

ASS. REC. BY:

REF:

CS/AIS 22009288/Pg 3

8414

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBL 1127Aat Workshop m/s FORZA HANSof 39, WOODMAN CL #101-34 @ MKHAInsured: AIS

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 2000

(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: 90K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 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: GBL 1127A Yr Regn: 2021 MAR

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

Truck / Trailer or

Make: TOYOTA HIACE DX 2.8 A C.C. 2754Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 47501 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GDH 2012016494Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 195/60R15R: ..BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 16/09/22 D.O.I. 21/09/22Survey held at FORZA HANS

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

FRONT

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

Date / Time _____ Action / Instruction _____

REPAIR LIMIT- 55K

Rasul finalised LS \$6650, 7 days. (Red \$4307.50, 39%)

Date/Time, File Pass to?

1) 10/02 Typist

Date/Time, File Return to?

2) _____

Rep. Format: _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: 7Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

Forza Autohaus Pte Ltd (Co.Reg.No:201833292C)

No.39 Woodlands Close, #01-34/35, Mega@Woodlands

Singapore 737856

Tel: 6278 1889 Email: enquiry@forzaauto.sg

INSURER: **Allianz Insurance Singapore Pte. Ltd. (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	SP2002749495	Date of Loss:	16/09/2022
Vehicle Reg. No.:	GBL1127A	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	CAR(S) LEASING PTE LTD		
Driver:	THOMAS YOOSOWAH S/O SAGAYA DAS		

Make/Model:	TOYOTA HIACE, 2.8 D DX (A)	Vehicle Reg. Date:	17/03/2021
Vehicle Colour:	WHITE		
Engine No:	1GD8665579	Chassis No:	GDH2012016494
Odometer:	0 KM		

Paint Type:	
Total Loss?	NO
Est. Duration of Repair (day)	15

Present Location: **FORZA AUTOHAUS PTE LTD (HQ)**

COST OF CLAIMS	Amount
Parts	8,157.50
Miscellaneous Items	0.00
Labour	2,800.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	10,957.50
+ GST 7.00% (S\$)	767.03
Nett Amount (S\$)	11,724.53

This claim is handled by: **FOO MEI MEI**

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version:	1.0 (Last Synchronised: 20 Sep 2022)
Parts:	213	TOYOTA HIACE 2.8 D DX (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	Forza Autohaus Pte Ltd/GBL1127A/20/09/2022 10:22		
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page		
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.		

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT BONNET <i>bt</i>	0.00	0.00	*380.00 F
2	2		*FRONT BONNET HINGE <i>LH</i>	0.00	0.00	*140.00 F
3	1		*FRONT BRAKE BOOSTER <i>?</i>	0.00	0.00	*1,050.00 F
4	1		*FRONT CORNER PANEL RH <i>bt</i>	0.00	0.00	*235.00 F
5	1		*FRONT GRILLE ASSEMBLY <i>mis</i>	0.00	0.00	*450.00 F
6	1		*FRONT GRILLE ASSEMBLY INNER BACKING <i>cm</i>	0.00	0.00	*215.00 F
7	1		*FRONT HEADLAMP (LED) RH <i>bro</i>	0.00	0.00	*1,550.00 F
8	1		*FRONT HEADLAMP (LED) CONTROL MODULE RH <i>?</i>	0.00	0.00	*370.00 F
9	1		*FRONT DOOR RH <i>repair</i>	0.00	0.00	*1,120.00 F
10	1		*FRONT DOOR PILLAR RH (REPAIR)	0.00	0.00	*- F
11	1		*FRONT BUMPER <i>for</i>	0.00	0.00	*435.00 F
12	1		*FRONT BUMPER RETAINER RH <i>cm</i>	0.00	0.00	*95.00 F
13	1		*FRONT BUMPER REINFORCEMENT <i>bt</i>	0.00	0.00	*320.00 F
14	1		*FRONT BUMPER TOW COVER LH <i>X</i>	0.00	0.00	*25.00 F
15	1		*FRONT BUMPER CLIPS SET <i>na</i>	0	0.00	*20.00 FS
16	1		*FRONT BUMPER FOG LAMP GARNISH RH <i>mis</i>	0.00	0.00	*135.00 F
17	1		*FRONT BUMPER NUMBER PLATE <i>cm</i>	0	0.00	*25.00 FS
18	1		*CABLE CONNECTOR BLOCK RH <i>cut</i>	0.00	0.00	*225.00 F
19	1		*AIR CLEANER ASSY <i>cm</i>	0.00	0.00	*420.00 F
20	1		*FRONT HEADLAMP BRACKET RH <i>X</i>	0.00	0.00	*80.00 F
21	1		*FRONT BUMPER LOWER GRILLE GARNISH <i>cm</i>	0.00	0.00	*130.00 F

F=Franchise part. S=SpcNett.

Sub Total (\$\$)	7,420.00
+ Margin on L,N Items 10.00% (\$\$)	737.50
Total Parts (\$\$)	8,157.50

Forza Autohaus Pte Ltd/GBL1127A/20/09/2022 10:22. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	TO DISMANTLE AND REINSTATE DASHBOARD TRIM X	New	200.00
2	TO REMOVE AND REPLACE FRONT BRAKE BOOSTER	New	60 100.00
3	TO CHECK WIRING AND HEADLAMP FOCUSING	New	30 100.00
4	TO PROVIDE LABOUR, WORKSMANSHIP TO CHANGE ABOVE DAMAGED BODYPARTS, REPAIR, RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT	New	800 1,200.00 700
5	TO RE-SPRAYING PAINTING ON THE CHANGED BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT	New	800 1,200.00
Gross Labour Cost (S\$)			2,800.00

Forza Autohaus Pte Ltd/GBL1127A/20/09/2022 10:22. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

RASUL
Hp 90010068

7 days
4S

21/09/22 @ 1530

EXCESS: 2000

REVENI

Resurvey after repair

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 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 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	20/09/2022 09:52 (SGT)
Reported by	Owner
Date of Accident	16/09/2022 21:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR PANJANG ROAD (MAIN ROAD OF WEST SHORES RESIDENCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1127A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CAR (S) LEASING PTE LTD
Company Reg No	2XXXXX841H
Email Address	leasing@carsg.sg
Mobile Phone No	(Phone) +65-63853322
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002749495

DRIVER

Name of Driver	THOMAS YOOSOWAH S/O SAGAYA DAS
NRIC No	SXXXX594H
Date Of Birth	15/10/1982

Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

Outdoor
24/08/2005
17 YEARS AND 1 MONTH
Male
(Phone) +65-90589623
-
leasing@carsg.sg
BLK 977 JURONG WEST STREET 93
#05-365
640977
No
Hirer
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Change/cross lane
Clear
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 -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

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 ATTACHED.

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 SBS3816U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category -
Name of Driver Bus
WONG KOK WEI

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SXXXX489F

(Phone) +65-97101782

-
-
-
-
-
-
-

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 lodging 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 (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/are 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.

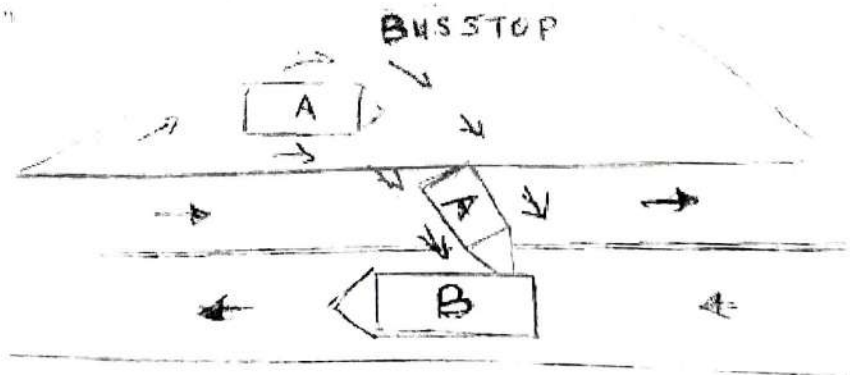


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Person(s)

Sketch Plan



VEH A GBL1127A

VEH B SRS 38164

Describe Circumstances of the Accident

On the stated date and time, I was traveling along PASIR
PANJANG ROAD (MAIN ROAD OF WEST SHORES RESIDENCE), my vehicle A
GBL 1127 A signal to make a U-turn around the busstop area, after
a lorry pass by my side and I quickly turn and in front of me was
a SBS BUSSES drove pass my way and ended a collision.

Vehicle A : GBL 1127 A

Vehicle B : SBS 3816 U.

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

Witnessed by Reporting Centre
Personnel

Inquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

841H

GBL1127A

No

21 Sep 2022

TOYOTA

HIACE DX 2.8 AUTO

White

2020

1GD8665579

GDH2012016494

-

\$33,728.00

17 Mar 2021

17 Mar 2021

1

\$1,687.00

No

-

\$0.00

16 Mar 2031

C - Goods Vehicle & Bus

10

\$40,999.00

\$34,769.00

\$34,769.00

The information contained herein is correct as at 21 Sep 2022

OK

Toyota Hiace 2.8A DX

Overview

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

Price	\$90,800	Lifespan	31-Dec-2042
Depreciation	\$10,680 /yr View models with similar depre	Reg Date	24-Mar-2021 (8yrs 6mths 1day COE left)
Mileage	23,000 km (15.3k /yr)	Manufactured	2020
Road Tax	N.A.	Transmission	Auto
Dereg Value	\$30,530 as of today (change)	Fuel Type	Diesel
COE	\$35,900	OMV	\$34,628
Engine Cap	2,754 cc	ARF	\$1,732
Curb Weight	1,800 kg	No. of Owners	1
Type of Vehicle	Van		

Features

View specs of the Toyota Hiace