



Rico 60 Auto Services Pte Ltd
 Blk 8 , Kaki Bukit Avenue 4 , #02-24
 Premier @ Kaki Bukit Singapore 415875
 Email: claims@rico60.com
 Tel: 6286 6060 Fax : 6286 7060

RICO Office Use Only

Parts -%	
SN	
Labour	
Lump Sum	
ERV	57K

TO: China Taiping
 Vehicle No : GBK4929M
 Make & Model : TOYOTA DYNA
 DATE:24/12/2020

No.	DESCRIPTION - PARTS	QTY	UNIT PRICE	PRICE
1	TAIL GATE <i>bt dt</i>	1	\$ 1,514.00	\$ 1,514.00
2	TAIL GATE STICKER(DYNA) <i>nu</i>	1	\$ 102.00	\$ 102.00
3	TAIL GATE STICKER(TOYOTA) <i>wei</i>	1	\$ 217.50	\$ 217.50
4	TAIL GATE SIDE HANDLE <i>Rp</i>	2	\$ 179.00	\$ 358.00
5	TAIL GATE SIDE LOCK <i>bt</i>	2	\$ 215.00	\$ 430.00
6	TAIL GATE SIDE LOCK BRACKET <i>bt</i>	2	\$ 276.30	\$ 552.60
7	TAIL GATE LOWER SIDE RAILING <i>bt</i>	2	\$ 246.90	\$ 493.80
8	TAIL GATE LOWER SIDE RAILING MOUNTING <i>x</i>	4	\$ 25.00	\$ 100.00
9	TAIL GATE HINGE <i>bt</i>	4	\$ 124.10	\$ 496.40
10	REAR SIDE GATE <i>LH-Rp, RH dt</i>	2	\$ 1,879.50	\$ 3,759.00
11	END PANEL <i>bt</i>	1	\$ 564.20	\$ 564.20
12	REAR FLOOR PANEL <i>x</i>	1	\$ 1,854.00	\$ 1,854.00
13	TAIL LAMP <i>cut</i>	2	\$ 354.90	\$ 709.80
14	TAIL LAMP BRACKET <i>bt</i>	2	\$ 172.40	\$ 344.80
15	REAR CAR PLATE BRACKET <i>bt</i>	1	\$ 186.00	\$ 186.00
16	REAR CAR PLATE LAMP <i>mis</i>	2	\$ 60.00	\$ 120.00
17	SPARE TYRE HOLDER <i>Rp</i>	1	\$ 350.00	\$ 350.00
18	REAR EXHAUST PIPE <i>bt</i>	1	\$ 467.00	\$ 467.00
19	REAR EXHAUST TOP MOULDING <i>x</i>	1	\$ 30.00	\$ 30.00
20	REAR EXHAUST TOP MOULDING BRACKET <i>x</i>	1	\$ 67.30	\$ 67.30

Subtotal : \$ 12,716.40

Less 25% : \$ 3,179.10

Parts Total : \$ 9,537.30

NO.	SPECIAL NETT	QTY	UNIT PRICE	PRICE
1	TAIL GATE ALUMINIUM PLATE <i>400 bt</i>	1	\$ 1,200.00	\$ 1,200.00
2	TAIL GATE ALUMINIUM PLATE RIVET <i>60. net</i>	1	\$ 120.00	\$ 120.00
3	TAIL GATE STICKER(70km/h) <i>net</i>	1	\$ 40.00	\$ 40.00
4	SIDE GATE ALUMINIUM PLATE <i>x</i>	2	\$ 1,000.00	\$ 2,000.00
5	SIDE GATE ALUMINIUM PLATE RIVET <i>60. net</i>	1	\$ 100.00	\$ 100.00
6	SIDE GATE COMPANY STICKER <i>net 400</i>	1	\$ 600.00	\$ 600.00
7	FLOOR PANEL ALUMINIUM PLATE <i>600. bt</i>	1	\$ 1,600.00	\$ 1,600.00
8	FLOOR PANEL ALUMINIUM PLATE RIVET <i>60mm</i>	1	\$ 100.00	\$ 100.00
9	REAR CAR PLATE <i>40. net</i>	1	\$ 60.00	\$ 60.00
10	REVERSE SENSOR(LONG) <i>net 200</i>	1	\$ 550.00	\$ 550.00
11	REVERSE SENSOR HOLDER <i>x</i>	2	\$ 20.00	\$ 40.00
12	END PANEL SEALANT <i>net 40</i>	1	\$ 80.00	\$ 80.00
13	FLOOR PANEL SEALANT <i>x</i>	1	\$ 80.00	\$ 80.00
14	REAR STEP PANEL <i>x</i>	1	\$ 400.00	\$ 400.00
				\$ 6,970.00

LABOUR	PRICE
PANEL BEATING, REMOVAL AND REPLACING PARTS <i>800</i>	\$ 1,500.00
TO SPRAY PAINT AFFECTED AREA <i>800</i>	\$ 1,400.00
TO PERFORM LIGHTING & WIRING CHECK <i>30</i>	\$ 100.00
TO APPLY ANTI-RUST & TUFF KOTE <i>40</i>	\$ 200.00
REMOVE AND INSTALL REAR EXHAUST <i>60 x</i>	\$ 300.00
REMOVE AND INSTALL TAIL GATE ,SIDE GATE <i>100 net</i>	\$ 360.00
REMOVE AND RESEAL GATE RIVET SET <i>100</i>	\$ 300.00
REMOVE AND INSTALL REAR PARKING SENSOR AND WIRING HARNESS. <i>30</i>	\$ 100.00
REMOVE AND INSTALL EXHAUST PIPE SYSTEM TO ENABLE REPAIRS.	\$ 60. 150.00

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:

APPROVED DETAILS

NO. OF WORKING DAYS

PART BY PART OR LUMP SUM

DATE & TIME OF SURVEY

SURVEYED BY

CONTACT NUMBER

FAX NUMBER

Tanfah 97495749
WP 29/12/20012pm
1/5 Resurvey after repair
07 days
Tanfah e/11hantaw

LABOUR TOTAL	\$ 4,410.00
Total Parts Cost	\$ 16,507.30
Total Labour Cost	\$ 4,410.00
Total Repair Cost	\$ 20,917.30

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	225N
Vehicle Details	
Vehicle No.:	GBK4929M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Silver
Manufacturing Year:	2020
Engine No.:	1KDB038238
Chassis No.:	JTFAT35Y00K215188
Maximum Power Output:	-
Open Market Value:	\$29,349.00
Original Registration Date:	25 Aug 2020
First Registration Date:	25 Aug 2020
Transfer Count:	0
Actual ARF Paid:	\$1,468.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Aug 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$20,258.00
COE Rebate Amount:	\$16,206.00
Total Rebate Amount:	\$16,206.00

The information contained herein is correct as at 24 Dec 2020

OK

The Useful Guide for Drivers

Useful resources when you are on the move.

[Carpark Rates](#) | [ERP Guide](#) | [Petrol Stations](#)

toyota dyna Price Range Depreciation 2020 Vehicle Type

Advanced Search

Home » Used Cars » ABS Bus Pte Ltd » Toyota Dyna 150 3.0M

Toyota Dyna 150 3.0M

Overview Financial Accessories Similar Research Photos Map

PREMIUM AD



Price	\$76,800	Lifespan	02-Aug-2040
Depreciation	\$8,000 /yr View models with similar depre	Reg Date	03-Aug-2020 (9yrs 7mths 7days COE left)
Mileage	N.A.	Manufactured	2020
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$23,535 as of today (change)	OMV	\$36,140
COE	\$24,502	ARF	\$1,807
Engine Cap	2,982 cc	No. of Owners	1
Curb Weight	1,800 kg		
Type of Vehicle	Truck		

Features

View specs of the Toyota Dyna 150 (2014)

Accessories

Many Attractive Free Accessories To Be Given. Call To Enquire.

Description

10 Years Loan Available! Fast Approval Rate! 8 Times Free Servicing. 5 Years Warranty Or 100k Km Mileage. Smooth Handover Within 2 Weeks For Fast Transaction. High Trade In For Your Commercial Or Private Vehicle. Call Now To Enquire!

Category

Almost New Car, Premium Ad Car

Status

Available

Resources



Vehicle Evaluation

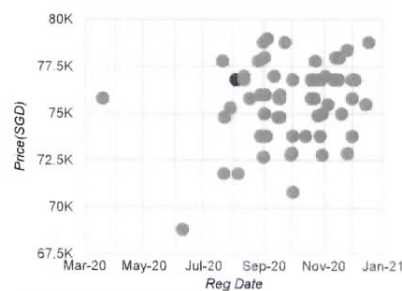
d of lemons? Request to have this car e

r. Find out more



Price Chart

Summary



Click on the point to view the vehicle

Shortlist Compare Report Error
More Actions

Seller Information

ABS Bus Pte Ltd

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 Submission	24/12/2020 13:39 (SGT)
Date of Accident	22/12/2020 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (AYE) BEFORE PIE (CHANGI) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4929M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LTS STEEL INDUSTRIES PTE LTD
Company Reg No	2XXXXX225N
Email Address	enquin1.0224@gmail.com
Mobile Phone No	(Phone) +65-97566887
Alternative Phone No	+65-97566887

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	ERGO
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG20009845
Cover Note Number	-

DRIVER

Name of Driver	LIM THIAM SIANG
NRIC No	SXXXX1911
Date Of Birth	30/12/1957
Occupation	Outdoor

Date Of Driving Pass	11/10/2012
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97566887
Alt. Phone Number	-
Email Address	enquin1.0224@gmail.com
Address	BLK 159 YISHUN ST 11 #05-164
Address complement	-
Postcode	760159
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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	GBK3350M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN

IMPORTANT NOTICE


- Please report carefully the details of the accident to assist in the claims process.
- This form must be completed by the Policyholder and/or the Insured Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may cause insurance companies to reassess policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- New data reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GAA 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 signature of this report to the insurers, you hereby consent to the archiving of this report at the centre and to issues of the report being made available if required.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:


- My insurer, my workplace and the General Insurance Association of Singapore ("GIA") may be 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 also use 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' Insured Person(s), 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;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - conducting my claims (including the making 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 conducting, 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' Insured Person(s), 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/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents/intermediaries (their Insured Person(s)), which may be used 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 (a) 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:



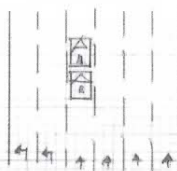
Insured Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
EMPLOYER No.:

CITY AUTO PTE LTD
 8111 Sin Ming Road
 #01-05/06/07 Sin Ming Road Ely
 Singapore 571643
 Tel: 6453 4219 / Fax: 6453 7514
 (Claims Services)

SKETCH PLAN



Vehicle A: GRK 49294m
Vehicle B: GRK 33501m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, Vehicle A was
stationary on the stated lane. Due to heavy traffic
suddenly I felt a huge impact from the rear
portion of my stationary vehicle. After I awoke
I then realize there is vehicle B that had
collided onto my vehicle.

DECLARATION

I/We declare that the above 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: CITY AUTO PTE LTD
No. (PIN No): 801 8000000000000000
801 8000000000000000
801 8000000000000000
801 8000000000000000
801 8000000000000000
(Company Stamp)