REF:

| Δ  | SSIGNMENT   |
|--|---|
|  | Veh No: GBB2817M - Yr Regn: 2008 Nov                                |
| From: Date:  | Type: M.Car / M.Cycle / Bus / Van Lorry / Taxi / Prime Mover /      |
| Estimated Cost:  | Truck / Trailer or  |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV                            | Make: Toyota Dyna. c.c 2982   |
| To Inspect Vehicle No:   | Colour While A/C: Insured / Std / NI / NA                           |
| at Workshop m/s  | Sp.Reading 395822 T/Radio: Insured / Std / NI / NA                  |
| of   | Eng/No:   |
| Insured:   | C/No: TTFA 735 YX OK 200133   |
| Policy No.   | Gen. Cong. Good / Fair / Poor / Burnt                               |
| Claims No. DM21HO00059 / JG  | Steering: morder / Jammed / Leaked / Burnt or                       |
| Sum Insured: Excess:   | Brake: Inorder / Jammed / Leaked / Burnt or                         |
| (Client's Record)  | Modi (Nil S/Rim / STD A/Rim or                                      |
| Make of Veh:   | 185015-   |
|  | Tyre Size: F: (1) R/SC  |
| (Policy Condition)  Remark: The year hard commenced its  N/S               | O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| Remark: The veh had commenced its repair at the time of inspection.        | TOYO/YOKO or Maxmiles.  |
|  | 7 14 (4) Hat  |
| Bal, or Market Value:  UDAC Accident Prout: Consistent? : Yes or No        | Front Rear R/Bal. 06 mm R/Bal. 06 mm                                |
| IDAC ACCIDENT ROOTS.   | L/Bal. 06 mm L/Bal. 06 mm   |
| GIA / PR Seen: Consistent?: Yes or No  Fet Repairs: 4 days Res.: Yes or No | D.O.A. D.O.I. 18/01/21  |
| Est. Repairs.  | Survey held at Kiany  |
| Lum Sum: % 3 Val.: Yes or No   | Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or          |
| CA / REV / REP. / 24 HRS   | It wast all c.  |
| Vehicle: IN Date: Person Contacted:  | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time   Action / Instruction   |   |
| TPEQ.  | LOE Expiry: 02/11/23.   |
| 2/01/21@12.34pm Email GIA report to EQ                                     |   |
| 5/02/21@2.47pm revised to Joel Goh by e                                    | mail.   |
| MV: 22k  |   |
| PV: 8.1k<br>Nett: 13.91c   |   |
|  | 22. C00/.)  |
| LS \$2000, 4 days (Red \$3025.   | 32, 60%)  |
|  | Days Of Repair: 4   |
| Date/Time, File Pass to? : Preli. Report                                   | Days Of Repair: 4  Resurvey No. of Trip: 1 Survey Fee:              |
| 1) 15/02 Typist : Final Report   | Resurvey No. of Trip.   |
| Date/Time, File Return to?   | Id Fee: :Site Insp (\$ )_s+Rs_si                                    |
| 2)   | Interview (\$ ) Photos  |
| TD   | : Tech. Invs (\$ ) Others   |
| Report Formal: TP  | : Westend (\$   |
| Lump Sum (4.8.4. 2000  | . Weetern   |

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**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 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   | 19/10/2020 16:22                     |
| Date Of Accident   | 18/10/2020 21:15                     |
| Exact Location Of Accident   | 137 UBI AVENUE 4                     |
| Country/State of Loss  | SINGAPORE                            |
|  | DETAILS OF OWN VEHICLE               |
| Vehicle Registration Number  | GBB2817M                             |
| Insured/Policyholder   |                                      |
| Name Of Registered Owner   | BLACK EAGLE RENTAL LLP               |
| Co Reg No  | TXXXXX043L                           |
| Email Address  | NOEMAIL                              |
| Mobile Phone No  | TO ETH TE                            |
| Alternative Phone No   | OFFICE-90053930                      |
| Vehicle Particulars  |                                      |
| Manufacturer   | TOYOTA                               |
|  | DYNA 150 MANUAL 3SEATER              |
| Model<br>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                                       | REPORTING ONLY                       |
| Vehicle Category   | COMMERCIAL VEHICLE                   |
| Insurance Company  |                                      |
| Name of Insurance Company  | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage   | THIRD PARTY                          |
| Fleet Policy   | NO                                   |
| Policy Number  | 1900233573                           |
| Cover Note Number  | 03/11/2019 TO 02/11/2020             |
| Driver   |                                      |
| Name of Driver   | NARAYANASAMY SUNDARAVEL              |
| NRIC No  | GXXXX956U                            |
| Date Of Birth  | 15/04/1989                           |
| Occupation   | OUTDOOR                              |
| Date Of Driving Pass   | 03/04/2014                           |
| Driving Experience   | 6 YEARS AND 6 MONTHS                 |
| Gender   | MALE                                 |
| Mobile Number  | (LOCAL) +65-81693715                 |
| Fax Number   |                                      |
| Contact Number   |                                      |
| Contact Hambon   |                                      |

NOEMAIL

Address 25 KAKI BUKIT ROAD 4 #05-57 SYNERGY @ KB (S) 417800 Postcode 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 with attach.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

LORRY Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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 and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate 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.
- 5. 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)

Lunderstand, 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:
  - 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.

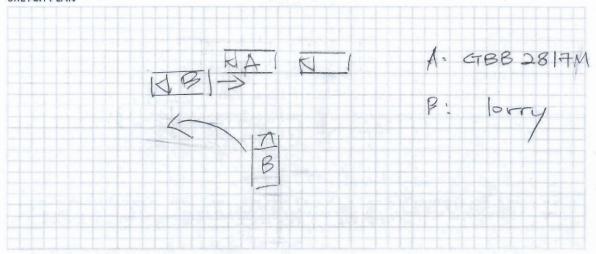
Policyholder's Signature Date & Time: ver's Signature

(er is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| On 18/10/200 art grand lower, I parked by lory GBBDBIAH at 187 ubi one 4 and fact with everything fine of source.  Then I was informed by an colleague that lary moved out his lat land dist a reverted hit outs by land left from prior. He not managed to get his vehicle number. |
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# DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature
(If driver is not the policy)
Date & Time: [9 . ] 6

Reporting Centre Personne Vice na Pice Name: NRIC/FIN No.:

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Owner ID Type:                               | Limited Liability Partnership |
|--|-------------------------------|
| Owner ID:                                    | 043L                          |
| Vehicle No.:                                 | GBB2817M                      |
| Vehicle to be Exported:                      | No                            |
| Intended Deregistration Date:                | 18 Jan 2021                   |
| Vehicle Make:                                | TOYOTA                        |
| Vehicle Model:                               | DYNA 150 MANUAL 3SEATER       |
| Primary Colour:                              | White                         |
| Manufacturing Year:                          | 2008                          |
| Engine No.:                                  | 1KD1873732                    |
| Chassis No.:                                 | JTFAT35YX0K200133             |
| Maximum Power Output:                        |                               |
| Open Market Value:                           | \$24,243.00                   |
| Original Registration Date:                  | 03 Nov 2008                   |
| First Registration Date:                     | 03 Nov 2008                   |
| Transfer Count:                              | 1                             |
| Actual ARF Paid:                             | \$1,213.00                    |
| PARF Eligibility:                            | No                            |
| PARF Eligibility Expiry Date:                |                               |
| PARF Rebate Amount:                          | \$0.00                        |
| Intended COE Rebate Details COE Expiry Date: | 02 Nov 2023                   |
| COE Category:                                | C - Goods Vehicle & Bus       |
| COE Period(Years):                           | 5                             |
| PQP Paid:                                    | \$14,367.00                   |
| COE Rebate Amount:                           | \$8,018.00                    |
| Total Rebate Amount:                         | \$8,018.00                    |

The information contained herein is correct as at 18 Jan 2021

vehicle.

05-Aug-2009

\$29,800

Toyota Dyna 150 3.0M (COE

till 08/2024)

Fuel Type: Diesel

6

\$8,410 /yr

2,982 cc

Truck

Available