



### 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 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 ability.
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 Report	15/05/2018 18:40
Date Of Accident	12/05/2018 14:50
Exact Location Of Accident	KJE TWDS AYE AFTER EXIT 41
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3523H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUALITY PTE LTD
Co Reg No	201624281H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093505700-01
Cover Note Number	

#### Driver

Name of Driver	CHUA KOON CHUAH
NRIC No	S7041936Z
Date Of Birth	16/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1992
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84900069
Fax Number	
Contact Number	OFFICE-84900069
EMail Address	NOEMAIL

Address	BLK 443D BUKIT BATOK WEST AVENUE 8 #04-775
Postcode	654443
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180514/2076.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHUA KOON CHUAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBF3523H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

A: GBF35234  
B: Unknown

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report - 7/20180514/2076.

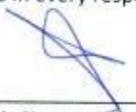
*(The rest of the section is crossed out with a diagonal line.)*

**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:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 5 / 18) (DD/MM/YYYY), TIME: (14 : 50) (HH:MM)

LOCATION: KJE tuds AYE after Exit 41.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1BF35234  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 2016 5093505700-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Anality Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201624281H CONTACT: 90088701  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Chng Koon chng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 570419362 CONTACT: 84900069  
c) ADDRESS: Blk 443D Bukit Batok West Avenue 8 #04-775  
(654213)

\*d) DATE OF BIRTH: (16 / 11 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28/11/1992

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Minor

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Unknown MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passengers  
(including driver)  
(1)

\*No of passenger  
(including driver)  
( )

\*No of passenger  
(including driver)  
( )

Email =

fax =





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

2 of 3

Report No. T/20180514/2076

**CONTINUATION OF REPORT**

**Brief Details.**

ON 12/5/2018 AT ABOUT 1450HRS AT KJE,

I WAS TRAVELLING ALONG THE LEFT MOST LANE WHEN I HAD A CRAMP ON MY LEFT LEG. HENCE, I LOOKED DOWN TO SEE IF THERE WAS ANYTHING WRONG. WHEN I LOOKED UP, I REALISED THAT THERE WAS A HEAVY VEHICLE THAT HAD STOPPED IN FRONT OF ME. I TRIED TO BRAKE BUT WAS UNABLE TO DO SO AND ENDING UP COLLIDING WITH THE HEAVY VEHICLE. AS I WAS DRIVING I DID NOT NOTICE ANY SIGNAL LIGHTS OR BREAKDOWN SIGN PRIOR TO THE COLLISION. HOWEVER, I WAS UNSURE IF THE VEHICLE WAS STATIONARY OR TRAVELLING DUE TO THE HEAVY RAIN. I WAS THEN CONVEYED VIA AMBULANCE TO NTFH



**SINGAPORE  
POLICE FORCE**



T/20180514/2076

3 of 3

Report No. T/20180514/2076

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

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / LEE KWANG HONG KENDRICK
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252

Signature Of Informant: 
Date/Time: 14/05/2018 13:30
Classification Of Case: 
Signature: 

Authentication Stamp  
NP168

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7041936Z**

Name: **CHUA KOON CHUAH**

Birth Date: **16 Nov 1970**

Issue Date: **20 Aug 2011**

001993013C




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7041936Z**

Name: **CHUA KOON CHUAH**

蔡坤泉

Race: **CHINESE**

Date of Birth: **16-11-1970** Sex: **M**

Country of Birth: **SINGAPORE**



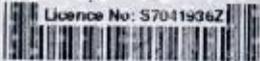


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	28 Jan 1992
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	20 Aug 2011
	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	

Licence No: S7041936Z

NP 428A



1106181

Barcode

NRIC No: **S7041936Z**



Blood Group: **O+** Date of issue: **05-08-1993**

APT BLK 443D BUKIT BATOK WEST AVENUE 8 #04-775  
SINGAPORE 654443

NRIC No: S7041936Z Date: 26/07/2017

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093505700-01	QUALITY PTE. LTD.	201624281H	GFT	Comprehensive	GBF3523H	GBF3523H	04/10/2017	

Policy Information

Policy No.	5093505700-01	Policyholder Name	QUALITY PTE. LTD.	Policyholder NRIC	201624281H
Address	317 OUTRAM ROAD #B1-37 CONCORDE SHOPPING CENTRE SINGAPORE 169075				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/08/2017	Effective Date	04/10/2017 00:00	Expiry Date	03/10/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-37 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	#04-03	Related Policy Number	5094748950		

Insured Object: GBF3523H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/11/2017 00:00	Basic Information Endorsement	000001286687452	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GY1757D 07-11-2017 \$1,316.74 In view of this amendment, an additional premium of \$1,316.74 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	08/11/2017 00:00	Basic Information Endorsement	000001286688593	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBG8219Z 08-11-2017 \$1,312.76 In view of this amendment, an additional premium of \$1,312.76 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would</p>

**Claim Handling**

[Exit](#)

Accident MT/0994502

Policy No.	5093505700-01	Vehicle No.	GBF3523H	GST Registration No.	
Policyholder Name	QUALITY PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	201624281H
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90086701	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	15/05/2018 19:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/05/2018	Time of Accident (hh:mm)	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KJE TWDS AYE AFTER EXIT 41				

**Benefits**

**Excess**

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	317 OUTRAM ROAD	Address 2	#B1-37 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	#04-03	Related Policy Number	5094748950		

**OS Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/11/1970
Unnamed driver Name	CHUA KOON CHUAN	Driver NRIC	S7041936Z	Driving Experience	26
Register Date of Driver License	26/01/1992	Driver Age	47	Contact No. (Home)	0
Contact No. (Mobile)	94900069	Contact No. (Office)	0	Address 3	WEST RIDGES @ BUKIT BATOK
Address 1	BLK 443D	Address 2	BUKIT BATOK WEST AVENUE 8	Post Code	654443
Address 4	SINGAPORE 654443	Address Type	Singapore address		
Unit No.	04-775				
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	QUALITY PTE. LTD.	Insured NRIC	201624281H
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OJ Vehicle Number	GBF3523H	TP Vehicle Number	UNKNOWN
Claim Description	GBF3523H / UNKNOWN ON 12 May 2018				
Preferred Workshop Contact No.	68580019	Insured Liability *	Fully at Fault	Name of Preferred Workshop	WEE HOE AUTO SERVICE
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	15/05/2018 19:29	Claim Close Date		Date Received	15/05/2018 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	

[Save](#) [Submit](#)

**Attachment**

Accident No.	MT/0994502	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/05/2018 00:00

Path *	Category *	Confidential	Urgency *	Description *
<a href="#">Browse...</a>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<a href="#">Browse...</a>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<a href="#">Browse...</a>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<a href="#">Browse...</a>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<a href="#">Browse...</a>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<a href="#">Browse...</a>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

Send Message [Upload](#)

**Attachment List**



Vehicle : GBF 3523 H

Items

Front

- 1) ~~New~~ Cabin
- 2) New Rear Box
- 3) Air Condenser
- 4) Fan x 2
- 5) Air Con Pipe
- 6) Radiator ~
- 7) Radiator Hose

~~Wiper Nozzle~~

- 8) engine mounting x 2

Repair limit 40K.

18 days



toyota dyna Price Range Depreciation 2016 Vehicle Type

Advanced Search

Used Car Comparison

--- Comparing 3 Vehicles ---

Toyota Dyna 150

Toyota Dyna 150

Toyota Dyna 150



Clear All

Add all to Shortlist

Back to search result

Add to Shortlist

Add to Shortlist

Add to Shortlist

Use search bar above to search to compare.

CAR DETAILS

Price	\$66,800	<b>\$58,800</b>	\$60,800
Instalment	N.A.	N.A.	N.A.
Registration Date	02-Sep-2016	29-Sep-2016	06-Dec-2016
Manufactured	2016	2016	2016
Mileage	40,000 km	36,445 km	<b>4,000 km</b>
Transmission	Manual	Manual	Manual
Engine Cap	2,982 cc	2,982 cc	2,982 cc
Road Tax	-	-	-
Power	-	-	-
Curb Weight	1,800 kg	1,760 kg	1,780 kg
Features	-	-	Euro 6 Engine.
Accessories	Equipped With Freezer That Can Go Down To Minus 16 Degrees. Save Your Installation Fee And Cost For A Freezer.	-	Front Camera.
Description	Freezer Truck! 1 Owner And Low Mileage! Super Good Condition To Be Missed, Call Us Now For An Non Obligatory Discussion!	Almost New Toyota Dyna 150 Box With Powerful Euro 5 Diesel Turbo Engine! High Box, Engine And Gearbox In Tip Top Condition, Low Mileage Serviced By Agent And Accident Free. COE Of \$48k, High Loan Available, View Now!	3 Years/100,000Km Warranty By Agent Borneo Motors. Up To 100% Loan With Lowest Interest Rate, Special Gift, High Trade-In! Please Call Now!
COE	\$4,824	\$48,001	\$17,225
OMV	<b>\$32,549</b>	\$24,946	\$24,944
ARF	<b>\$1,628</b>	\$1,248	\$1,248
Depreciation	\$8,050 /yr	\$7,020 /yr	\$7,100 /yr
No. of Owners	<b>1</b>	<b>1</b>	<b>1</b>
Type of Vehicle	Truck	Truck	Truck
Category	Premium Ad Car	Premium Ad Car	Premium Ad Car, Low Mileage Car
Availability	<b>Available</b>	<b>Available</b>	<b>Available</b>
Remarks	<b>Fuel type</b> Diesel	<b>Fuel type</b> Diesel	<b>Fuel type</b> Diesel
SELLER INFORMATION			
Seller	Car (S) Pte Ltd	Fu Ee Cars	ABWIN Bus Pte Ltd

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	4281H
<b>Vehicle Details</b>	
Vehicle No.:	GBF3523H
Vehicle to be Exported:	No
Intended De-registration Date:	16 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2643215
Chassis No.:	JTFAT35Y30K206890
Maximum Power Output:	-
Open Market Value:	\$24,946.00
Original Registration Date:	23 Sep 2016
First Registration Date:	23 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$1,248.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	22 Sep 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$20,993.00
COE Rebate Amount:	\$17,529.00
<b>Total Rebate Amount:</b>	<b>\$17,529.00</b>

The information contained herein is correct as at 16 May 2018

OK

Claim Handling

Task Transfer Exit

Accident MT/0994502

LOS SAL SLB

Policy No.	5093505700-01	Vehicle No.	GBF3523H	GST Registration No.	
Policyholder Name	QUALITY PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	201624281H
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90088701	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	Yes		
<b>Accident Details</b>					
Report Date	15/05/2018 19:23	Accident Report Within 24 hrs	No	Accident Type	Collision - Head to Rear
Date of Accident	12/05/2018	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	Yes	ICM No.	3483367
Accident Location	KIR TWDS AVE AFTER EXIT 4L				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	317 OUTRAM ROAD	Address 2	#B1-37 CONCORDE SHOPPING	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	#04-03	Related Policy Number	5094748950		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/11/1970
Unnamed driver Name	CHUA KDON CHUAH	Driver NRIC	S7041936Z	Driving Experience	26
Register Date of Driver License	28/01/1992	Driver Age	47	Contact No. (Home)	0
Contact No. (Mobile)	64900069	Contact No. (Office)	0	Address 1	WEST RIDGES @ BUKIT BATOK
Address 1	BLK 443D	Address 2	BUKIT BATOK WEST AVENUE 8	Address 2	WEST RIDGES @ BUKIT BATOK
Address 4	SINGAPORE 554443	Address Type	Singapore address	Post Code	654443
Unit No.	04-775	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History	17/05/2018 10:24 5018940 Modify Private Hire(No-->Yes) 17/05/2018 10:24 5018940 Modify Accident Report Within 24 hrs(Yes-->No) 17/05/2018 10:59 5906621 Modify Orange Force(N-->Y)				

Claim 001 OD-MD

LOS SAL SLB

Claim Case Officer Yap Chee Ling

Claim Type	OD-MD	Insured Name	QUALITY PTE. LTD.	Insured NRIC	201624281H
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	GBF3523H	TP Vehicle Number	UNKNOWN
Claim Description	GBF3523H / UNKNOWN ON 12 May 2018	Insured Liability	Fully at Fault	Name of Preferred Workshop	WEE HOE AUTO SERVICE
Preferred Workshop Contact No.	68580019	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	18/05/2018 10:35
Date Registered	15/05/2018 19:30	Workshop Repairer		Total Loss but Repaired	
Report Taken By	Jackson			OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					
<b>Special Claim Creation Approval</b>					
Approval		Reason			
Remarks					

damage assessment Activity Handling Attachment

Vehicle Info

Vehicle Make	TOYOTA	Vehicle Model	DYNA	Engine Capacity	1.8
Date of Registration	22/09/2016	Class No.	J7FAT35Y30K206890	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Survey Current Status	
Type of Tender *	Own Damage	Assessor Name *	SATHYA		
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	S1 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrap Value(\$)		Economical Repair Value(\$)	

Remark: NO OF REPAIR DAY: 18 DAYS. 1 X REAR BOX - REPAIR. 1 X AIR CONDENSER - REPAIR. 2 X FAN - REPAIR. 1 X AIR CON PIPE - REPAIR. REPAIR LIMIT 40K.

**Damage Listing**

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
Not Applicable	1	161001	CABIN	<input type="text" value="1"/>	<input type="text" value="Repair"/>	<input type="checkbox"/>
ABS	2	344001	RADIATOR	<input type="text" value="2"/>	<input type="text" value="Repair"/>	<input type="checkbox"/>
ACCELERATOR	3	34402802	RADIATOR HOSE (TOP)	<input type="text" value="3"/>	<input type="text" value="Repair"/>	<input type="checkbox"/>
ACTUATOR	4	24301902	ENGINE MOUNTING (CENTRE)	<input type="text" value="2"/>	<input type="text" value="Repair"/>	<input type="checkbox"/>
ADVERTISEMENT STICKER						

## LKK Paya Ubi

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**From:** Yap Chee Ling <CheeLing.Yap@income.com.sg>  
**Sent:** Thursday, 24 May 2018 9:22 AM  
**To:** 'LKK Paya Ubi'  
**Subject:** GBF3523H | MT/0994502 (Awarding Letter to Wee Hoe Auto)

**Importance:** High

Hi IDAC,

Please release the vehicle to Wee Hoe Auto.

Thank you.

**Yap Chee Ling (Ms)**  
Claims Executive  
Motor Insurance  
T +65 6430 7893  
[www.income.com.sg](http://www.income.com.sg)



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Our Ref: MT/CA/OD/051/0994502-001/YCL

24 May 2018

WEE HOE AUTO SVC (K CHUAN)  
19 KIM CHUAN TERRACE  
SINGAPORE 537041

Dear Sir

**CLAIM NUMBER: MT/0994502-001**  
**REPAIR OF VEHICLE NUMBER: GBF3523H**

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 24 May 2018

Make: TOYOTA

Model: DYNA

Estimated Repair Days: 20

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits: Not applicable

Excess Applicable: 2,000

Please note that supplementary items will not be allowed.

If you have any queries, please contact Yap Chee Ling at 6430-7893 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Low Choo Mee  
Senior Manager  
Motor Insurance

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NATIONAL ASSESSMENT CENTRE SERVICES  
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,  
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: GBF 3523 H Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: Wee Hse

Collection Date: 30/5/18 Time: 13.25 with Keys: Yes / No

Tow Truck No: YM7079 Tow Man: Tan wee chyl NRIC: S15689347

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Workshop Return of Vehicle

Workshop: \_\_\_\_\_

Returned Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

\* Tow In / Drive In

Tow Man / Workshop Representative: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Owner Collection of Vehicle

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

Owner: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Approved by: \_\_\_\_\_

