

ASS. REC. BY:

REF:

LPC / CS / LPC 24100120 / Kvh3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

24

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBH 3919P

Yr Regn:

05, 18

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

Truck / Trailer or

Make:

Toy Dyna

c.c.

2982

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp.Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KDY 26

21058

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195 R15 X8

R:

Period

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

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal.

9

mm

R/Bal.

1 1

mm

L/Bal.

9

mm

L/Bal.

1 1

mm

D.O.A.

10/9/24

D.O.I.

7/10/2024

Survey held at

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

O/S & N/S body

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

Date / Time

Action / Instruction

1 / Est not ready, check rear box insured or not.
Repedite.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$) TOTAL

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	960G
Vehicle Details	
Vehicle No.:	GBH3919P
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Sep 2024
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2621058
Chassis No.:	KDY2318025287
Maximum Power Output:	-
Open Market Value:	\$34,520.00
Original Registration Date:	21 May 2018
First Registration Date:	21 May 2018
Transfer Count:	0
Actual ARF Paid:	\$1,726.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 May 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$28,928.00
COE Rebate Amount:	\$11,820.00
Total Rebate Amount:	\$11,820.00
Message	

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 19 Sep 2024

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 First Submission	19/09/2024 18:43 (SGT)
Reported by	Actual Driver
Date of Accident	10/09/2024 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TO ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3919P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ISO DELIGHT PTE LTD
Company Reg No	2XXXXX960G
Email Address	ADMIN@ISO-DELIGHT.COM
Mobile Phone No	(Phone) +65-64876387
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	Diesel
First Registration Date	21/05/2018
Chassis no	KDY2318025287
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05020890

DRIVER

Name of Driver	NATARAJAN PRABU
Passport No/FIN	GXXXX017T
Date Of Birth	25/05/1989
Occupation	Outdoor
Driving Pass Date	10/01/2022
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98112096
Alt. Phone Number	-
Email Address	ADMIN@ISO-DELIGHT.COM
Address	C/O 1002 TAI SENG AVE #01-2550
Address complement	-
Postcode	534409
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	EMPLOYEE OF SAME BOSS
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	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	No
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NATARAJAN PRABU
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH3919P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

SKETCH PLAN

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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

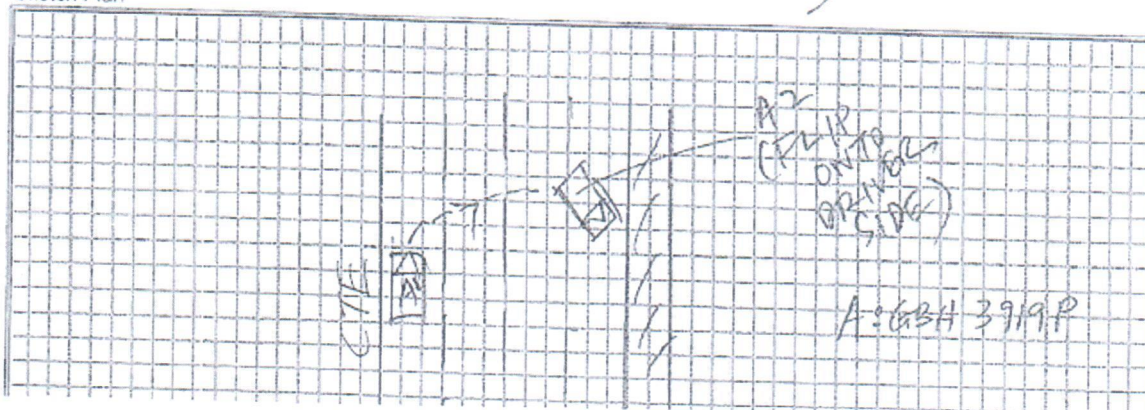
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


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

Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER POLICE REPORT.

VEHICLE STILL AT TRAFFIC POLICE COMPOUND.
SUBMIT REPORT WITH ACCIDENT SCENE PHOTOS.

I WAS DISCHARGED FROM HOSPITAL ONLY ON
17.9.2024 EVENING.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

Actual Driver's Signature (if driver is not the policyholder)



Witnessed by Reporting Centre Personnel

POLICE REPORT

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

Report No. T/20240914/7042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2024 14:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Natarajan Prabu			Address:		
ID Type / ID No.: FIN NO / G2570017T			Contact No.: Home/Office:		Mobile: 98112096
Nationality: INDIAN			Email: doka_engrg@yahoo.com.sg		
Sex: Male	Age: 35	Date of Birth: 25/05/1989	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Lorry driver			Driving Licence Information: Class: 3		Date of Expiry: 10/06/2026

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/09/2024 05:40	Type of Location: Straight Road
Location: ANG MO KIO INDUSTRIAL PARK 1				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Skid on the road				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3919P	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



T/20240914/7042

2 of 3

Report No. T/20240914/7042

CONTINUATION OF REPORT

Driver			
Name	NATARAJAN PRABU		ID No. G2570017T
Related Vehicle	GBH3919P (Lorry)		Contact No. 98112096
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 10/06/2026
Date Treatment	10/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

Travelling from SLE to CTE, going to exit Ang Mo Kio Ave 1. Going from lane 3 to lane 4. Suddenly there was a speeding motorcycle coming from lane 4. Because of this, I had to jam the brakes and pull my steering wheel right. This cause my lorry to swerve and flip to lane 1. At this point my lorry was in the opposite direction on the same side of the road. During this time my left leg was stuck but generally uninjured. A few minutes later a car suddenly hit my lorry head on which caused my right knee to be injured.

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

Report No. T/20240914/7042

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TP1B / MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI Contact No.: 96207105

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 14/09/2024 14:55
Classification Of Case: