

ASS. REC. BY:

REP:

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: PC4884J Yr Regn: 2014 Dec.

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

Truck / Trailer or Mini BusMake: Toyota Hiace Commuter 2982Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 454883 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH2230021731Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 195R15C

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

TOYO / YOKO or Maxmilles

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 28/03/23Survey 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
	<u>TP EQ.</u>
	<u>MV: 401K</u>
	<u>PV: 9.11K</u>
	<u>Nett: 30.9K.</u>

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 (\$ _____)

Survey Fee: _____

Transportation: _____

Report Format: _____

1. PRELIMINARY / 2. FINAL / 3. OTHER

☐ : Interview (\$ _____)

Photos _____

☐ : Tech. Invs (\$ _____)

Others _____

☐ : Other (\$ _____)

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	16/03/2023 08:58 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Thomson Road towards Marymount Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4884J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Kalam Travel & Coach Pte Ltd
Company Reg No	200414054D
Email Address	chong6217@gmail.com
Mobile Phone No	(Phone) +65-97685416
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	Commuter GL
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00020232201

DRIVER

Name of Driver	Mohamed Bin Haidu
NRIC No	S1392375B
Date Of Birth	27/03/1959
Occupation	Outdoor

Date Of Driving Pass	31/05/1982
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88453929
Alt. Phone Number	-
Email Address	chong6217@gmail.com
Address	Blk 647 Ang Mo Kio Avenue 6
Address complement	#03-4879
Postcode	560647
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	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

Refer to the attached statement.

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	SLN6488X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

SKETCH PLAN

IMPORTANT NOTICE

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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

[Signature]

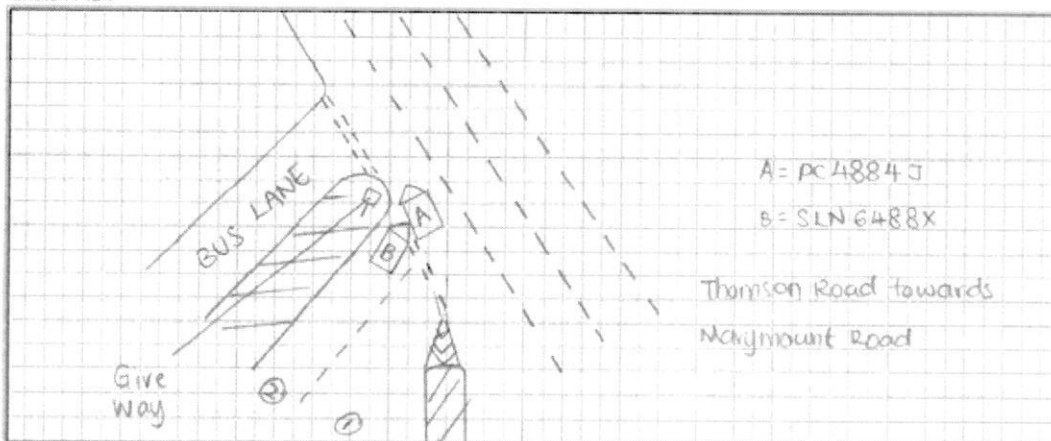
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

16/03/2023

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

Sketch Plan



Describe Circumstance of the Accident

Refer to Attached

Declaration

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

TRAVEL & COACH
KALAM

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

16/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

On 15.03.2023 at about 09:00 hours along Thomson Road towards Marymount Road. I was travelling straight on lane 3 at the above mentioned location and suddenly I heard a loud bang and felt an impact. When I alighted, I realised it was vehicle (B) from my left from lane 2 (along MacRitchie Viaduct) coming out without checking the oncoming traffic condition and giving way the major road, hence collided onto the rear left hand side portion of my vehicle (A).

Vehicle (A): PC 4884J

Vehicle (B): SLN 6488X

[Handwritten signature]



[Handwritten signature]

16/03/2023

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	054D
Vehicle Details	
Vehicle No.:	PC4884J
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	1KD2455655
Chassis No.:	KDH2230021731
Maximum Power Output:	-
Open Market Value:	\$37,493.00
Original Registration Date:	24 Dec 2014
First Registration Date:	24 Dec 2014
Transfer Count:	1
Actual ARF Paid:	\$1,875.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Dec 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$52,100.00
COE Rebate Amount:	\$9,019.00
Total Rebate Amount:	\$9,019.00

The information contained herein is correct as at 29 Mar 2023

OK

FOR SALE BY OWNER

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☐ **Toyota Hiace Commuter 3.0A** **\$29,800** N.A 11-Apr-2014 2,982 cc 173,000 km Bus Available

Fuel Type: Diesel

Exclusive Warranty Provided! Servicing and Road Tax provided! Renewal 10 years COE! Genuine Mileage! Full Cash Payment With No Surcharge! Hassle Free COE Renewal For You! Brand New Paintwork! Engine And Gear As good As New! View To Believe! Contact Our Fr...

Car (S) Pte Ltd

Posted: 22-Mar-2023



☐ **Toyota Hiace Commuter 3.0A GL** **\$44,800** \$27,250 /yr 19-Nov-2014 2,982 cc - Bus Available

Fuel Type: Diesel

Beautiful Hiace PA bus in good condition. Come with new paintwork and all seat has been re wrap. Side auto door too. Pioneer double din with rear camera screen. Hurry come down to view to believe before its gone!

Net Link Partners Pte Ltd

Posted: 03-Mar-2023

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