

(03/11/13) wef

ASS. REC. BY: NAME

REF:

CS3/CT122010144/Rqy3

KSH

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: CB 5495Bat Workshop m/s EXCEL MOTORof 5032 AMK Ind Pk 2 #01-297Insured: CTI

Policy No. _____

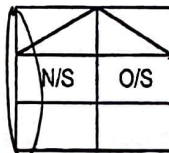
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 20K

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: CB 5495B Yr Regn: 2006 / Jan

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

Truck / Trailer or

Make: TOYOTA HIACE 2.5M c.c. 2494Colour: MULTI A/C: Insured / Std / NI / NASp. Reading: 76872 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KOH 200 003 6388

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15R: ABS / DUN / 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. 10/10/22 D.O.I. 14/10/22Survey held at EXCEL MOTORDes. of Damages: Frt / Rear / O/S NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT - 20K

ESTIMATE RANGE OF REPAIR / no. of days - (2k-3k) / 7 days

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: _____

1)

☐

Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Report Format :

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



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 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. 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	11/10/2022 16:17 (SGT)
Reported by	Both
Date of Accident	10/10/2022 19:16 (SGT)
Exact Location of Accident	Serangoon, Singapore
Additional Location Information	BLK 151 SERANGOON NORTH AVE 1 OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB5495B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TONG TENG HERN
NRIC No	S1461481H
Email Address	tongtenghern@gmail.com
Mobile Phone No	(Phone) +65-97649449
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5057740669-09

DRIVER

Name of Driver	TONG TENG HERN
NRIC No	S1461481H
Date Of Birth	09/10/1961
Occupation	Outdoor



Date Of Driving Pass	11/01/1982
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97649449
Alt. Phone Number	-
Email Address	tongtenghern@gmail.com
Address	APT BLK 517 SERANGOON NORTH AVE 4
Address complement	#06-240
Postcode	550517
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 on collision
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	-
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

ON 10/10/2022 AT 1916PM, WHILE I WAS DRIVING INTO THE CAR PARK(OPEN CAR PARK) OF BLK 151 SERANGOON NORTH AVE 1, TO SEARCH FOR A PARKING LOT TO HAVE MY VEHICLE PARKED, SUDDENLY THIS VEHICLE (SJB8357P) DID NOT NOTICED MY CAR WAS MOVING AND MOVED HIS VEHICLE AND EVENTUALLY HIT ONTO MY VEHICLE'S FRONT PASSENGER SIDE.

AFTER THE ACCIDENT , WE EXCHANGED PARTICULARS , TOOK PHOTOGRAPHS AND LEFT THE VENUE.

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	SJB8357P
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	NICHOLAS LIM HOCK SENG(NICHOLAS LIN FU XING)
Address	(Phone) +65-98891404
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

8. Consent under the Personal Data Protection Act (PDPA)

On My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, store 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

- (b) all Insurers (who have insured vehicles) 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.

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

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

VENUE : BIK 151 SERANGOON NORTH AVE 1
OPEN CARPARK

Describe Circumstance of the Accident

On 10/10/2022 at 1916 pm, While I was driving into the Car Park (open Car Park) of BIK 151 Serangoon North Ave 1, to search for a parking Lot to have my Vehicle Parked, Suddenly this Vehicle (STB 8351 D), did not noticed my car was moving and moved his vehicle and eventually hit onto my vehicle's front passenger side.

After the accident, we exchanged particulars, took photographs and left the Venue.

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



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

10/10/2022

2

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	481H

Vehicle Details

Vehicle No.:	CB5495B
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Oct 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 2.5 M
Primary Colour:	White
Manufacturing Year:	2005
Engine No.:	2KD1402046
Chassis No.:	KDH2000036388
Maximum Power Output:	-
Open Market Value:	\$28,766.00
Original Registration Date:	21 Jan 2006
First Registration Date:	21 Jan 2006
Transfer Count:	0
Actual ARF Paid:	\$1,439.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 16 Oct 2022

OK