

ASS. REC. BY: RamREF: III CS 3/II 20004343/F+d13

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. _____

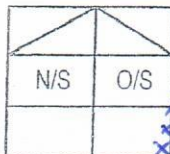
Claims No. _____

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBH 9637M Yr Regn: 12/11/2018Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA DYNA C.C. 2982Colour: blue A/C: Insured / Std / NI / NASp. Reading: 66711 T/Radio: Insured / Std / NI / NAEng/No: -C/No: JTAT35Y20K211742 *Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/70R15 YOKOR: 155/12C BRIDGESTONE

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 4/4 mmL/Bal. 6 mm L/Bal. 4/4 mmD.O.A. 16/03/2020 D.O.I. 30/03/2020Survey held at UE MOTORDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orO/S rear

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

Date / Time Action / Instruction

Range: \$1000-\$1500Repairs days: 2 repair daysMV: \$54495PV: \$13470NV: \$41025/-

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS: _____ \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Report Format: _____

Lump Sum / L&L: \$ _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	355N

Vehicle Details

Vehicle No.:	GBH9637M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	1KD2829453
Chassis No.:	JTFAT35Y20K211742
Maximum Power Output:	-
Open Market Value:	\$27,082.00
Original Registration Date:	12 Nov 2018
First Registration Date:	12 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$1,355.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	11 Nov 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$15,638.00
COE Rebate Amount:	\$13,470.00
Total Rebate Amount:	\$13,470.00

The information contained herein is correct as at 31 Mar 2020

Remaining : 8y 7m 26days (103.8)

Depri: \$6300/yearly \$525/monthly

103.8 x \$525 = \$54495

OK

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4 vehicles

Toyota Dyna

Advanced Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Toyota Dyna	Any	Any	2018	Any	Any	Any	Available
	Toyota Dyna 150 3.0M	\$51,800	\$6,320 /yr	11-Jun-2018	2,982 cc	31,130 km	Truck	Available
Fuel Type: Diesel 3 Months Warranty! Almost New Unit That Equipped With 6.5 Foot Box To Cater For Maximum Storage Space. Easy Access For Loading/Unloading With Both Side Sliding Doors. Up And Ready To Kick Off Your Business With No Downtime. So Why Wait? Grab Your... Car (S) Pte Ltd Posted: 31-Mar-2020 Tags: 2018 Toyota Dyna, Toyota Dyna, Toyota, Dyna								
	Toyota Dyna 150 3.0M	\$54,900	\$6,920 /yr	06-Mar-2018	2,982 cc	18,859 km	Truck	Available
Fuel Type: Diesel 18,860Km Genuine Mileage! Pristine Condition! Fully Serviced And Maintained By Borneo Motors. Still Under Borneo Warranty! Workshop/STA Evaluation Welcome. 90% Loan Of The Car Price Available With Lowest Interest Rates. Trade-In Welcome. Viewing Strict... Posted: 18-Mar-2020 Tags: 2018 Toyota Dyna, Toyota Dyna, Toyota, Dyna								
	Toyota Dyna 150 3.0M	\$53,918	\$6,320 /yr	09-Oct-2018	2,982 cc	21,631 km	Truck	Available
Fuel Type: Diesel Under Borneo Warranty. Super Low Mileage. Condition Nearly New. 3 Days Delivery. Loan Up To 100% Or More. Flexible In House Loan. Super High Trade In. View Now To Believe. ABWIN Bus Pte Ltd Posted: 18-Mar-2020 Tags: 2018 Toyota Dyna, Toyota Dyna, Toyota, Dyna								
	Toyota Dyna 150 3.0M	\$58,000	\$7,390 /yr	02-Feb-2018	2,982 cc	5,162 km	Truck	Available
Fuel Type: Diesel Very Good Condition. Posted: 27-Feb-2020 Tags: 2018 Toyota Dyna, Toyota Dyna, Toyota, Dyna								

Save this search criteria, to get email alerts whenever a match is found.

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

For old advertisements, view **Expired ads**

20 results/page

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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 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 Report	16/03/2020 14:00
Date Of Accident	16/03/2020 10:10
Exact Location Of Accident	FARRER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9637M
Insured/Policyholder	
Name Of Registered Owner	KMT ADVERTISING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97498520

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0005501
Cover Note Number	

Driver

Name of Driver	ERATH MOHANAN SUMESH
NRIC No	GXXXX019X
Date Of Birth	01/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84572775
Fax Number	
Contact Number	
Email Address	NOEMAIL

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
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- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 purposes) of :
- processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- investigating the accident and/or my claims;
- carrying out and/or dealing with my instructions or responding to any enquiries by me;
- 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
- complying with applicable law in administering, processing, handling and/or dealing with my claims; collectively the "Purposes"

- 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
- 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.
- 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.
- the information so collected under (d) above may be shared / disclosed:

- 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
- 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:

Name:

KRIC/FIN No.:

Reporting Centre Personnel's Signature

Address 50 UBI AVE 3 #03-20
Postcode 408866
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 (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?
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) 3
Passenger 1 NAME: : UNKNOWN
GENDER: : MALE
Passenger 2 NAME: : UNKNOWN
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

I WAS TRAVELLING ALONG FARRER RD ON THE SECOND LANE, SUDDENLY A TAXI FROM THE FIRST LANE CUT INTO SECOND LANE, I TRY TO AVOID COLLISION WITH THE TAXI, I SWERVED TO LEFT LANE A BIT, BUT THE TAXI STILL COLLIDED ONTO MY VEH RIGHT REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3445U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number

SKETCH PLAN

Farther Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement



1/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.: