURONG WEST STREET 52 #02-455 SINGAPORE 640534			
ID Type / ID No.	Contact	No.		
NRIC NO / \$7511166E	Home/Office: Mobile:			
	98694051			
Nationality	Email Address			
SINGAPORE CITIZEN	EIJAMP.20@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Limo driver	Male	46	20/04/1975	Malay
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
30/11/2021 09:00	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:		





2 06

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:	Signature Of Informant:		
Not applicable	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:		