

ASS. REC. BY:

REF:

CS/INC2201177/Awy3

ASSIGNMENT

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: _____

(Policy Condition)

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: PC 3934E Yr Regn: 2015, JuneType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or Mini BusMake: Toyota Hiace Commu 2982Colour: White A/C: Insured / Std / NI / NASp. Reading: 199906 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH2230022853Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/50 R18-R: 225/50 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Falken

Front Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 08/11/22Survey held at HD PerfectDes. of Damages: Frt / Rear / O/S (N/S) / U/C / Rooftop or

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

Date / Time

Action / Instruction

TP INC.

MV: 261K

PV: 14.7K

Nett: 31.3K

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

Add Fee:

Site Insp (\$)

Interview (\$)

T. P. Insp (\$)

Report Format:

Report Format: F B R L P

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	08/11/2022 16:30 (SGT)
Reported by	Driver
Date of Accident	05/11/2022 09:00 (SGT)
Exact Location of Accident	2B Yishun Ave 7, Singapore 768929
Additional Location Information	YISHUN AVE 7 HEAVY VEHICLE PARKING NEAR LOT 337AND 339
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3934E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VAMANOZ PTE LTD
Company Reg No	2XXXXX418H
Email Address	SENTEHEL18@GMAIL.COM
Mobile Phone No	(Phone) +65-81180403
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
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
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130650873

DRIVER

Name of Driver	SENTEHEL SELVERAJOO
NRIC No	SXXXX643G
Date Of Birth	18/01/1983

Occupation	Outdoor
Date Of Driving Pass	09/01/2014
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88172700
Alt. Phone Number	-
Email Address	SENTHEEL18@GMAIL.COM
Address	505B YISHUN STREET 51
Address complement	13-26
Postcode	762505
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	Side Swipe
Weather Conditions	DRIZZLING
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT 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	YL7942B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SENTHEEL SELVERAJOO
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	7 DAYS MC
Injured person in which vehicle?	PC3934E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 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.
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' 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 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 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 Personnel (Name as in NRIC/ID card)

Sketch Plan

On the stated date and time. I, Vehicle A (PC3934E) was travelling straight on Yishun Avenue 7 Heavy Vehicles Parking Near Lot 337 & 339. Suddenly, Vehicle B (YL7942B) drive out from the lot between 337 & 339 and collided onto my vehicle left portion.

Vehicle A : PC3934E

Vehicle B : YL7942B



Describe Circumstance of the Accident

The attached

is referred

Declaration

I hereby declare that the foregoing pertains to the matter in which reported.



Very truly yours, _____

 Officer, Department of Transportation, Office of the Secretary



 Officer, Department of Transportation, Office of the Secretary



**SINGAPORE
POLICE FORCE**



T/20221107/7117

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221107/7117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2022 20:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SENHEEL SELVERAJOO			Address: 505B YISHUN STREET 51 #13-26 SINGAPORE 762505		
ID Type / ID No.: NRIC NO / S8362643G			Contact No.: Home/Office: Mobile: 81180403		
Nationality: MALAYSIAN			Email: sentheel18@gmail.com		
Sex: Male	Age: 39	Date of Birth: 18/01/1983	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2022 09:00	Type of Location:
Location: YISHUN AVENUE 7				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC3934E	Van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221107/7117

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221107/7117

CONTINUATION OF REPORT

Driver			
Name	SENTHEEL SELVERAJOO	ID No.	S8362643G
Related Vehicle	PC3934E (Van)	Contact No.	81180403
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time I vehicle PC3934E was travelling straight in the carpark compound of Heavy Vehicle parking at Yishun Ave 7.

As I was passing by lot 337 a vehicle YL7942B dashed out from the lot 338 on my left and hit onto my vehicle left portion.

The impact was great and causes my right knee to hit onto the door. My head hit onto the pillar of my door on my right.

After a while I start to feel pain on my neck and lower back areas.

I did not bother about it and went back.

Today I woke up and the pain on my body worsen and I proceeded to Neo Medical Centre to seek treatment and I was 7 days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221107/7117

3 of 3

Report No. T/20221107/7117

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
07/11/2022 20:55

Classification Of Case:

NP168

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Company

Owner ID:

418H

Vehicle Details

Vehicle No.:

PC3934E

Vehicle to be Exported:

No

Intended Deregistration Date:

09 Nov 2022

Vehicle Make:

TOYOTA

Vehicle Model:

HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB

Primary Colour:

White

Manufacturing Year:

2014

Engine No.:

1KD2486001

Chassis No.:

KDH2230022853

Maximum Power Output:

-

Open Market Value:

\$37,933.00

Original Registration Date:

26 Jun 2015

First Registration Date:

26 Jun 2015

Transfer Count:

4

Actual ARF Paid:

\$1,897.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

25 Jun 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$50,502.00

COE Rebate Amount:

\$14,699.00

Total Rebate Amount:**\$14,699.00**

The information contained herein is correct as at 09 Nov 2022

OK



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\$68 until it's SOLD!

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Advertiser Login

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VALUE FOR TIME
A PEACE OF MIND

HOTLINE: 6741 9997 [view our cars](#)

Sort by 20 results/page

3 vehicles



Hiace Commuter 3.0A

Any Category

Advanced Search



Page 1 of 1

Search Selection

Hiace Commuter 3.0A

Any

Any

2015

Any

Any

Any

Available

**Toyota Hiace Commuter 3.0A GL****\$45,000**

\$18,900 /yr

28-Mar-2015

2,982 cc

-

Bus

Available

Fuel Type: Diesel

Good condition PI Euro 5 Toyota Hiace Commuter, fresh new white spray paint, newly changed tyres.

DIRECT OWNER

Posted: 19-Oct-2022

**Toyota Hiace Commuter 3.0A****\$46,800**

\$17,680 /yr

03-Jul-2015

2,982 cc

-

Bus

Available

Fuel Type: Diesel

Please call to arrange for viewing thank you.

Posted: 07-Oct-2022

**Toyota Hiace Commuter 3.0A****\$55,800**

N.A

11-Dec-2015

2,982 cc

260,000 km

Bus

Available

Fuel Type: Diesel

Excursion bus. New paintwork. Low mileage. Keyless start. Inhouse loan. Trade in available.

Posted: 07-Nov-2022

Save this search criteria, to get email alerts whenever a match is found.

Make

Model

Price

Depreciation

Reg Date

Eng Cap

Mileage

Veh Type

Status

For old advertisements, view **Expired ads**

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