

DATE: 12/11/2020 wef: 12/11/2020
ASS. EC. BY: [Signature]

REF: CS3/CT122006794/Rcy3

B
504L

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: GBE 80236
at Workshop m/s LIAN HENG PAINTER
of 160, SIN MING AYO CITY #06-10
Insured: CTI
Policy No. _____
Claim No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: 41K
IDAC Accident Report: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: _____ 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: GBE 80236 Yr Regn: 2016 / MAR
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: TOYOTA HIACE 3.0 DXMT c.c. 2982
Colour: GREEN A/C: Insured / Std / NI / NA
Sp. Reading: 348340 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KDH 201 0185064
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: NIU / 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		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>13/01/22</u>		D.O.I. <u>19/01/22</u>

Survey held at LIAN HENG

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

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

Date/Time _____ Action / Instruction
REPAIR LIMIT - 26K

ESTIMATE RANGE OF REPAIR / no. of day - (3K-4K) / 4 days

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) S + RS, SI

) Photos

) Others

TOTAL

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	14/07/2022 17:00 (SGT)
Reported by	Both
Date of Accident	13/07/2022 12:45 (SGT)
Exact Location of Accident	Jurong West Ave 4, Singapore
Additional Location Information	Slip road to Jurong Street 64
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8023G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LUI KWOK PANCAKE & SNACKS
Company Reg No	5XXXX504L
Email Address	terence.tgc@gmail.com
Mobile Phone No	(Phone) +65-97630611
Alternative Phone No	-

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	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070033595-02

DRIVER

Name of Driver	Chun Lui Kwok
NRIC No	SXXXX161D
Date Of Birth	21/05/1962
Occupation	Indoor

Date Of Driving Pass	17/01/1986
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97630611
Alt. Phone Number	-
Email Address	terence.tgc@gmail.com
Address	Blk 629 Jurong West Street 65 #10-406
Address complement	-
Postcode	640629
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sole-proprietor
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	Tan Kim Guan
Translator's ID	S1682058Z
Translator's phone number	(Phone) +65-98632371
Translator's email	henrygladys@singnet.com.sg
Original language used in the statement	Mandarin

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

Please refer to the sketch plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV7388P
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Tan Keng Hui
NRIC No	SXXXX540I

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

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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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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

14 JUL 2022

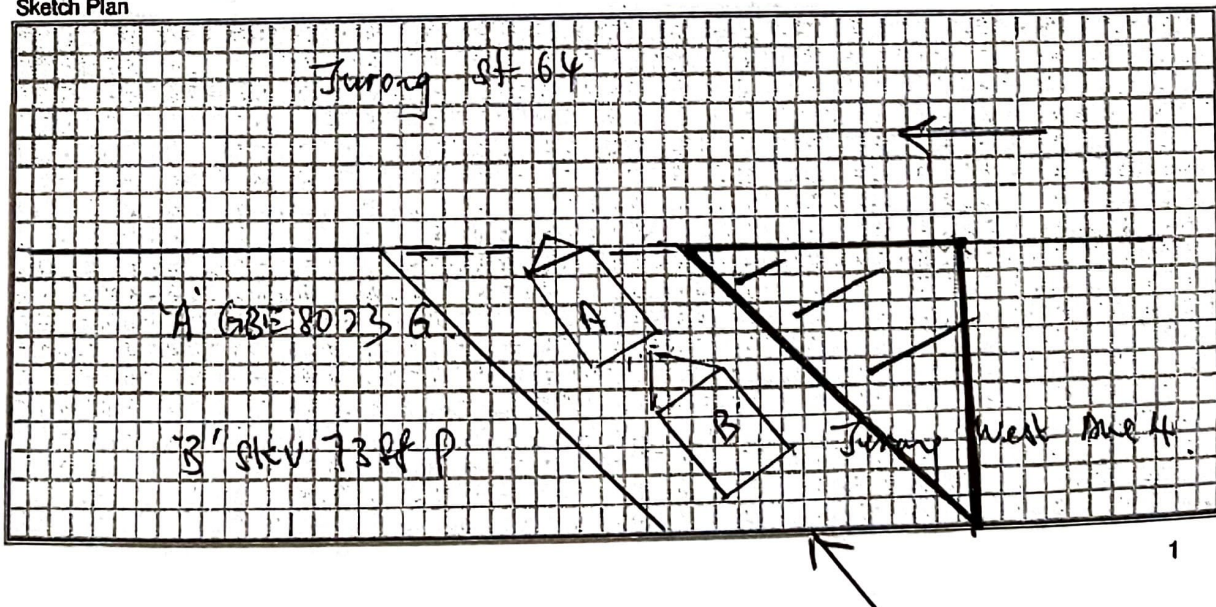
Driver's Signature (if driver is not the policyholder) / Date & Time

14 JUL 2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SOH JIT HOON

Sketch Plan



Describe Circumstance of the Accident

Before exiting from Jurong West Ave 4 slip Rd towards Jurong St 64, I stopped my vehicle to check on right blind spot so to give way for on coming vehicle and was hit by vehicle SKV 7388P from behind.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

14 JUL 2022

[Signature]

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

14 JUL 2022

[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/AD card) SOH JIT HOON

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	504L
Vehicle Details	
Vehicle No.:	GBE8023G
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Jul 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 DX MT
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2573989
Chassis No.:	KDH2010185044
Maximum Power Output:	-
Open Market Value:	\$30,976.00
Original Registration Date:	28 Mar 2016
First Registration Date:	28 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$1,549.00
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
PQP Paid:	\$39,665.00
COE Rebate Amount:	\$14,618.00
Total Rebate Amount:	\$14,618.00

The information contained herein is correct as at 20 Jul 2022