ASS. REC. BY:	C REF: (CY/ASM2	2007919/Rea3 757E
	ASS	SIGNMENT
From:	Date:	Veh No: GBH SYSIH Yr Regn: 2018 / July
Estimated Cost	*	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/O	DRES/EVA/INV/MV	Truck / Trailer or
To In-spect Vehicle No:	GBH 5451H	Make: TOYGTA HIACE DX 218 A c.c 2754
at Workshop m/s SPE	EDWEREZ	Colour GREY A/C: Insured / Std / NI / NA
	UT ROY HOI - 70 BARALEY B	
Insured:	ASM	Eng/No:
Policy No.		CNO: GDA2011005210.
Clairus No.	e e en	Gen. Cond: Good /Paty / Poor / Burnt
Sum insured:	Excess:	Steering: worder/ Jammed / Leaked / Burnt or
(Client's Record)		Brake: horder / Jammed / Leaked / Burnt or
Make of Veh:		Modi : Nil S/Rim / STD A/Rim or
		Tyre Size: F: 195R157
(Policy Condition)		R:
Remark: The veh had com	menced its N/S O/S	
repair at the time	of inspection.	TOYO/YOKO OF TRIANGLE
Bal. or Market Value:	70K	Front Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 17/08/22 D.O.I. 19/68/22
Lum Sum:	% 3 Val.: Yes or No	Survey held at SPEEDWALKS
CA L DEV L DED 1		Des. of Damages: Frt / Rear / Ols / N/S / U/C / Rooftop or
CA / REV / REP. /	24 mks Vehide: IN / OU	[[-] [[[[]] [] [] [] [] [] [
Date: Pen	son Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
	nstruction LIMIT - SUK	
(a		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:
1) Date/Time, File Return to?	: Final Report	Resurvey No. of Trip: Survey Fee:
2)	Add Fe	Transportation: Site Insp (\$)_S+RS_S
-	Aud se	
Report Format:		: Interview (\$) Photos : Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$	·	/ Valens

A1G22810001 / ALPINE MOTORS PTE LTD NTRY DATE & TIME: 18/08/2022 15:28 (SGT) SUBMITTED BY: Mohammad Suhaimi Bin Mohd Suadi Ong VERSION: 1 (18/08/2022 15:28 (SGT))

C SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

Vehicle Registration Number

Alternative Phone No

- 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 witholding 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 18/08/2022 15:28 (SGT) Reported by Driver Date of Accident 17/08/2022 05:36 (SGT) Exact Location of Accident Singapore Additional Location Information Telok Blangah Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

GBH5451H

INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner Sing Lik Construction Pte Ltd Company Reg No 1XXXXX757E Email Address johnchoonwb@gmail.com Mobile Phone No (Phone) +65-90077152

VEHICLE PARTICULARS

Manufacturer Tovota Model Hiace Variant Hiace 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 Auto 2800

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA602779

DRIVER

Name of Driver Husni Khamel Hamme Work Permit No GXXXX954T Date Of Birth 02/05/1991 Occupation Outdoor

of Driving Pass	18/09/2017
ıg experience der	4 YEARS AND 11 MONTHS
bile Number	Male
L Phone Number	(Phone) +65-93223334
mail Address	- johnchoonwb@gmail.com
Address	1 Eunos Crescent #02-2527
Address complement	-
Postcode	40001
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
Translator's name	•
Translator's ID	-
Translator's phone number	. I -
Translator's email	•
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No Alt. Police Station Phone No	(Phone) +65-65470000
Police Station Address	(Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
ii yes, against wildin:	
CIRCUMSTANCES OF ACCIDENT	
Depart refer to police Benert	
Report refer to police Report	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHC8053J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

- lour		
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cle Category	The state of the s	
(Category		-
ICIE Garage	***************************************	
/ Driver		Taxi
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Mila	***************************************	
LINES		-
Address	*******	
Address complement		_
Address comprehensive		-
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postcode		-
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aurance Company Name		_
Insurance Company Name		
Nature Of Damage		
Nature of Damage		-
"I- of nyonomy, da-	***************************************	
Details of property damaged in accident		-
pose in accident	The second secon	
No Of Passenger (Including Driver)		_
No. Of Passenger (Including Driver)		

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	
Gender Phone No.	Husni Khamel Hamme
Phone No	Male
Address	•
Address Complement	•
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	
Injured person in which vehicle?	unknown
Were seat belts worn?	GBH5451H
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 willul misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association of Singapore (GM) 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 "Porsonal 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;
- (i) 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about no to bring about delivery of the same as wet as on the external cover of envelopes intail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

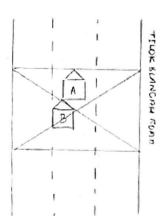
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law if rms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited of tiside of Singapore, for one or more of the above Auroses.

Policyhokler's Signature / Date &

Driver's Signature (1 driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A) G845451H

(B) SHC9053]

	of the Accident
-	PEFER TO POLICE REPORT 7/20220817/7058 -
	++++++++++++++++++++++++++++++++++++++
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	I THEN KAREL HANDE Is the PRIVER of company Split LIK (withwhich Yll and im using the vehicle
	I 所以 Khrw L 所以 E Is the 单以收入 of company yehicle and im using the vehicle 6BH B451H for work/private purpose.
	IMENI KANCL MINNE Is the PRIVER of company Split LIK (websethin Yll and im using the vehicle 6BH 6451H for work/private purpose.

	IMAN KANAL MANNE Is the PRIVER of company Split LIK (webschim Yll and im using the vehicle 6BH 6451H for work/private purpose.
	I MENI KAMEL INIME Is the PRIVER of company Split LIK (wetworker I'll and im using the vehicle 6BH 6451H for work/private purpose.
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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	757E
Vehicle No.:	GBH5451H
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 2.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1GD8272933
Chassis No.:	GDH2011005210
Maximum Power Output:	
Open Market Value:	\$33,430.00
Original Registration Date:	03 Jul 2018
First Registration Date:	03 Jul 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,672.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	02 Jul 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$32,001.00
COE Rebate Amount:	\$18,746.00
Total Rebate Amount:	\$18,746.00

Toyota Hiace 2.8A DX

Overview

Price-

Financial

cia: enn

Accessories

Similar

Lifesnan

Research

Photos

Мар



Tan Wei Auto Pte Ltd Established since 1995



21_May=2038



) IIGC	\$00,000	LITESPAIL	ZI=IMdy=Z038
Depreciation ()	\$11,970 /yr View models with similar depre	Reg Date	22-May-2018 (5yrs 8mths 28days COE left)
Mileage	70,000 km (16.4k /yr)	Manufactured ()	2018
Road Tax	N.A.	Transmission	Auto
Dereg Value (*)	\$9,136 as of today (change)	Fuel Type	Diesel
COE	\$15,894	OMV	\$33,282
Engine Cap	2,754 cc	ARF	\$1,665
Curb Weight	1,800 kg	No. of Owners	