				Paa332-1		
	4	53	5.1 8	ans S. F.		8
15550016	a	CON ASMISOD	5176 , DA	TOOS DAG	35413	
INS CASEOW R						
	MARCO	ASSIGN	MENTA		16/3/2018	
1	INH O	DOI:	W/2/19 1	Date / Time :	(0/2/WIE	
I This water			1	Registered in Merimen:	'	
Pre-assign / CCU / FTE	r = 11-	. 0				
	(6T 767)	δK		58m 6	6B02	7
Insured Vehicle No.		C. Vend	Claim No.	61244	17	(n)
Name of Insured		bren Young	Policy No.		1	
Insured Tel No.	F	12 478678.FS	Make / Model	· RWM 3	11	
Excess Sec II :SS		8101 15/31 DIS	Place of Accide	at: MRHSTW	KD	
to make through your	1			(i) (i)		
Is driver the owner?	(NO) 1	Vature of Accident		475	Δ	
H'NO, Driver Name / A	ige:			T FES NO ; TP GIA		
Driver Tel No. :		(V/L. YES / NO)	Insured Liabilit	y % Fin:	il? Yes/No	
6x 321 P				>		
						7
INSRS:	INSRS:		INSRS:		INSRS:	
WSF: FM-1	WSP.	K 7	WSP: Tel:	1	WSP: Tel:	
Tel . Liability	Tel .	ЫН	Liability:	<u>p_u</u>	Liability	
RMKS.	RMKS		RMKS:	M. A	RMKS:	52
Date/Time						
Date time				STAGE	DATE/P	1C
28/2	X-JAH- AF WAR	1-11011 FL1011	161 10 10 11 11	Non-Reporting ltr (1st):		
By	LA SERIE V			Non-Reporting hr (2nd):		
	alsout a			Non-Reporting ltr (Final) Notification ltr (if non-pa		
# 0	mla 10 1 8	रिते.		Call OI: > A	d. Pluer HHRP	
0	- Y - Y -			After call ltr to OI:		
37/3/18 = 10-55 (CHAMBARD IN CORDIN	ACUDAN, DI CHONGED	PONE SHOULD COMP SHOP	Documentation Check	List: Handler Ty	päyt
		Jan Andreo To Sethe	AND AMORE	Notification ltr (if non-p	ckup)	
No.	on No Bank.		1 10	After call ltr to Ol:	-	-
		VPS	1-7,1+	Authorisation To Act: Release Voucher:		-
	70 90 100	1	-	Final Repair Bill.		
				Car Rental Invoice		
13.8.16 9	special electron was Dr	DIS. NO ESTIMATE	SUBMITTED	Towing Invoice		
1-110				LTA/GIA:	-	-
(0)719' -	-hu -> M	Ctrclose(po	morry	Medical Bill:	-	-
1.1.1	10-		V	PIR		-
			,	Mandate/Reject Instru	oction:	-
	RECEIVED	1 S AUG 2018		LOD		-
	RECEIVE			Payment Breakdown	Form:	-
RELIMINARY ADVICE D	late/Time	Sent By		Post-Repair Photos: Others:		
FINALIZATION I	Oute/Time:	Confirm with:		Confirm by:		
	SS (days) Reduction:	%		mail Call	
COUNTY COUNTY	Date/Time	Confirm with		Email Call		10-2/100/11/20
CALLER OF A CAMPAGE		/ Assessed) BOLA S/N No. :	15 /mm 20.	If NO or B 28, Ass. I	is:	-
	55		CHONCED LANGE			
	\$\$ (days)			110/18	
Loss of Use (LOU):	S\$ \(\s\ x\)	days)		I Li	12/01	
The second secon	SS (\$ x	Territoria de la constanta de	WWW.			
LOR only LOU only		LOR + LOI Tick only	one]	-	-	
The state of the s	SS			Claim status: Nor	mal/Reject/Detroits Sa	ttle /wo
	S\$ 5\$	(e.g. Tow/ Indepo	endent \	Report Format:	TR	THE / ST
And the second s	S\$	Je.R. Love mach	maketa J	3) Survey foe:	⇒ 100	
production of the second	SS	Global Sum SS:				Towns .
Control of the Contro	Date/Time:	Confirm with:		Email Call		1
and as he had a long to the last the la	S\$	Name 1:				4
Payee 2. (Strike if N.A.)	S\$	Name 2			4/2/19	
	5\$	Name 3:			1 Stil	14

3 million		REF: (S3/ASM)	1005126/Bpa352	Special Instruction:
rom (Person);	Chen xin you	of Asm (Assig)	NMENT (Office)	L/S : \$12,100.00 Third Parties:
stimated Cost		Bill to:	Duto Time.	Claimant:
		_	7	Surveyor: Cartink Consultance
D/TP Re-ins	pection / Evalua		5/4/14/14/17	Workshop: EM - Auto
o Inspect Veh		GX 321 P	Insured: SGT 7676 R	
	1/s EM-1 AU		Tel:	
Flak 8 SIN	ming Industri	al Estate sector c		
olicy No:			Claim No: S8 M 00 B 0	2
um Insured:_			Excess:	
Make of Veh:			D.O.A. 15.3.2018	
Client's Record)				
Date/Time:		Pareon Contract	1/-1: 1 TAT / CV	H.O.D. Endorsement/Date:
CONTRACTOR			Vehicle IN/O	
Date/Time:	Conti	irmed with Fi	nal Fig,days	(Red \$/%; Original/0_days _/%; Originaldays)
			, 2 days (Red 5	_/%; Originaldays)
ate/Time	Action/Instruction			
			ea352 DOA-1 MICA352 DOA-1	
	11111111111		7/11/25 - 7/17/21	
	Parts found no		nighlight R or UB,	
	1			
D				
Para(3) : 1	Nett Value			,
	Market Value			Fee Charged: Date:
CA COLOR NO PAR CONTRACTOR NO		Inspected/ Evaluated by:	Basic & Add Transport	
	Salvage Valu	e :	Crondated by.	Photos
	Nett Value	9		Others
1) Date/Tim	Mathematical Salest Ordere	PIL B	L.,	Total
	cour	File Pass to	2) Date/Time	File Return to
3) Date/Tim	(4.)	File Pass to	4) Date/Time	File Return to
5) Date/Tim	e	File Pass to	6) Date/Time	File Return to

Report Format :

Lump Sum / I.B.It 15

* HOWERE	
	ICNMEN1
From Date:	WATER CAX321P. Yr Regn JAN 2004
Estimated Cool.	Type: M.Car / M. Cycle / Bus / Van (Lofty / Taxi / Prime Mover /
QD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To inspect Vehicle No.	Make TOYOTH DYNH - 00 2986 STUVED - AC Insured I Std I NI NA
at Workshop m/s EMI	Colour
Ql	Sp.Reading 108020 T.Radio Insured Std / NI / NA
Insured	Eng/No.
Policy No	CNO STFUF 344363002008.
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured Excess	Steering Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt of
Make of Veh	Modi: (Nil / S/Rim / STD A/Rim or
	Tyre Size F: 185/RIY MIC.
(Policy Condition)	R 155 (RIZ FIRENZA).
Remark. The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal mm R/Bal mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal 7 mm UBal 7 mm
Est. Repairs. 5 days Res.: Yes or No	DOA 15/3/2018 DOI 22/3/2018557ph
Lum Sum: 20 % 3 Val. Yes or No	Survey held at
76	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OU	7 436 7
Date: Person Confacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
1 . 12 6	1110,2/(14)
NS\$ 4100 CB	2d # 8ug (66%)
-	
MV @ the DOA	15/3/18 Aug 25,000/2
MIV & THE SOLL	Tour W
	- 4151 917/19
The State of the S	Days Of Repair:
Catedine File Past to 7	Days of Repairs
: Final Report	Resurvey No. of Trip: Survey Fee Transportation
Cate/Cinc File Ratum to? Add Fi	
a. Add F	Internation (S

Tech love (\$

Washand (\$

CA / REV /		Vehicle: IN / OUT	MS FROM	ST
Date: Person Contacted:			Body Structure affected due to collision.	
Date / Time	Action / Instruction	w		
	43	4,250/2		TOGIN Mun. 28/6/19
Date/Time, File Pas	: Preli. Repo	TAX.	Days Of Repair:	
1) Date/Time, File Rs 2) • Report Form	nat :	Add Fee	Resurvey No. of Trip: Site Insp (\$	Survey Fee:
Lump Sum	/ I.B.I: (\$)		TOTAL

3019706814---

TOMMY CHOO, MARK GO LLC

Advocates & Solicitors UEN NO: 201523418E

(a law corporation with limited liability)

60152019

151 CHIN SWEE ROAD #14-15/16 MANHATTAN HOUSE SINGAPORE 169876 TEL: (65) 6532 2455

FAX: (65) 6538 9850 (Services of Court Documents By Fax Not Accepted)

EMAIL: Ihling@tcmg.com.sg

LLH/ing/1242/0519/EM1 Our Ref :

Your Ref: SGT 7676 R

3 0 MAY 2019

JAY LEE BOON YONG Block 617D Punggol Drive #15-823 Singapore 824617

By Certificate of Posting (For your attention:without enclosures)

AXA INSURANCE PTE LTD

AXA INSURANCE PTE LTD

3 1 MAY 2019

MAILROOM

M/S AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way#27-01 AXA Tower Singapore 068811

Attn: Motor Claims Department

Dear Sirs,

BY PDX NO. 8176

PDX Intercompany Exchange Pte Ltd

010808715438

FROM TOMMY CHOO, MARK GO LLC 8141 PDX Box No.

ACCIDENT INVOLVING GX 321 P AND SGT 7676 R ON 15 MARCH 2018 ALONG LAVENDER STREET

We are instructed by M/s Yew Aik (S) Pte Ltd, to claim damages against you or your insured, the driver of motor vehicle no. SGT 7676 R, in connection with a traffic accident on 15 March 2018 at 14:30 hours along Lavender Street, involving our client's motor vehicle no. GX 321 P and motor vehicle no. SGT 7676 R driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligence and/or management of his motor vehicle. As a result of the accident, our client's motor vehicle was damaged and our client had been put to loss and expenses, particulars of which are as follows:

1	Costs of Repair	\$ 12,100.00
2	Loss of Use (\$150 x 10 days)	\$ 1,500.00
3	Loss of Use (Pre-repair)(\$150 x 3 days)	\$ 450.00
4	GIA/LTA Search Fee	\$ 36.45
5	Survey Fee	\$ 977.00
6	Disbursement (at this stage)	\$ 93.00

TOMMY CHOO, MARK GO LLC

Advocates & Solicitors UEN NO : 201523418E

(a law corporation with limited liability)

151 CHIN SWEE ROAD #14-15/16 MANHATTAN HOUSE SINGAPORE 169876 TEL: (65) 6532 2455

FAX: (65) 6538 9850 (Services of Court Documents By Fax Not Accepted)

Email: Ihling@tcmg.com.sg

7 Legal Cost (at this stage)

\$ 900.00

\$ 16,056.45

A copy each of the following supporting documents is enclosed:

1. Copy of accident report;

2. Certificate of Insurance & PARF/COE Particulars;

3. Copy of survey report and invoice and repair bill;

4. Colour photographs pertaining to our client's motor vehicle for your perusal.

Our client had on 16 of March 2018 notified your insurer, M/s AXA Insurance (S) Pte Ltd about the accident and the pre-repair inspection was conducted.

Kindly note that if you are insured and you wish to claim from your insurance policy, you should immediately pass this letter to your insurer.

Please note that you should send us an acknowledgment of receipt of this letter within fourteen (14) days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you or your insured.

Please note that if you have a counterclaim against our client arising out of the accident, you are also required to send us a letter giving full particulars of the counterclaim together with the relevant documents within 8 weeks of your receipt of this letter.

Yours faithfully,

Encs.

cc. client

Ment



Service Request Details

Claim

S8M00B02

Reference

None Ø

Loss Date

15 March 2018

Report Date

16 Mar 2018 12:00:00 AM

Request Date

12 June 2019

Due Date

19 June 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Re-inspection

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

GX321P

LKK AUTO CONSULTANTS PTE LTD (TP) -

Menu

MOUE

DYNA

Service Address

BLK 617D PUNGGOL DRIVE, , , 824617

Primary Contact/Insured

LEE BOON YONG JAY BLK 617D PUNGGOL DRIVE, #15-823, 824617, Singapore 97867860 jaylee_1976@yahoo.com.sg

Claim Handler

CHEN Xinyou

chen.xinyou@axa.com.sg

Additional Instructions

Please conduct paper survey. FYI. Insured is disputing on high cost of repair as it was a minor coll... (expand)

Messages Invoices History Documents Assessment Metrics Notes

New Message

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

 By the lodgement of this report to the insurers, yo aforesaid. 	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
VICE SALES OF THE PROPERTY OF	ACCIDENT STATEMENT
Date Of Report	16/03/2018 16:16
Date Of Accident	15/03/2018 14:30
Exact Location Of Accident	LAVENDER STREET
Country/State of Loss	SINGAPORE
始共产党委员会制度	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX321P
Name Of Registered Owner	YEW AIK (S) PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93375888

Alternative Phone No Vehicle Particulars

TOYOTA Manufacturer DYNA Model

Exact Purpose for which vehicle was being used at time of accident

WORK PURPOSE

OFFICE-93375888

Are you claiming under your own insurance policy for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

A28665675

Cover Note Number

Driver

CHEW CHENG LIM Name of Driver

S0195951D NRIC No 26/08/1954 Date Of Birth OUTDOOR Occupation 06/01/1975 Date Of Driving Pass

43 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-81813883 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

BLK 15 HOUGANG AVENUE 2 #05-123

Postcode

530015

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

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?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

7.7

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER STATEMENT (ATTENDED BY: JAMES NG)

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

SGT7676R

Vehicle Make/Model/Colour

BMW

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 (lability).
- 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 faise 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.
- 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:
 - 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 invoive disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail puckages); 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/faw 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

1 6 MAR 2018

Oriver's Signature

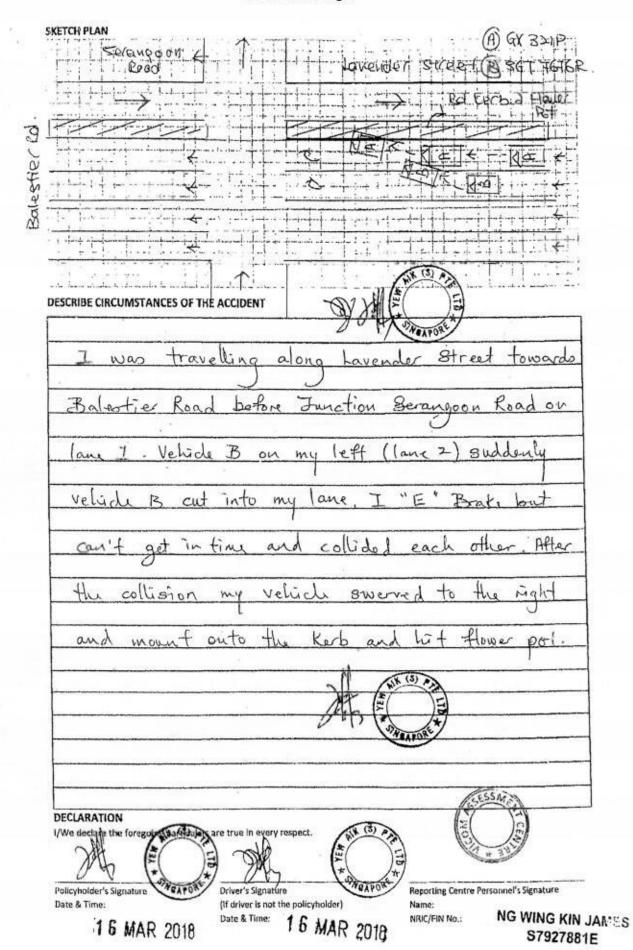
(If driver is not the policyholder)
Date & Time:

16 MAR 2018

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

NG WING KIN JAMES S7927881F





MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE Third Party Fire & Theft

Certificate No. A 28665675 MKC

 Index Mark and Registration Number of Vehicle GX321P

2. Name of Policyholder

Yew Aik (S) Pte Ltd

- Effective Date of the Commencement of Insurance for the purposes of the Act 13/01/2018
- 4. Date of Expiry of Insurance

12/01/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- * Provided that the person driving is permitted in accordance with the ilicensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to use

Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
Use for social domestic and pleasure purposes.
The Policy does not cover

- Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act. 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

for Chief Executive Officer

SGCARMART.COM

Login Sign up

New Cars

Used Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Resources

 Tight Spreads No Commissions

 Custom Bridge Fast Execution OAND START MY FREE DEMO

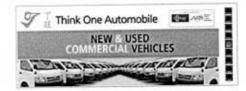
Post an Advertisement Sell it vourself! Advertise it at just

\$58 until it's SOLD!

New 5 Years Coe Renewal Toyota Vios 1.5



GV Credit Pte Ltd



Post an Ad Browse by Category

Advertiser Login

•

Ways of Selling

« Back (123456) Next »

Sort by Reg. Date

20 results/page

107 vehicles

Toyota Dyna

Depreciation Price

Eng Cap > 10 year(s)

Mileage

Status

Search Selection

Toyota Dyna

Any Any

old 13-Jul-2004

2,986 cc

Truck

All SOLD

till 04/2024) Fuel Type: Diesel

Please Call In Advance Before Viewing. Thanks!

Toyota Dyna 150 3.0M (COE

Posted: 10-May-2019 Tags: 2004 Toyota Dyna, 2004 toyota dyna, Toyota Dyna, toyota dyna, Toyota, Dyna, dyna, Used Toyota

Toyota Dyna 150 3.0M (COE till 03/2024)

\$26,838

\$5,750 /yr

N.A

10-Mar-2004

2.986 cc

Truck

Veh Type

Any

Available

Fuel Type: Diesel

100% In House Loan Available. View To Believe! Don't Miss, Call Today!

Posted: 07-Jun-2019 Tags: 2004 Toyota Dyna, 2004 toyota dyna, Toyota Dyna, toyota dyna, Toyota, Dyna, dyna, Used Toyota



Toyota Dyna 150 3.0M (COE till 07/2023)

\$18,888

\$4,700 /vr

16-Jul-2003

2,986 cc

385,891 km

Truck

Available

Fuel Type: Diesel

Car In Good Working Condition And Maintenance Is Done By Rms Ray Motorsports. Car Loan Is Available And Car Is Good For New Start Up Company For Transports Goods And Air Con Is Cold, Pm Us For Viewing And Discussion.

Posted: 08-May-2019 Tags: 2003 Toyota Dyna, 2003 toyota dyna, Toyota Dyna, toyota dyna, Toyota, Dyna, dyna, Used Toyota



Toyota Dyna 150 3.0M (COE till 05/2024)

\$21,888

\$4,470 /yr

27-Dec-2002

2,986 cc

Truck

Available

Fuel Type: Diesel Don't Miss! Class 3 Box Lorry! New 5 Years COE! Cheapest In The Market! No Need To Repair! New 6 Months Road Tax! Box Height (6 1/2 Feet), Excellent Condition With 2 Sliding Door, Price Still Can Negotiable, Call Before Viewing.

Posted: 05-Jul-2019 Tags: 2002 Toyota Dyna, 2002 toyota dyna, Toyota Dyna, toyota dyna, Toyota, Dyna, dyna, Used Toyota



Is your COE expiring? Let us help you renew it!

Getting your COE renewed is easy, fast and affordable. We'll help you renew your COE and get a loan for it. Get the cheapest loan in town and an approval in 2 days without effort! Enquire today.



Toyota Dyna 150 3.0M (COE till 04/2022)

\$17,000

\$6,050 /yr

25-Sep-2002

2,986 cc

Truck

Available

DIRECT OWNER

Fuel Type: Diesel

Posted: 02-Jul-2019 Tags: 2002 Toyota Dyna, 2002 toyota dyna, Toyota Dyna, toyota dyna, Toyota, Dyna, dyna, Used Toyota



Toyota Dyna 150 3.0M (COE till 07/2019)

N.A 24-Jan-2002 2,986 cc

Truck

SOLD DIRECT CHINER

Fuel Type: Diesel

Can Pay COE To Drive For Another 30 Months.

Posted: 10-Jun-2019 Tags: 2002 Toyota Dyna, 2002 toyota dyna, Toyota Dyna, toyota dyna, Toyota, Dyna, dyna, Used Toyota

Toyota Dyna 150 3.0M (COE till 07/2021)

24-Jul-2001

2.986 cc

Truck

SOLD DIFECT CHNER

Fuel Type: Diesel

https://www.sgcarmart.com/used_cars/listing.php?BRSR=100&MOD=Toyota&MMO=Dyna&RPG=20&VEH=0&RGD=10&ORD=RGD_DESC

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	16/03/2018 17:11
Date Of Accident	15/03/2018 14:15
Exact Location Of Accident	BALESTIER ROAD OPPOSITE KEMPAS ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT7676R
Insured/Policyholder	
Name Of Registered Owner	JAY LEE BOON YONG
NRIC No	S7612241E
Email Address	JAYLEE_1976@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97867860
Alternative Phone No	OFFICE-97867860
Vehicle Particulars	
Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1581737
Cover Note Number	CN873576
Driver	
Name of Driver	JAY LEE BOON YONG
NRIC No	S7612241E
Date Of Birth	29/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Nobile Number	(LOCAL) +65-97867860
ax Number	

JAYLEE_1976@YAHOO.COM.SG

Address BLK 617D PUNGGOL DRIVE

#15-823

Postcode 824617

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

5

Number of Passengers (Including Driver)

Passenger 1

NAME:

: CHEN YAO

GENDER:

: FEMALE

Passenger 2

NAME:

: CAI LEI

GENDER:

: FEMALE

Passenger 3

NAME:

: CHEN WU

GENDER:

: MALE

Passenger 4

NAME:

: JAYWIN LEE

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHMENT

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

GX321P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

CHEW CHENG LIM S0195951D

Accident Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudlate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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.:

GIARMC SketchPlanform_V3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SKETCH PLAN

Valica A: 56T 1676R B - 6X 321P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the day 15/03/18 about 2-15 pm I was travelling along
Kalestan - Till V
with an oncoming vehicle number GX 3219 bit my right hand side &
2 does I have signalled early for my intention, but and the read
came crossing into my car. No injuries at the accident
came crashing into my car. No injuries at the accident.
ECLADATION:

DECLARATION

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

Folicyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name. NRIC/FIN No.

MOTOR COVER NOTE Pg. 1

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel: 6338 7288 Fax: 6338 2522 Website; www.axa.com.sg GST Registration Number: 199903512M



Original

Agent Code: 13932

Policy No.(if any): P1581737

Renewal

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN873576

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992:
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD	
INSURED	LEE BOON YONG JAY	
MAKE AND DESCRIPTION OF VEHICLE	BMW 316 I 1.6 AT D/AB 4DR ABS HID	
VEHICLE REGISTRATION NO.	SGT7676R	
YEAR OF MANUFACTURE	2012	
ENGINE NO.	B491J362N13B16A	
CHASSIS NO.	WBA3A12070J719539	
ENGINE CAPACITY/TONNAGE	1598 CC	
COVER TYPE	COMPREHENSIVE	
HIRE PURCHASE	UNITED OVERSEAS BANK LIMITED	
VALUE (S\$)	AS PER MARKET VALUE	
PERIOD OF INSURANCE	FROM: 26/02/2018 TO: 25/02/2019	
EXCESS (S\$)	400.00	
AXA PREMIUM WORKSHOP?	YES	

IWE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by META AGENCY PTE LTD

on

31/01/2018 11:04am

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- · Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- · An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - o Cover note issued and caricelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

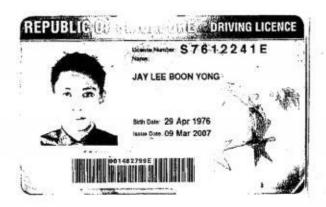
e premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

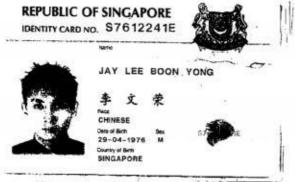
For Non-Individual Customers:

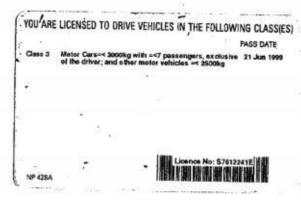
Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NÓTE/VOL/03

OWNER IC & DRIVING LICENCE (FRONT & BACK) Pg. 1











ACCIDENT PHOTO 2



ACCDENT PHOTO 3



ACCIDENT PHOTO 4



