

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GBE 8012M
 at Workshop m/s: 1145 30
 of _____
 Insured: GBE 4438U
 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.**

⊙	
N/S	O/S
⊙	

Bal. or Market Value: \$40k.
 IDAC Accident Rpt: _____ Consistent?: **Yes** or No
 GIA / PR Seen: _____ Consistent?: **Yes** or No
 Est. Repairs: 15 days Res.: **Yes** or No
 Lum Sum: 20 % 3 Val.: **Yes** or No
196
CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: LIA 17893
 Vehicle: **IN / OUT**

Veh No: GBE 8012M Yr Regn: 28/03/16
 Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**
Truck / Trailer or (M)
 Make: Toyota hiace c.c 2982
 Colour: White A/C: **Insured / Std / NI / NA**
 Sp. Reading: 132701 T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: JTFHT02P100193884
 Gen. Cond: **Good / Fair / Poor / Burnt**
 Steering: **Inorder / Jammed / Leaked / Burnt** or
 Brake: **Inorder / Jammed / Leaked / Burnt** or
 Modi: **Nil / S/Rim / STD A/Rim** or
 Tyre Size: F: 195 R15
 R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Avstone
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 04/04/22 D.O.I. 11/04/22
 Survey held at _____
 Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or
Rear & Hgt.
 The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time Action / Instruction Rep 10k.

25/5/22 1/5 \$13,800 insured Susan
red: 17292.60;55%

Date/Time, File Pass to? : **Preli. Report**
 : **Final Report**

Days Of Repair: 15
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?
 2) _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee: _____
 Transportation: _____
 _____ S + RS, _____ SI
 Photos _____
 Others _____
 TOTAL _____

Report Format : _____
 Lump Sum / I.B.I: (\$) _____)



ESTIMATE

Name: ERGO Insurance Pte Ltd
Address Motor Claims Department
8 Temasek Boulevard #04-01
Suntec Tower Three Singapore 038988

Ref Date: 08-04-2022
Ref No: GBE8012M220404
Vehicle No: GBE8012M
Model / Make: Toyota Hiace
Van Turbo 5DR Manual

Table with columns: Item #, Damaged Area, Description, Unit Price, Qty, Estimation / Quotation, N / SN, Cost Of Repair. Contains 36 items and a C/F Balance row.

submit to ...

not authorized
11/4/22
L/S \$13,800/
15 days.



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	196N
Vehicle Details	
Vehicle No.:	GBE8012M
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1KD2604132
Chassis No.:	JTFHT02P100193884
Maximum Power Output:	-
Open Market Value:	\$27,741.00
Original Registration Date:	28 Mar 2016
First Registration Date:	28 Mar 2016
Transfer Count:	1
Actual ARF Paid:	\$1,388.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Mar 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$45,036.00
COE Rebate Amount:	\$17,893.00
Total Rebate Amount:	\$17,893.00

The information contained herein is correct as at 06 Apr 2022

OK

Post an Advertisement
 Sell it yourself! Advertise it at just
\$68 until it's SOLD!

04/2018 Shuttle 1.5A \$71000, \$858 Monthly at 1.88%



\$858 Monthly only, 1.88% By
 GV CARS FINANCING, \$0
 Downpayment, PHV/Z10
 Welcome
 GV Automobile Centre StarAd

HIN LUNG AUTO
 Ho Bee Group
30 years
 of car sale
One Stop Car Hub
 Finance, Insurance, Workshop
 New and Used Cars

Post an Ad Advertiser Login Ways of Selling

« Back (1 2) Next »

Sort by Date Posted 20 results/page

31 vehicles



Toyota Hiace 3.0

Any Category

Advanced Search



Search

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

Search Selection

Toyota Hiace 3.0 Any Any **2016** Any Any Any **Available**



Toyota Hiace 3.0A DX **\$64,800** \$13,710 /yr 29-Dec-2016 2,982 cc - Bus **Available**

Fuel Type: Diesel
 Standard Roof PA Bus Auto Diesel Unit! Can Enter Car Park Height 2.0M No Problem! All Wear And Tear Replaced, Full Servicing Done,...
 ABS Bus Pte Ltd
 Posted: 08-Apr-2022

PREMIUM AD



Toyota Hiace 3.0M DX **\$46,800** \$12,160 /yr 12-Feb-2016 2,982 cc - Van **Available**

Fuel Type: Diesel
 2016 Toyota Hiace 3.0 DX Diesel, 100% Loan Available.
 Think One Automobile & Trading
 Posted: 08-Apr-2022

PREMIUM AD



Toyota Hiace 3.0A DX **\$58,800** \$12,510 /yr 20-Dec-2016 2,982 cc - Van **Available**

Fuel Type: Diesel
 1 Owner Auto Diesel Unit. Very Good Condition! Offer High Trade In! 100% Loan Available, Fast Handover. Call Now For Viewing And Te...
 ABS Bus Pte Ltd
 Posted: 08-Apr-2022

PREMIUM AD



Toyota Hiace 3.0A DX **\$64,800** \$13,710 /yr 29-Dec-2016 2,982 cc - Bus **Available**

Fuel Type: Diesel
 Auto standard roof pa bus here! Can go in most of the car park, can park multi storey car park. Smooth engine and no repair needed. W...
 ABS Bus Pte Ltd
 Posted: 08-Apr-2022

PREMIUM AD



Better Comfort For Body Fom Safety Belt

Carbon Fibre Look Safety Belt Cover (TRD Racing Development)
 More info about this product



Toyota Hiace Commuter 3.0A High Roof **\$54,000** \$13,780 /yr 09-Mar-2016 2,982 cc 333,000 km Bus **Available**

Fuel Type: Diesel
 Can Use For Company Bus Or Excursion Bus. 100% In House Loan Available! High Trade Are Welcome! Call Us For Appointment To View!
 Posted: 07-Apr-2022

DIRECT OWNER



Toyota Hiace Commuter 3.0A GL High Roof **\$58,800** N.A 13-Oct-2016 2,982 cc - Bus **Available**

Fuel Type: Diesel
 Can Use For Company Bus Or Exclusion Bus. 1 Owner, New Paintwork, Done Servicing, Wear And Tear Replaced. 100% In House Loan...
 ABWIN (1994) Pte Ltd

Compare

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 05/04/2022 09:43 (SGT)
Date of Accident 04/04/2022 10:40 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE8012M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Company Reg No 1XXXXX196N
Email Address isaacngcl@gbl.com.sg
Mobile Phone No (Phone) +65-97252240
Alternative Phone No (Office) +65-64942897

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 2982

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D21097582
Cover Note Number -

DRIVER

Name of Driver SENTHIL KARTHIK
Work Permit No GXXXX036R

Date Of Birth 10/05/1988
 Occupation Outdoor
 Date Of Driving Pass 18/05/2011
 Driving experience 10 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97252240
 Alt. Phone Number -
 Email Address isaacngcl@gbl.com.sg
 Address 470709
 Address complement -
 Postcode 709 BEDOK RESERVOIR ROAD #05-3894
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 4
 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

ON 04/04/2022 AT ABOUT 10:40HRS. I WSS DRIVING VEHICLE A, (GBE8012M) TRAVELLING ALONG PIE TOWARDS CHANGI AT THE CENTER LANE. VEHICLE C MAKE A SUDDEN STOP. I IMMEDIATELY STEPPED ONTO MY FOOTBRAKE AND I MANAGED TO STOP IN TIME. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE AND CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ONTO VEHICLE C. WHEN I ALIGHTED FROM MY VEHICLE TO CHECK AND I REALISED THIS WAS A CHAIN COLLISION ACCIDENT.

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 GBE4438U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -

Contact Number	(Phone) +65-94574774
Address*	-
Address complement	-
Postcode	-
*Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ7684D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91122211
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PC9681U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-96405917
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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")

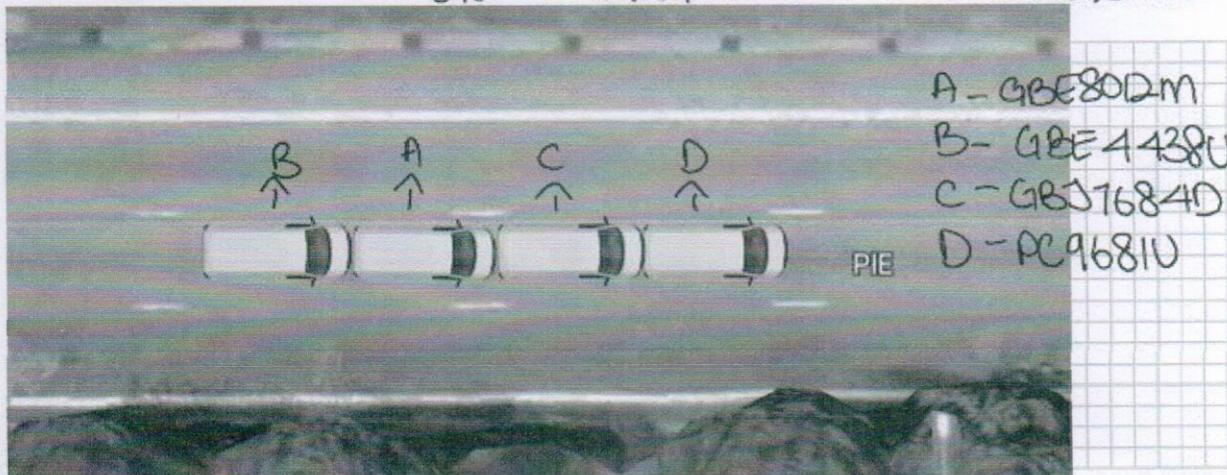
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
 B:10 04-04-22

Witnessed by Reporting Centre Personnel MONAZRIN



Describe Circumstances of the Accident

ON 04/04/2022 AT ABOUT 10:40HRS. I WSS DRIVING VEHICLE A, GBE8012M TRAVELLING ALONG PIE TOWARDS CHANGI AT THE CENTER LANE. VEHICLE C MAKE A SUDDEN STOP. I IMMEDIATELY STEPPED ONTO MY FOOTBRAKE AND I MANAGED TO STOP IN TIME. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE B HAS REAR ENDED MY VEHICLE AND CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ONTO VEHICLE C. WHEN I ALIGHTED FROM MY VEHICLE TO CHECK AND I REALISED THIS WAS A CHAIN COLLISION ACCIDENT.

Declaration

I/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 13:10 04.04.22

Witnessed by Reporting Centre Personnel MONARRIN