

# INSURANCE

Estimated Cost  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle Ho  
 at Workshop m/s  
 of  
 Insured  
 Policy No.  
 Claims No.  
 and 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 Mar. et Value  
 IDAC Accident Rpt. Consistent? : Yes or No  
 GIA / PR Seen. Consistent? : Yes or No  
 Est. Repairs days Res.: Yes or No  
 Lump sum % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted:

Vehicle: IN / OUT

Vehicle No. **GB08630P** at Regn **2013/ Dec**  
 Type M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make **Toyota Dyna** C.C. **2982**  
 Colour **Silver** A/C Insured / Std / NI / NA  
 Sp Reading **228942** T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **JTFAT35Y60K202705**

Gen. Cond. **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi: **Nit** / S/Rim / STD A/Rim or

Tyre Size F: **195R15C Mic.**

R: **155R12C Yokco.**

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

TOYO / YOKO or

Front

Rear

R/Bal. **db** mm R/Bal. **db** mm

L/Bal. **db** mm L/Bal. **db** mm

D.O.A. D.O.I. **13/10/20**

Survey held at **Speed Auto.**

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

**Front o/s.**

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

Date / Time Action / Instruction  
**TP China.**

MV: **25K**  
 PV: **15.6K**  
 Nett: **9.4K**

Depreciation @ 8.5K x 3yrs  $\approx$  25K

lump sum 2600,5days  
 (red;8145.11;75%)

Date/Time File Page(s)

☐

Preli. Report

Days Of Repair:

**5**

Q

☐

Final Report

Resurvey No. of Trip:

Date/Time File Page(s)

Q

Artel (Fast)

☐

Site Insp. 1\$

☐

Interview 1\$

☐

Photo 1\$

☐

Report 1\$

Survey Fee:

Transportation

3 + PS 01

Phone

Other

CN

## 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	09/10/2020 17:08
Date Of Accident	08/10/2020 08:40
Exact Location Of Accident	COMMONWEALTH AVE WEST BEFORE CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8630P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAJA'S ROJAK TRADING ENTERPRISE
Co Reg No	5XXXX847E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84358560
Alternative Phone No	OFFICE-84358560

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00019152000
Cover Note Number	

### Driver

Name of Driver	PITCHAI RAJAN
NRIC No	SXXXX618I
Date Of Birth	11/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1995
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84358560
Fax Number	
Contact Number	OTHERS-84358560
Email Address	NOEMAIL



Address	BLK 351 WOODLANDS AVENUE 1 #05-721
Postcode	730351
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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) 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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201009/7010

#### 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	SMT2817M
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YN5887E

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)

#### DETAILS OF INJURED PERSON 1

Name

PITCHAI RAJAN

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

GBC8630P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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.

RAJA'S ROJAK TRADING ENTERPRISE  
53401847E

Policyholder's Signature  
Date & Time:

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

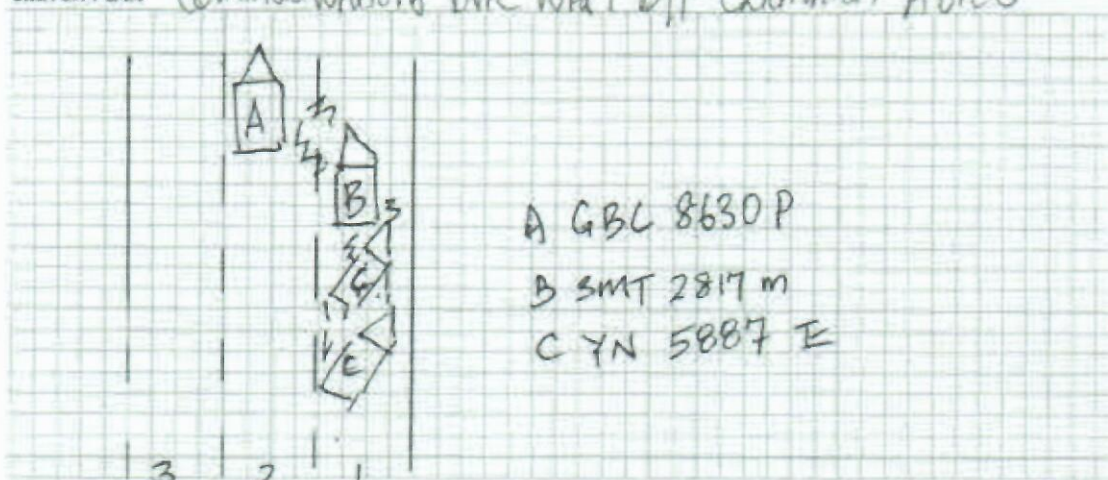
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



### Accident Sketch Plan

### SKETCH PLAN

Commonwealth Ave Wren B/F German Ave 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/2020/009/7olo

## DECLARATION

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

RAJA'S ROYAL TRADING ENTERPRISE

53401847E

Policyholder's Signature: \_\_\_\_\_

Date & Time:

QUESTIONS: 1. What is the purpose of the study? 2. What are the research objectives? 3. What are the research questions? 4. What are the hypotheses? 5. What are the independent and dependent variables? 6. What are the control variables? 7. What are the confounding variables? 8. What are the limitations of the study? 9. What are the strengths of the study? 10. What are the implications of the study? 11. What are the conclusions of the study? 12. What are the recommendations of the study? 13. What are the future research directions? 14. What are the ethical considerations? 15. What are the practical applications of the study? 16. What are the theoretical contributions of the study? 17. What are the methodological contributions of the study? 18. What are the statistical contributions of the study? 19. What are the policy implications of the study? 20. What are the social implications of the study? 21. What are the environmental implications of the study? 22. What are the economic implications of the study? 23. What are the cultural implications of the study? 24. What are the political implications of the study? 25. What are the legal implications of the study? 26. What are the moral implications of the study? 27. What are the philosophical implications of the study? 28. What are the religious implications of the study? 29. What are the historical implications of the study? 30. What are the future implications of the study?

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature: \_\_\_\_\_

Name \_\_\_\_\_

NRIC/FIN No.:

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201009/7010

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

1 of 3

Report No. T/20201009/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/10/2020 15:06		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PITCHAI RAJAN			Address: 351 WOODLANDS AVENUE 1 #05-721 SINGAPORE 730351		
ID Type / ID No.: NRIC NO / S21936181			Contact No.: Home/Office: Mobile: 84358560		
Nationality: SINGAPORE CITIZEN			Email: rajanpitchai808@gmail.com		
Sex: Male	Age: 52	Date of Birth: 11/12/1967	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2020 08:40	Type of Location: Straight Road
Location:  COMMONWEALTH AVENUE WEST				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC8630P	Lorry					0
SMT2817M	Car					0
YN5887E	Lorry					0



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201009/7010

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No. T/20201009/7010

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PITCHAI RAJAN	ID No.	S2193618I
Related Vehicle	GBC8630P (Lorry)	Contact No.	84358560
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/10/2020	Date	09/10/2020
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details

On the above date and time, I was travelling along Commonwealth Ave West towards Clementi Ave 6. My vehicle was stationary on the middle lane of 3 lanes as the traffic was red. Suddenly, I felt an impact from my right. I alighted and realised that vehicle YN5887E from lane 1 had skidded and collided onto the rear of vehicle SMT2817M that caused it to collide onto my vehicle.

On 9th October 2020, I went to Intemedical 24 Hr Clinic to seek treatment and was given 4 days MC.

I am doing this report for insurance claim purpose only.



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201009/7010

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

3 of 3

Report No. T/20201009/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/10/2020 15:06

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Classification Of Case:

Authentication Stamp  
NP168

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	847E
<b>Vehicle Details</b>	
Vehicle No.:	GBC8630P
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	1KD2352484
Chassis No.:	JTFAT35Y60K202705
Maximum Power Output:	-
Open Market Value:	\$27,856.00
Original Registration Date:	30 Dec 2013
First Registration Date:	30 Dec 2013
Transfer Count:	2
Actual ARF Paid:	\$1,393.00
<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:	29 Dec 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$48,001.00
COE Rebate Amount:	\$15,587.00
<b>Total Rebate Amount:</b>	<b>\$15,587.00</b>

The information contained herein is correct as at 13 Oct 2020

OK





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### New 5 Years Renewal COE Toyota Vios 1.5A



WOW! 2.5% P.A, \$438 Monthly  
By Gv Financing, \$0 Admin, \$0  
Down, 2 years warranty  
GV Credit Pte Ltd StraAg


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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	dyna		Any	Any	> 6 year(s) old	Any	Any	Any	Available
	Toyota	Dyna 150 3.0M (New 5-yr COE)	\$32,800	\$6,560 /yr	18-Jul-2011	2,982 cc	-	Truck	Available
<b>Fuel Type:</b> Diesel Best Buy! Must Buy! Don't Miss It. Sell With New Paintwork. (Color Of Your Choice). Posted: 22-Sep-2020 Tags: 2011 Toyota Dyna, Toyota Dyna, Toyota, Dyna									
	Toyota	Dyna 150 3.0M (COE till 09/2025)	\$31,800	\$6,400 /yr	20-Sep-2011	2,982 cc	-	Truck	Available
<b>Fuel Type:</b> Diesel 9/11 Toyota Dyna 150 Diesel With Cabin Height Box Or Open. Worth To Renew 5/10 Years, 100% Loan/Trade In. Think One Automobile & Trading Posted: 01-Oct-2020 Tags: 2011 Toyota Dyna, Toyota Dyna, Toyota, Dyna									
	Toyota	Dyna 150 3.0M	\$22,800	\$14,970 /yr	23-Apr-2012	2,982 cc	-	Truck	Available
<b>Fuel Type:</b> Diesel 2 Owner. Durable Toyota Dyna 10ft Truck With Silent Powerful 1KD Euro 4 Engine. For New 5 Years COE, Selling At \$35,800. Kindly Call Us To Arrange For Viewing Or Test Drive. Posted: 08-Oct-2020 Tags: 2012 Toyota Dyna, Toyota Dyna, Toyota, Dyna									
	Toyota	Dyna 150 3.0M	\$38,800	\$9,740 /yr	07-Oct-2014	2,982 cc	69,000 km	Truck	Available
<b>Fuel Type:</b> Diesel Extremely Low Genuine Mileage Clocked. All In Original Stock Condition. Comes With Full Checkered Plate Installed, Additional Adds On Eg, Canopy, Box, Tailgate Etc Can Be Arranged. Whatsapp/Ctc Our Sales Person On Their Mobile Stated Below Today. Stay Safe! Car (S) Pte Ltd Posted: 10-Oct-2020 Tags: 2014 Toyota Dyna, Toyota Dyna, Toyota, Dyna									

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