

ASS. REG. BY:

REF:

T11 / 220059881kg43

C

Kenneth

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: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \$89K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC 9605m Yr Regn: 03, 21

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

Truck / Trailer or _____

Make: Toyota (A) c.c. 2982

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 27980 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTSKT 22P300040327

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R15X8

R: _____

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

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 17/6/22

Survey held at _____

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 23/6/2022

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

Rear O/S

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

Date / Time Action / Instruction

22/7 \$3219.50 Condur used \$214.50, (8%)

Date/Time, File Pass to?

: Prell. Report

1) 08/9/2022

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Fuel

Others

TOTAL

Report Format: Method

Lump Sum / I.B.I. (\$)

3219.50

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 313K

Vehicle Details

Vehicle No.: PC9606M
Vehicle to be Exported: Yes
Intended Deregistration Date: 22 Jun 2022
Vehicle Make: TOYOTA
Vehicle Model: HIACE HIGH ROOF COMMUTER TURBO AUTO
Primary Colour: White
Manufacturing Year: 2020
Engine No.: 1KDB069053
Chassis No.: JTFST22P300040327
Maximum Power Output: -
Open Market Value: \$54,204.00
Original Registration Date: 26 Mar 2021
First Registration Date: 26 Mar 2021
Transfer Count: 0
Actual ARF Paid: \$2,711.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 25 Mar 2031
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
QP Paid: \$37,513.00
COE Rebate Amount: \$30,010.00
Total Rebate Amount: \$30,010.00

The information contained herein is correct as at 22 Jun 2022

OK

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 18/06/2022 10:33 (SGT)
Date of Accident 17/06/2022 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information 48 HOUGANG AVE 8 (THYE HE KWAN)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9606M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO MEDCARE PTE LTD
Company Reg No 2XXXXX313K
Email Address jasminetan@cdgmedcare.com
Mobile Phone No (Phone) +65-96963798
Alternative Phone No (Office) +65-96963798

VEHICLE PARTICULARS

Manufacturer Toyota
Model HIACE HIGH ROOF COMMUTER TURBO AUTO
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? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D22MFL0001917
Cover Note Number 21/01/22 - 20/01/23

DRIVER

Name of Driver CHNG KAH HOE
NRIC No SXXXX338A

Date Of Birth	24/03/1954
Occupation	Outdoor
Date Of Driving Pass	22/03/1974
Driving experience	48 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91383793
Alt. Phone Number	-
Email Address	jasminetan@cdgmedcare.com
Address	BLK 667B JURONG WEST ST 65 #12-161
Address complement	-
Postcode	642667
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	Collided into Property
Weather Conditions	SHELTER
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

REFER 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

SKETCH PLAN

1 VEHICLE NO.: PC9606M

2.INSURER CO India

3.ACCIDENT DATE & TIME: 17/6/22 12:30pm

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 willful 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:

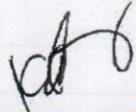
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

(YS)  17/6/22
 Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE
TURN
OVER.