

ASS. REC. BY: PJHREF: CS3/ASM22003416/Rqy3

6952

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBK 94255at Workshop m/s MJB MOTORof 7,800 MINK OR Ind EST #01-94Insured: ASM

Policy No. _____

Claims No. S2M03YBO

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: 86K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBK 94255 Yr Regn: 2021 / JANType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA HINCE TURBO 5000 cc 2982Colour: GREY A/C: Insured / Std / NI / NASp. Reading: 48862 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02PX00251278Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: NI / S/Rim / STD A/Rim or _____Tyre Size: F: 195R15C

R: _____

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

TOYO / YOKO or _____

Front 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 01/04/22 D.O.I. 13/04/22Survey held at MJB

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

REAR N/S

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

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 58K</u>
	<u>ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 5 days</u>
10/05/22@	10.52am revised to Cynthia Loh via Smart Claims.
10/05/22	Submit PRS.

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 5

1) 10/05 Typist

☐ : Final ReportResurvey No. of Trip: 2

Date/Time, File Return to?

Survey Fee:

Transportation:

2) _____

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

\$ + RS. \$ _____

Photos

Others

Report Format: SMART CLAIMS - PRS

Lump Sum / I.B.I.:

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	11/04/2022 19:46 (SGT)
Date of Accident	09/04/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE EXIT TO WOODLANDS RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9425S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TK ELECTRICIANS PTE. LTD.
Company Reg No	2XXXXX695Z
Email Address	TECKKOON@TKELECTRICIANS.COM
Mobile Phone No	(Phone) +65-91158246
Alternative Phone No	+65-91158246

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120058142100
Cover Note Number	-

DRIVER

Name of Driver	YEAJOB
Passport No/FIN	GXXXX586Q

Date Of Birth	06/10/1993
Occupation	Outdoor
Date Of Driving Pass	10/02/2020
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93526417
Alt. Phone Number	-
Email Address	TECKKOON@TKELECTRICIANS.COM
Address	C/O 6D MANDAI ESTATE #03-12 M-SPACE
Address complement	S(729938)
Postcode	-
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BELAL
Gender	Male

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

I WAS DRIVING VEHICLE A ALONG KJE EXIT TOWARDS WOODLANDS ROAD. AT THE SLIP ROAD TOWARDS WOODLANDS ROAD , I SLOWED DOWN AND STOPPED MY VEHICLE TO GIVE WAY TO ONCOMING TRAFFIC ALONG WOODLANDS ROAD. SUDDENLY, I FELT AN IMPACT ON THE REAR OF MY VEHICLE. VEHICLE B COLLIDED INTO THE REAR OF MY VEHICLE. VIDEO FOOTAGE IS AVAILABLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2638L
Vehicle Manufacturer	Hyundai
Vehicle Model	I40

Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
IRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
Blue
Taxi
NAZARUDIN BIN A RASHID
SXXXX897H
(Phone) +65-94889341
-
-
-
-
-
-
-

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

Sketch Plan

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

Witnessed by Reporting Centre
Personnel

Please refer to sketch.

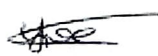
Describe Circumstances of the Accident

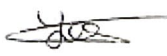
Please refer to statement.

TP claim @ other workshop


Declaration

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

11/4/22 @ 4.30pm


Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	695Z
Vehicle No:	GBK9425S
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	Silver
Manufacturing Year:	2020
Engine No:	1KDB068519
Chassis No:	JTFHT02PXD0251278
Maximum Power Output:	-
Open Market Value:	\$28,235.00
Original Registration Date:	29 Jan 2021
First Registration Date:	29 Jan 2021
Transfer Count:	0
Actual ARF Paid:	\$1,412.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	28 Jan 2031
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$31,502.00
COE Rebate Amount:	\$27,682.00
Total Rebate Amount:	\$27,682.00

The information contained herein is correct as at 14 Apr 2022

OK

Toyota Hiace 3.0M

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price **\$86,800** **Lifespan** 26-Jan-2041

Depreciation \$9,870 /yr
[View models with similar depre](#) **Reg Date** 27-Jan-2021
(8yrs 9mths 12days COE left)

Mileage 32,000 km (26.4k /yr) **Manufactured** 2020

Road Tax N.A. **Transmission** Manual

Dereg Value \$30,352 as of today (change) **Fuel Type** Diesel

COE \$34,523 **OMV** \$28,235

Engine Cap 2,982 cc **ARF** \$1,412

Curb Weight 1,700 kg **No. of Owners** 1

Type of Vehicle Van