ASS. REG. BY: ASSIGNMENT PC5347L. Yr Regn: 2017, Feb. From: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Moni Bus. Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Toyola thace Commuter ac 2982 Make: To Inspect Vehicle No: A/C: Insured / Std / NI / NA at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: insured: KDH 2230025,890 C/No: Policy No. Gen. Cond; Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil STRIM / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / O/S N/S Remark: The veh had commenced its Argonile. repair at the time of inspection. TOYO / YOKO or Rear Front Bal. or Market Value: R/Bal. R/Bal. Consistent?: Yes or No IDAC Accident Rport: L/Bal. L/Bal. Consistent?: Yes or No GIA / PR Seen: Res.: Yes or No D.O.A. Est. Repairs: days 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date / Time Action / Instruction 541c mv: 34.610 Date/Time, File Pass to? : Preli. Report Days Of Repair: Survey Fee: Resurvey No. of Trip: : Final Report Date/Time, File Return to? Transportation: Add Fee: 8 + RS.\_\_SI : Site Insp (\$ : Interview: (\$ Tech. Inve (3 21: 16 Report Former:

SA18229M0005 / Abwin Service Pte Ltd ENTRY DATE & TIME: 22/09/2022 15:52 (SGT) SUBMITTED BY: Abby Lim VERSION: 1 (22/09/2022 15:52 (SGT))

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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**

22/09/2022 15:52 (SGT) Date of Submission Reported by Driver 22/09/2022 08:15 (SGT) Date of Accident Punggol Rd, Singapore **Exact Location of Accident** PUNGGOL ROAD TOWARDS SENG KANG EAST WAY Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

PC5347L Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? MING CHUAN TRANSPORTATION PTE. LTD. Name Of Registered Owner

2XXXXX415G Company Reg No ERICKOH@CDGMEDCARE.COM **Email Address** 

(Phone) +65-83661699 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Hiace Model Variant

Exact purpose for which vehicle was being used at time of Employment accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category

Auto Transmission 3000

INSURANCE COMPANY

Income Insurance Limited Name of Insurance Company 5124904548-01 Policy Number / Cover Note Number

DRIVER

CC

**NEO BENG THIAM** Name of Driver NRIC No SXXXX300G Date Of Birth 21/01/1961 Outdoor Occupation

Date Of Driving Pass 30/08/1982 Driving experience 40 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-98738911 Alt. Phone Number **Email Address** ERICKOH@CDGMEDCARE.COM Address 104 TAMPINES STREET 11 Address complement 03-99 Postcode 520104 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 Raining Road Surface Wet 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) 8 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 PASSENGER 1 Name **PASSENGER** Gender Male PASSENGER 2 Name **PASSENGER** Gender Male PASSENGER 3 Name **PASSENGER** Gender Female PASSENGER 4 Name PASSENGER Gender Female PASSENGER 5 Name PASSENGER Gender Female PASSENGER 6 Name PASSENGER Gender Female PASSENGER 7 Name **PASSENGER** 

Female

Gender

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN 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	SH7350B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### 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
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 "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 cedain 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 fawyers/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

TRANSPORTATION PTE LTD UEN: 202122415G

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policybolder) / Oate & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC4D card)

Sketch Plan

St Annes Khuren ON THE STATED DATE AND TIME. I, VEHICLE A
(PC5347L) WAS TRAVELLING STRAIGHT ON LANE 2 OF
PUNGGOL ROAD TOWARDS SENGKANG EAST WAY.
WHEN THE FRONT VEHICLE SLOWED DOWN, I
FOLLOWED SUIT WITHOUT HAVING ANY COLLISION
WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE
FROM THE REAR PORTION OF MY VEHICLE. AFTER I
ALIGHTED I THEN REALISE THAT IS VEHICLE B
(SH7350B) THAT HAD COLLIDED ONTO MY VEHICLE.
I WISH TO STATE THAT I GOT 7 PASSENGERS IN MY
CAR.

VEHICLE A: PC5347L

VEHICLE B: SH7350B



TRANSPORTATION PTE LID UEN: 202122415G



Describe Circumstance of the Accider	ıt.
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Declaration

Missionaria e the foregoing particulars are time in every respect of

TRANSPORTATION FTE UID
UEN: 2021/22415G

No a precinct's Step store. Code & Lieux

Denote  $S_{\alpha,\beta}$  , if  $\alpha$  is all discounts of the polary bolder's Date

Witnessen by Reporting Contra Personal

- 0

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company		
Owner ID:	415G		
Vehicle Detects			
Vehicle No.:	PC5347L		
Vehicle to be Exported:	No		
Intended Deregistration Date:	18 Nov 2022		
Vehicle Make:	TOYOTA		
Vehicle Model:	HIACE COMMUTER GL 3.0 AUTO		
Primary Colour:	Silver		
Manufacturing Year:	2016		
Engine No.:	1KD2656988		
Chassis No.:	KDH2230029890		
Maximum Power Output:	ND112230027690		
Open Market Value:	\$44,108.00		
Original Registration Date:	17 Feb 2017		
First Registration Date:	17 Feb 2017		
Transfer Count:	2 2		
Actual ARF Paid:			
Intended PARF Repare Details	\$2,206.00		
PARF Eligibility:	No		
PARF Eligibility Expiry Date:	110		
PARF Rebate Amount:	£0.00		
intended COF Repair Details	\$0.00		
COE Expiry Date:	16 Feb 2027		
COE Category:	C - Goods Vehicle & Bus		
COE Period(Years):	10		
PQP Paid:	\$45,475.00		
COE Rebate Amount:	\$19,323.00		
Total Rebate Amount:	\$19,323.00		

The information contained herein is correct as at 18 Nov 2022

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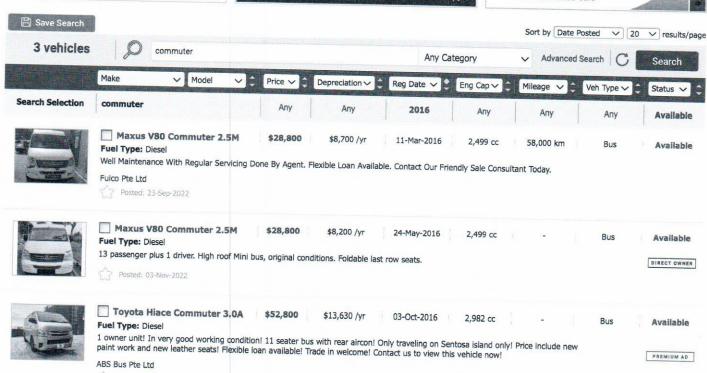


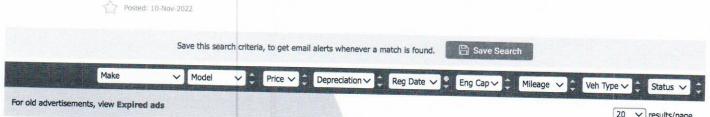












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