

ASS. REG. BY:

CS3/HQB23007431/Rep3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspcd Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claim No.

Sum Insured: Excess:

(Client's Record)

Make of Vch:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lump Sum:

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN/OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng No:

Ch No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NB / S/Rim / STD A/Rim, or

Tyre Size:

F: 195 / 75 R15 BS

R: 155 R12/C. YOKO

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 3 / 5 / 2023

Survey held at

Des. of Damages: Fnt / Rear ☒ O/S / NS / UC / Rooftop or

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

Date / Time

Action / Instruction

1.5K - 2K Repair range

Balance: 56.1m

yearly:

mv:

NV:

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / LB.L: (\$

☐: Prel. Report☐: Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐: Site Insp (\$☐: Interview (\$☐: Tech. Invs (\$☐: Weekend (\$

Survey Fee:

Transportation

S + RS (\$

Photos

Others

TOTAL

> Back to OneMotoring

4-8

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	468D
Vehicle Details	
Vehicle No.:	GBH1043D
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Jul 2023
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	1KD2765354
Chassis No.:	JTFAT35Y70K209534
Maximum Power Output:	-
Open Market Value:	\$27,084.00
Original Registration Date:	10 Jan 2018
First Registration Date:	10 Jan 2018
Transfer Count:	0
Actual ARF Paid:	\$1,355.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	09 Jan 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$22,722.00
COE Rebate Amount:	\$10,194.00
Total Rebate Amount:	\$10,194.00

The information contained herein is correct as at 14 Jul 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 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	03/05/2023 17:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/05/2023 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 620 HOUGANG AVE 8 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1043D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOCK SOON HENG GAS TRADING
Company Reg No	52937468D
Email Address	HSH.GAS.TRADING@GMAIL.COM
Mobile Phone No	(Phone) +65-92311177
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP006218

DRIVER

Name of Driver	CHEN LIM HOCK
NRIC No	S1177198Z
Date Of Birth	11/11/1956
Occupation	Outdoor



Date Of Driving Pass	04/07/1977
Driving experience	45 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92311177
Alt. Phone Number	-
Email Address	HSH.GAS.TRADING@GMAIL.COM
Address	BLK 239 BISHAN ST 22 #05-200 S70239
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Opening Door of Vehicle
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 ATTACHED REPORT

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	SHC8301T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

SKETCH PLAN

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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.



3/5/23
16:50

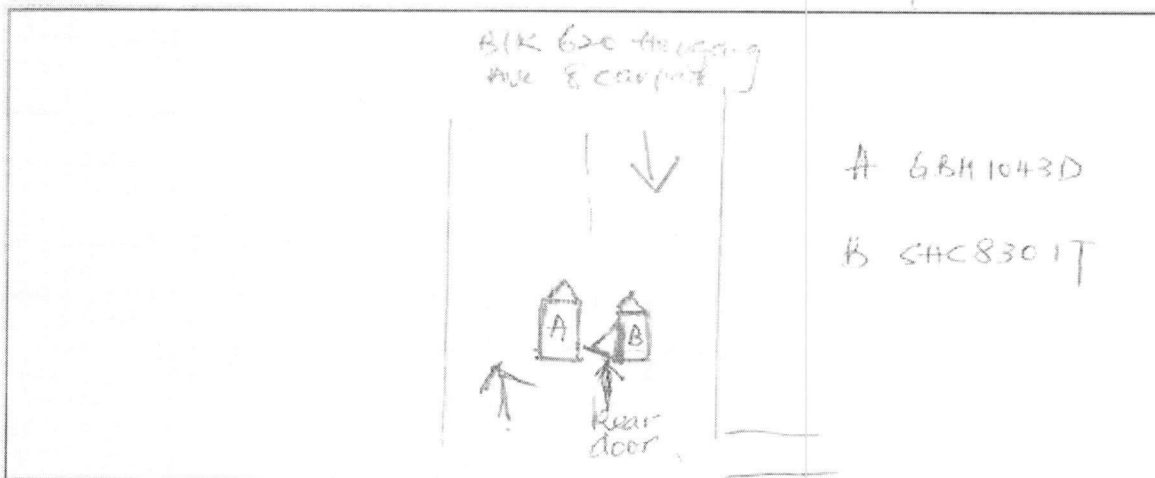


Policyholder's Signature / Date & Time

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

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

Sketch Plan



620 Hougang Ave 8 Carpark incident

Inbox

Wed, May 3,
12:20 PM (0
minutes ago)

On this day 3rd May 2023, around 11:00am, as I, *Chen Lim Hock* ~~Lim Cheng Hock~~ was driving into block 620 Hougang Avenue 8 carpark along the incoming lane.

Mr. Michael Yeo Hock Chye, NRIC S1775010J driver of taxi SHC 8301T (Blue colour) was parked along the outgoing lane (taxi was facing inward towards the carpark lots).

Chen Lim Hock
I, ~~Lim Cheng Hock~~ (NRIC ...) was just driving pass taxi SHC 8301T to look for a carpark lot, suddenly taxi SHC 8301T rear door was opened and knocked onto the right side of my truck.

Please see attachments.

Regards,

Describe Circumstance of the Accident

Refer attached

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

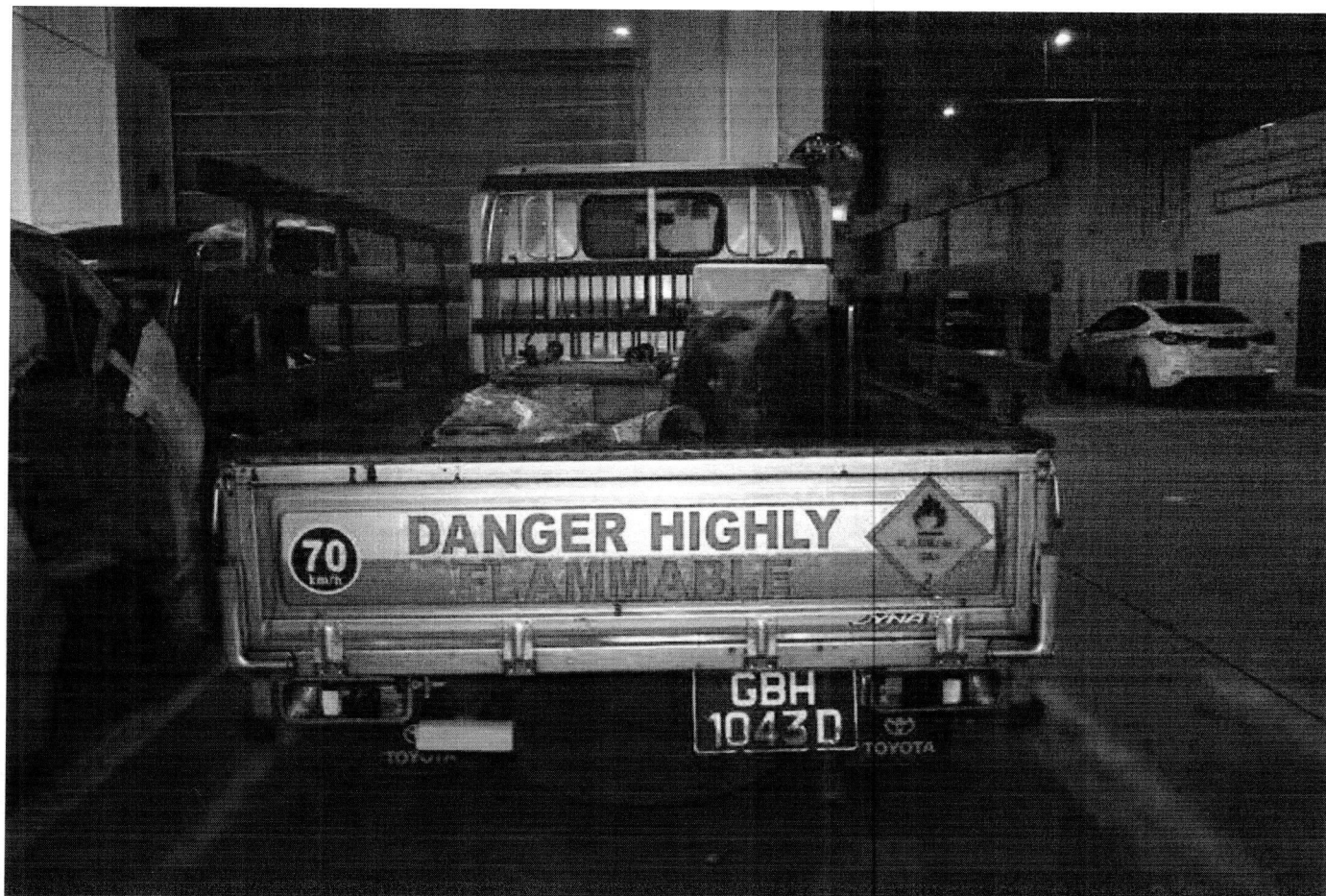
[Handwritten signature]

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

[Handwritten signature]

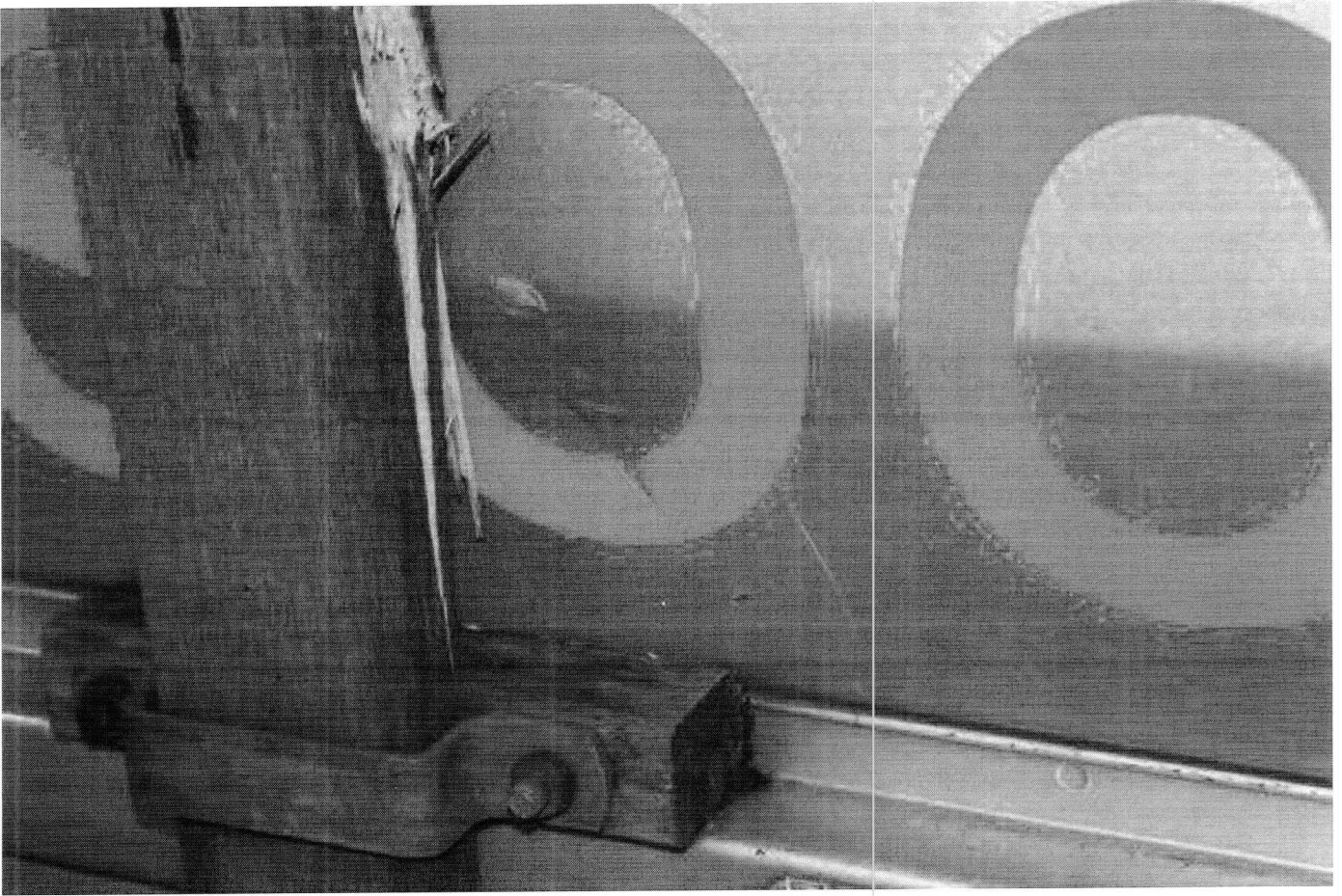
Witnessed by Reporting Centre Personnel
(Name as in NRIC ID card)







IMAGES #4



IMAGES #5





