ASS. REC. BY: Kenneth

REF: OTZ/23004135/kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 05/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: PA 7426P Yr Regn: 05, 08

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

Make: Toy Hiace c.c 2982

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

Sp.Reading 314134 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH 201 - 0017882

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195 R15 X8

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	19/4/23	D.O.I.	24/4/2023

Survey held at _____

Des. 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
/	Est not ready

Date/Time, File Pass to?

1) _____ ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ Tech Invs ($ _____) ☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S - RS _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format :

Lump-Sum / I.B.I: ($ _____)

SURVEYOR:

PA 7426P
TP/CH/MA

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	810B

Vehicle Details

Vehicle No.:	PA7426P
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Apr 2023
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0DX M
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	1KD1783913
Chassis No.:	KDH2010017882
Maximum Power Output:	-
Open Market Value:	$30,536.00
Original Registration Date:	08 May 2008
First Registration Date:	08 May 2008
Transfer Count:	3
Actual ARF Paid:	$1,527.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	07 May 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	$17,865.00
COE Rebate Amount:	$166.00
Total Rebate Amount:	**$166.00**

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 20 Apr 2023

OK

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 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

Date of Submission	20/04/2023 18:37 (SGT)
Reported by	Actual Driver
Date of Accident	19/04/2023 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7426P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HENG SAN TRANSPORT SERVICES
Company Reg No	5XXXX810B
Email Address	jolene.im@gmail.com
Mobile Phone No	(Phone) +65-91880599
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE 3.0DX M
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	Bus
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5088146557-05

DRIVER

Name of Driver	LIM HENG SAN
NRIC No	SXXXX102J
Date Of Birth	16/05/1950
Occupation	Indoor

176 S

From: Date:

Veh No: Yr Regn: 83

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

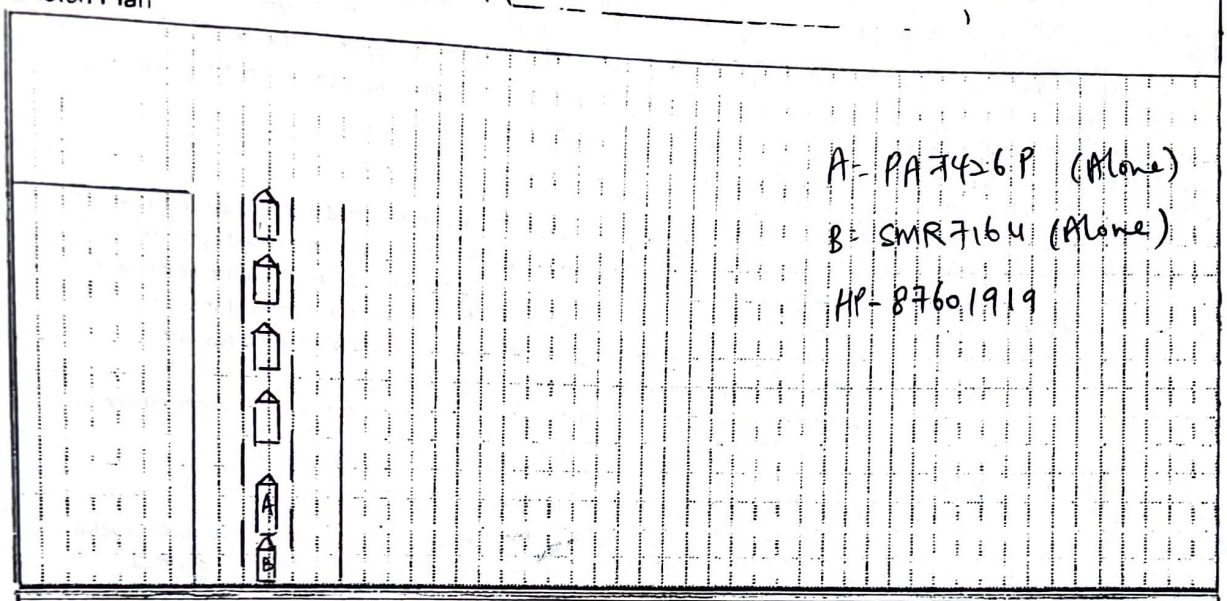
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy (✓) Claim Third party ( ) Reporting Onlly

( ) Claim OD/ TP at other workshop (_____)

Sketch Plan



Yishun Ave 2

I was stationary due to red traffic. While waiting for traffic to turn green when suddenly car B hit me from behind. No one was injured.

Declaration

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

TRANSPORT SERVICES HENG SAN

Policyholder's Signature / Date & Time

Driver's Signature (if ...older) / T... & Time

...20/4

...nnel