ASSIGNMENT

ASS. REC. BY: Kenneth | REF: LPC / CS/LPC24100120/Kvh3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s: K/C Hin

of: 9806

Insured: _____

Policy No. _____

Claims No. 23/24/24/VC05/029893

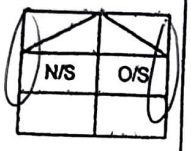
Sum Insured: _____ Excess: 600 ~~TBA~~

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: $ 47K

IDAC Accident Rport: _____ 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 on

Make: Toy Dyna c.c 2882

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

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

Eng/No: _____

C/No: KDY26 - 21058

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: _____ Partial

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

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~~ o/s & n/s body

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

Date / Time	Action / Instruction
/	Ins not ready, check rear box insured or not.
18/10/24	Submit preli report-revised fig $19,197.52 check items ~~$57,725.40~~

Date/Time, File Pass to?

/ /

Date/Time, File Return to?

: Preli. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

tyre report-$320.00

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp ($ _____)

: Interview ($ _____)

Tech Invs ($ _____)

Weekend ($ _____)

Others

TOTAL

eport Format :

mp Sum / I.B.I: (S _____)

Your NCD will be affected due to late reporting

SK0J249J0004 / K. KIM HIN AUTO PTE LTD
ENTRY DATE & TIME: 19/09/2024 18:43 (SGT)
SUBMITTED BY: Sandra Khong
VERSION: 1 (19/09/2024 18:43 (SGT))

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 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 Regisration 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

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 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.

ISO DELIGHT PTE LTD

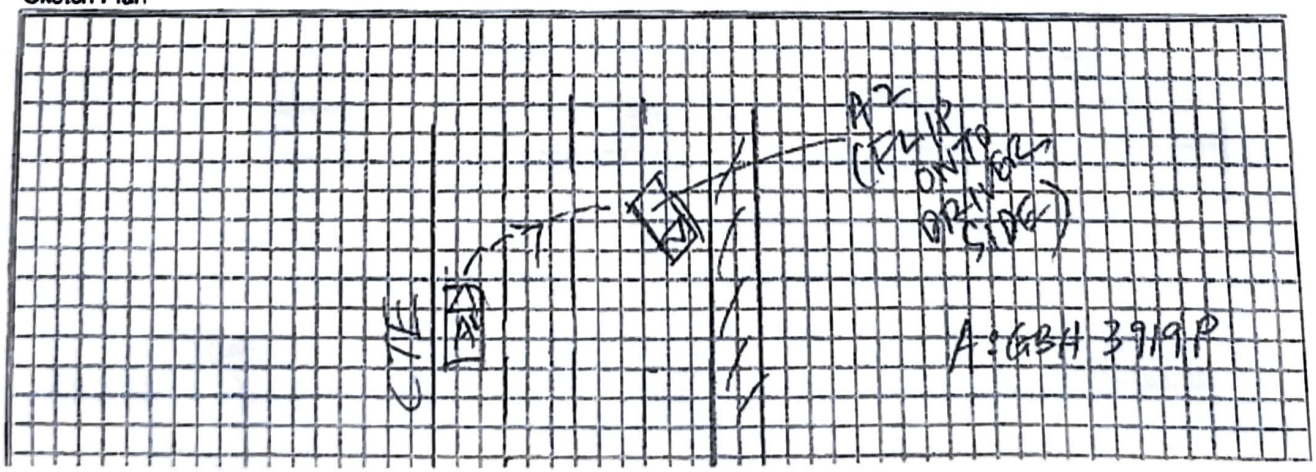
Policyholder's Signature / Date & Time

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

KIM HIN AUTO PTE LTD TEL: 6482 7018

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

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

Witnessed by Reporting Centre Personnel

> 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