

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/MSA23006708/Uvy3

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. 1001920667

Claims No. 320669

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: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

C 163N

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

LTA 814315

Veh No: _____

GBH/18606

Yr Regn: _____

07/03/18

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

Truck / Trailer or (A)

Make: _____

Toyota hiace DX c.c 2982

Colour: _____

Silver

A/C: Insured / Std / NI / NA

Sp. Reading: _____

107762

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KDH/2010240098

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: _____

195-215

R: _____

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

TOYO / YOKO or

Front

R/Bal. _____

mm

Rear

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

23/06/23

D.O.I. _____

4/7/23

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

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

Date / Time

Action / Instruction

Dep. 11k.

20/7/23 1/5 at 4000 informed AH hmo (red 7616.48, 65%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 20/7/23-typist

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: Merimen

Lump Sum / t.B.t. (\$ 4000)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 163N

Vehicle Details

Vehicle No.: GBH1860L

Vehicle to be Exported: No

Intended Deregistration Date: 04 Jul 2023

Vehicle Make: TOYOTA

Vehicle Model: HIACE DX 3.0 AUTO

Primary Colour: Silver

Manufacturing Year: 2017

Engine No.: 1KD2778971

Chassis No.: KDH201024C098

Maximum Power Output: -

Open Market Value: \$31,432.00

Original Registration Date: 07 Mar 2018

First Registration Date: 07 Mar 2018

Transfer Count: 0

Actual ARF Paid: \$1,572.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 06 Mar 2028

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$30,641.00

COE Rebate Amount: \$14,315.00

Total Rebate Amount: \$14,315.00

The information contained herein is correct as at 04 Jul 2023

OK

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\$68 until it's SOLD!

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Cars Financing at 3.28% p.a.
Low Interest Rate
GV Automobile Centre StarAd


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13 vehicles



HIACE



Any Category



Advanced Search



Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	HIACE		Any	Any	2018	Any	Any	Any	Available
	Toyota Hiace 2.8A DX		\$68,800	\$13,350 /yr	28-Aug-2018	2,754 cc	-	Van	Available
	Fuel Type: Diesel 1 owner with LED headlight with original rear aircon! In pristine condition. Super Promotion for this unit and we give an unlimited lifetim... ABS Bus Pte Ltd Posted: 03-Jul-2023								PREMIUM AD
	Toyota Hiace 3.0A		\$55,800	\$11,600 /yr	25-Apr-2018	2,982 cc	-	Van	Available
	Fuel Type: Diesel Cheapest in the market! New paintwork. 3A License can drive. Auto turbo diesel engine. In well-maintained condition. View to believe. C... SG Motor Link Pte Ltd Posted: 03-Jul-2023								PREMIUM AD
	Toyota Hiace 3.0M		\$54,800	\$11,520 /yr	05-Apr-2018	2,982 cc	-	Van	Available
	Fuel Type: Diesel 5 doors Japanese workhorse, comes with bidded carplate 2828, No need introduction for the performance, Hurry call now and come for... Lek Auto Pte Ltd Posted: 01-Jul-2023								PREMIUM AD
	Toyota Hiace 3.0A DX		\$65,800	\$14,430 /yr	24-Jan-2018	2,982 cc	-	Van	Available
	Fuel Type: Diesel Top up \$88 free lifetime servicing + 3% cash rebate! Toyota Hiace 5 door auto with rear aircon. No need adblue! Excellent condition. N... ABS Bus Pte Ltd Posted: 30-Jun-2023								PREMIUM AD
	2016 Toyota Hiace Diesel 3.0A (For Lease) \$1,500/mth Popular & reliable van Toyota Hiace 3.0A Diesel (2016) For Lease! Please call Joel at 93874666 for more details! More info about this vehicle								
	Toyota Hiace 3.0A		\$70,800	\$15,680 /yr	08-Jan-2018	2,982 cc	-	Bus	Available
	Fuel Type: Diesel 1 Owner Only! 5 Doors 10+1 Seater Hiace Bus! Excursion Scheme! 3-2-2-3 Seat Configuration! \$80 HDB Season Parking! Able To Conve... Net Link Partners Pte Ltd Posted: 28-Jun-2023								PREMIUM AD
	Toyota Hiace 3.0M		\$62,800	\$11,910 /yr	11-Oct-2018	2,982 cc	-	Van	Available
	Fuel Type: Diesel Exclusive 3-Months Warranty! 3.0L Engine, No Adblue Needed, Hassle-Free Transaction, Easy Maintenance. Excellent Condition, Very W... Car (S) Pte Ltd Posted: 27-Jun-2023								PREMIUM AD
Compare	Toyota Hiace 3.0M		\$62,800	\$11,990 /yr	27-Sep-2018	2,982 cc	85,000 km	Van	Available
	Fuel Type: Diesel								PREMIUM AD

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	26/06/2023 16:16 (SGT)
Reported by	Actual Driver
Date of Accident	23/06/2023 22:20 (SGT)
Exact Location of Accident	Upper Serangoon Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1860L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ENG HIN CONSTRUCTION PTE LTD
Company Reg No	201537163N
Email Address	enghinconst@gmail.com
Mobile Phone No	(Phone) +65-90049012
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE DX
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZC00658

DRIVER

Name of Driver	LIM WAI LONG, DAVIN
NRIC No	S9243003J
Date Of Birth	19/11/1992
Occupation	Indoor

Date Of Driving Pass	05/09/2011
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98167618
Alt. Phone Number	-
Email Address	davinnlim@gmail.com
Address	BLK 475C UPPER SERANGOON CRESCENT #18-547
Address complement	-
Postcode	533475
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	Collision - Head to Rear
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?	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

REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV5611U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM WAI LONG, DAVIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH1860L
Are seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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

I understand, acknowledge, agree and consent that:

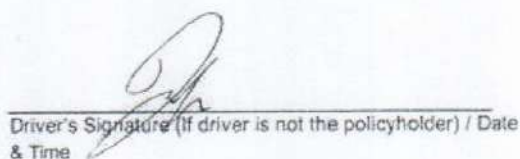
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

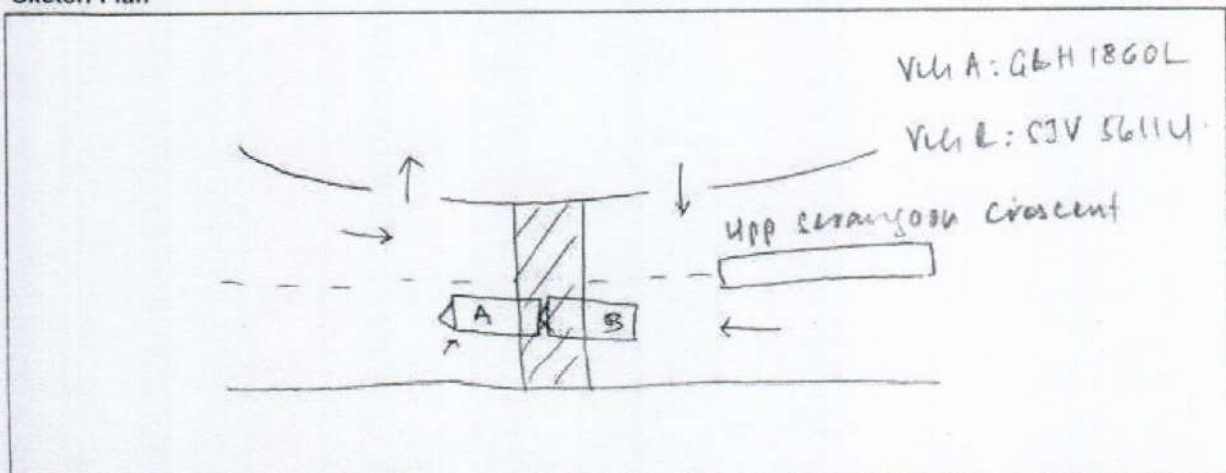
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was on my way back home. I ~~was~~ came to a stop because there was a car
 instant to me slowing down. Suddenly, the car behind me the rear of my company
 bang
 vehicle.


Car vehicle: SUV 5611 U


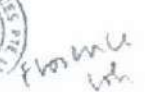
enghinconst@gmail.com

Declaration

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


 Policyholder's Signature / Date & Time


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

 
 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20230625/7002

1 of 3

Report No: T/20230625/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2023 00:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM WAI LONG, DAVIN			Address: 475C UPPER SERANGOON CRESCENT #18-547 SINGAPORE 533475		
ID Type / ID No.: NRIC NO / S9243003J			Contact No.: Home/Office:		Mobile: 98167618
Nationality: SINGAPORE CITIZEN			Email: DAVINNLIM@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 19/11/1992	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Administration manager			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2023 22:20	Type of Location: Straight Road
Location: UPPER SERANGOON CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH1860L	Van			Grey		0
SJV5611U	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230625/7002

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

2 of 3

Report No. T/20230625/7002

CONTINUATION OF REPORT

Driver			
Name	LIM WAI LONG, DAVIN	ID No.	S9243003J
Related Vehicle	GBH1860L (Van)	Contact No.	98167618
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry	Class: 3.4 Date of Expiry: NIL
Date	25/06/2023	Date	25/06/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I WAS ON MY WAY BACK HOME. TURNING RIGHT TO ENTER THE PROPERTY. I CAME TO A STOP BECAUSE THE CAR IN FRONT OF ME WAS SLOWING DOWN AND COMING TO A STOP. SUDDENLY A CAR (SVJ 5611U) BEHIND HIT THE REAR OF MY COMPANY VEHICLE (GBH1860L). I HAVE A DASHCAM VIDEO. I HAVE SPRAIN AT NECK AND LOWER BACK. I HAVE 3 DAYS MEDICAL LEAVE FROM 24-06-23 TO 27-06-23. NO TP AND AMBULANCE AT SCENE.



**SINGAPORE
POLICE FORCE**

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



T:20230625/7002

3 of 3

Report No. T:20230625/7002

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

This report is lodged at Hougang NPC Kiosk 1
NP168

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

Date/Time:
25/06/2023 00:49

Classification Of Case:

EURO SUCCESS SERV PTE LTD

No. 1 Kaki Bukit Avenue 6

#02-03 AutoBay

SINGAPORE 417883

TEL.NO: 93365311 / FAX NO. 67411019

Email: eurosucccess0202@gmail.com

Not Authorized
 4/7/23
 2/5 \$ 4000/
 Take photo After rep-
 4 days

Estimate Report

To : Claim Department
 Attn :
 Tel :
 Fax :

Vehicles Number : GBH 1860L
 Make and Model : TOYOTA HIACE
 Date Of Accident : 23.06.2023

Attn: Motor Claim Department
 Estimated Repairs Costs

Qty	List Items	Unit Price	Amount
1	Rear tail gate	Body m / sent \$	2,067.00
2	Rear tail gate stopper	11 \$ 25.00	50.00 X
2	Rear tail gate damper	11 \$ 225.00	450.00 X
1	Rear tail gate weatherstrip	11 \$	405.00 X
2	Rear tail gate corner garnish	\$ 30.00 11	60.00 X
1	Rear tail gate outer moulding	11 \$	328.00 X
1	Rear tail gate lock motor	11 \$	542.00 X
1	Rear tail gate inner lock	Dange \$	285.60
1	Rear tail gate lower lock	11 \$	49.50 X
1	Rear tail gate inner trim board	11 \$	295.60 X
1	Rear tail gate wiper motor	11 \$	523.00 X
1	Rear tail gate wiper arm	11 \$	172.00 X
1	Rear tail gate windscreen moulding	NS \$	362.00 X
2	Rear tail lamp	M/S 11 \$ 412.00	\$ also 824.00 12C 386
2	Rear tail lamp lower garnish	\$ 249.30 R	498.60 X
1	Rear bumper	De \$	486.30
2	Rear bumper L-R retainer	\$ 60.00 11	\$ also sent 120.00 12C
1	Rear bumper step panel reinforcement	sent \$	284.30
1	Rear end panel - outer	22/sent \$	597.20
1	Rear end panel - inner	R \$	871.20 X
Total		\$	9,271.30
Less 25%		\$	2,317.83
		\$	6,953.48

Special nett item

1 set	Rear tail gate trimboard clip	11 \$	50.00 X
	Rear bumper clip	11 \$	50.00 30
	Rear number plate with holder	11 \$	60.00 X
	Rear tail gate logo	11 \$	93.00 50
	Rear tail gate "HIACE" sticker	11 \$	40.00 30 X
	Rear tail gate Rear tail gate "70" sticker	11 \$	30.00 10
	Rear tail gate "8" sticker '8 per'	11 \$	30.00 10
	Rear bumper sensor	one \$	450.00 200
	Rear windscreen sealant	11 \$	90.00 40

EURO SUCCESS SERV PTE LTD

No. 1 Kaki Bukit Avenue 6

#02-03 AutoBay

SINGAPORE 417883

TEL.NO: 93365311 / FAX NO. 67411019

Email: eurosuccess0202@gmail.com

Estimate Report

To : Claim Department
Attn :
Tel :
Fax :

Vehicles Number : GBH 1860L
Make and Model : TOYOTA HIACE
Date Of Accident : 23.06.2023

Attn: Motor Claim Department
Estimated Repairs Costs

Qty	List Items	Unit Price	Amount
		Total	\$ 7,846.48

Labour & Misc Charges

To transfer Rear tailgate mechanism	\$	300.00	60
To check electrical wiring	\$	120.00	20
To apply undercoating on accident parts	\$	250.00	60
To remove and refix rear windscreen glass	\$	200.00	120
To respray painting and ETC	\$	1,300.00	600
Panel beating, cut, weld rear panel tailgate and replacing above parts	\$	1,600.00	800
Total	\$	3,770.00	1660
Grand Total	\$	11,616.48	

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

P. 4166-4
252
3124.80
340
1660
5124.8
206
4099