

REFERENCES

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: _____

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

	
N/S	O/S

Bal. or Market Value:	_____		
IDAC Accident Rpt:	_____	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: SN649/59 Yr Regn: 2022 / August

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

Make: Toyota Sienta Hybrid c.c. 1496

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

Sp. Reading: 17720 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP1707271516 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modf: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60R15
R: 185/60R15

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

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

*Survey held at NSI

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

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 06/10/22

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

Date / Time	Action / Instruction
	TP Allianz.
	MV : 125K
	PV : 65.8K
	Nett : 59.2K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

1. *Journal of the American Medical Association*, 1964; 191: 100-101.

☐ : Prel. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

Interview (\$

: Tech. Insp. (2)

Survey Fee:

Transportation:

3 + RS, SI

Photos

} Officers

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	03/10/2022 17:54 (SGT)
Reported by	Driver
Date of Accident	02/10/2022 04:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLE BEFORE ENTERING SLE (BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG4915G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CAPITAL CAR LEASING PTE LTD
Company Reg No	20169008R
Email Address	CAPITALCARLEASING008@GMAIL.COM
Mobile Phone No	(Phone) +65-87420435
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113617409-02-000032

DRIVER

Name of Driver	HO WEN-CHIEH
NRIC No	S9390240H
Date Of Birth	14/08/1993
Occupation	Outdoor

Date Of Driving Pass	17/12/2015
Driving experience	6 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93634351
Alt. Phone Number	-
Email Address	CAPITALCARLEASING008@GMAIL.COM
Address	BLK 642 YISHUN STREET 61 #05-252
Address complement	-
Postcode	760642
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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)	2
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	UNKNOWN
Gender	Male

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

AS PER ABOVE DATE AND TIME, I WAS DRIVING (SNG4915G) ALONG CTE SLE ON LANE 2. SOMEWHERE BEFORE ENTERING SLE BKE, VEHICLE B SNF2653E FROM LANE 3 FILTERED INTO LANE 2 WITHOUT CHECKING. AS A RESULT, VEHICLE B FRONT PORTION COLLIDED ONTO MY VEHICLE LEFT SIDE PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF2653E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM GHIM WEE
Contact Number	(Phone) +65-91775537
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	3

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 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. 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' law yers/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' law yers/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 law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

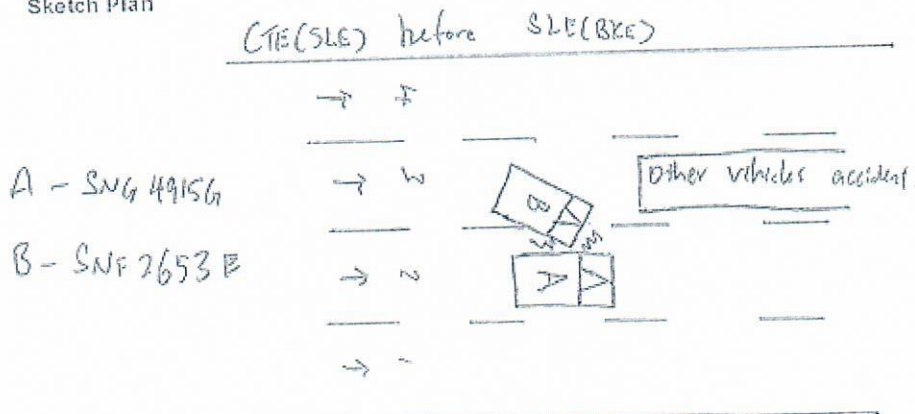


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

As per above date and time, I was driving a SN649156 along CIE(SHE) on lane 2. Somewhere before entering ELE(PKE), VEH(B) SNF2653E from lane 3 filtered onto lane 2 without checking. As a result, VEH(B) front portion collided onto my vehicle left side portion.

Declaration

We declare the foregoing particulars are true in every respect.

	<p><i>[Signature]</i></p>	<p><i>[Signature]</i></p>
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	008R
Vehicle Details	
Vehicle No.:	SNG4915G
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Oct 2022
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA HYBRID 1.5X CVT
Primary Colour:	Black
Manufacturing Year:	2022
Engine No.:	1NZ9410115
Chassis No.:	NHP1707271516
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$19,926.00
Original Registration Date:	10 Aug 2022
First Registration Date:	10 Aug 2022
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Aug 2032
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	09 Aug 2032
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$63,000.00
COE Rebate Amount:	\$61,983.00
Total Rebate Amount:	\$65,733.00

The information contained herein is correct as at 07 Oct 2022

OK

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 <input type="checkbox"/> 1.5 G 7-Seater Toyota Safety Sense (A)	\$138,000 \$11,200 /yr ?	• 27.2km/L 98bhp E-CVT (A)	Japan	
<input type="checkbox"/> 1.5 X 7-Seater (A)	\$139,000 \$10,800 /yr ?			
<input type="checkbox"/> 1.5 G LED 7-Seater Toyota Safety Sense (A)	\$140,000 \$11,300 /yr ?			
<input type="checkbox"/> 1.5 X LED 7-Seater (A)	\$151,000			
Toyota Sienta Hybrid NEW MODEL		Borneo Motors	Japan	No Ratings yet
 <input type="checkbox"/> 1.5 Elegance (A)	\$150,588	• 25km/L 91bhp CVT (A)		Rate it!

15 results/page

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