

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

GBH 4374D

at Workshop m/s

leary Automotive

of

Insured:

YN9125A

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.

N/S	O/S

Bal. or Market Value:

5550.

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

9 19W

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

LTA 23084

Veh No:

GBH 4374D

Yr Regn:

5118

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

Truck / Trailer or

(in)

Make:

Toyota Dyna

c.c

2982

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

74897

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFAT35430K209675

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195 R15

R:

155 R12

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

12/8/20

D.O.I.

4/9/20

Survey held at

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

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

30/9/20 confirmed N/S \$2000 with AM leary (Red \$3200-29, 61%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

2/10/20 Typist

Days Of Repair:

4

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format:

Lump Sum A.I.B.I. (\$

2000)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

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	15/08/2020 09:21
Date Of Accident	12/08/2020 13:50
Exact Location Of Accident	ORCHARD PARAGON (LOADING BAY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4374D
Insured/Policyholder	
Name Of Registered Owner	ZUELLIG PHARMA PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87889825

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPCVE001117
Cover Note Number	

Driver

Name of Driver	LIM YEW HWA
NRIC No	SXXXX653B
Date Of Birth	15/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	07/09/1992
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87889825
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address APT BLK 25 SECTOR A SIN MMING INDUSTRIAL EST #11-70
 Postcode 2057
 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 - HEAD ON COLLISION
 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) 2
 Passenger 1 NAME: : PASSENGER
 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 SKETCH PLAN

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 YN9175A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number 63339600
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident Sketch Plan

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 Authorized 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 rescind 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. 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.
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:

13/8/20

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

[Signature]

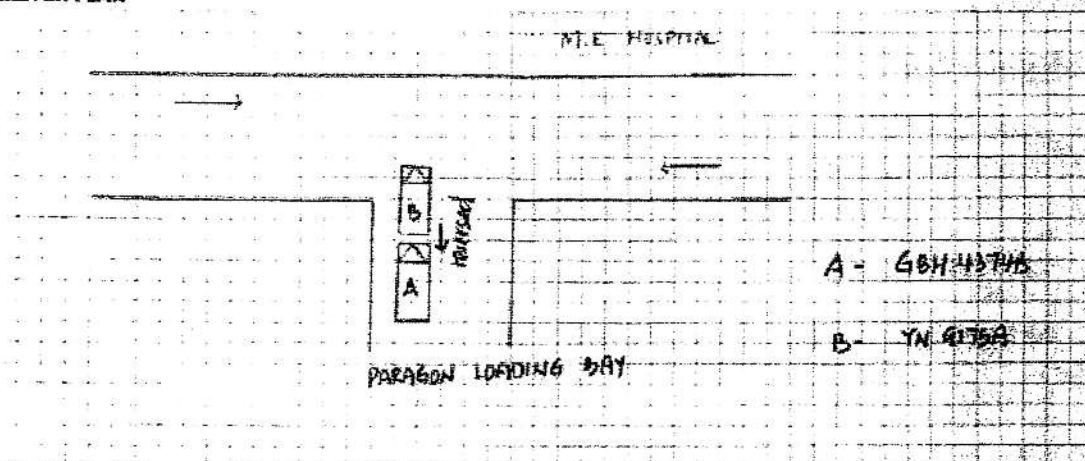
14/08/20

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 7223 Fax: 6453 7944
(Claims Section)

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, my company lorry was stationary at pension loading bay. I noticed vehicle B trying to reverse, I horn many times but vehicle B not responded and hit onto my company lorry front portion.

DECLARATION

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

Polyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature

Name _____

NRIC/FIN No.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	919W
Vehicle Details	
Vehicle No.:	GBH4374D
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Sep 2020
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	1KD2769633
Chassis No.:	JTFAT35Y30K209675
Maximum Power Output:	-
Open Market Value:	\$27,084.00
Original Registration Date:	25 May 2018
First Registration Date:	25 May 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:	24 May 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,901.00
COE Rebate Amount:	\$23,084.00
Total Rebate Amount:	\$23,084.00

The information contained herein is correct as at 04 Sep 2020

OK



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Seng Hup Auto StarAd

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	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	\$57,800	\$7,100 /yr	25-Oct-2018	2,982 cc	74,829 km	Truck	Available
Fuel Type: Diesel October 2018 Toyota Dyna 3.0 Manual With High Box, 2 Sliding Door. One Owner. Hurry Come View! Think One Automobile & Trading Posted: 03-Sep-2020 Tags: 2018 Toyota Dyna, Toyota Dyna, Toyota, Dyna									
	Toyota	Dyna 150 3.0M	\$56,800	\$7,040 /yr	28-Sep-2018	2,982 cc	-	Truck	Available
Fuel Type: Diesel Good Condition Toyota Dyna (Borneo Unit), Still Under Borneo Motor Warranty, Low Mileage, Comes With Full Canopy And Checker Plat... ABS Bus Pte Ltd Posted: 03-Sep-2020 Tags: 2018 Toyota Dyna, Toyota Dyna, Toyota, Dyna									
	Toyota	Dyna 150 3.0M	\$54,500	\$6,970 /yr	28-Jun-2018	2,982 cc	32,602 km	Truck	Available
Fuel Type: Diesel Borneo Warranty. Please Call In Advance Before Viewing. Thanks! Posted: 28-Aug-2020 Tags: 2018 Toyota Dyna, Toyota Dyna, Toyota, Dyna									
	Toyota	Dyna 150 3.0M	\$53,800	\$7,170 /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... Posted: 28-Jul-2020 Tags: 2018 Toyota Dyna, Toyota Dyna, Toyota, Dyna									
	Suzuki	Suzuki introduces the new Across Suzuki introduces the new Across SUV, the first model supplied from Toyota under the Toyota and Suzuki collaboration. Read this article							
	Toyota	Dyna 150 3.0M	\$55,000	\$7,420 /yr	02-Feb-2018	2,982 cc	5,651 km	Truck	Available
Fuel Type: Diesel Posted: 17-Jul-2020 Tags: 2018 Toyota Dyna, Toyota Dyna, Toyota, Dyna									

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LEANG AUTOMOBILE
BLK 1 KAKI BIKIT AVE 6 #01-68
AUTOBAY S'PORE 417883 HP 90286516

VEHICLE NO: GBH 4374D

1PC	FRONT PANEL
1PC	FRONT PANEL 'DYNA' EMBLEM
1PC	FRONT VIEW MIRROR BRACKET W/MOTOR N/S
1PC	FRONT GRILLE
1PC	HEADLAMP N/S
1PC	FRONT BUMPER

R	\$1,066.50	X
nee	\$58.20	X
Seuffene	\$509.23	/
ene	\$420.16	/
ene	\$961.10	/
n	\$465.10	X
	<u>\$3,480.29</u>	

(257)

TO CHECK WIRING
TO SPRAY RUST PROOFING
TO REFILL AIR CON GAS
LABOUR FOR PANEL BEATING & REPLACED PARTS
TO PUTTY & SPRAY PAINTING

	\$50.00	20
17	\$50.00	X
17	\$120.00	X
	\$750.00	420
	\$750.00	680
TOTAL	<u>\$5,200.29</u>	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

P-1948.69
257
P-1461.57
A-1040.00
2501.57
297
2001

not Authorized
H/M
1/5 \$2000/
4/9/20

Adams