

ASS. REC. BY:

REF:

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.

N/S	O/S

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:

GBE748SM

Yr Regn:

2016 March

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

Truck / Trailer or

Make:

Toyota Dyna

C.C

2982

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

189451

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KD Y2318022915

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/70R15C

R:

165R13C

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

TOYO / YOKO or

Kapsen

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

16/03/21

Survey held at

KT Motorwerk

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 Chian

MV :

PV :

Nett :

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week end (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format :

Lump Sum / L.B.I. (\$

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	25/02/2021 14:01 (SGT)
Date of Accident	24/02/2021 16:47 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TALMA ROAD & GEYLANG LORONG 14
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE7485M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEE LEE PLASTERCEIL DECOR
Company Reg No	4XXXX900W
Email Address	wlplasterdecor@hotmail.com
Mobile Phone No	(Phone) +65-96278198
Alternative Phone No	(Office) +65-62882292

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	EQ
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ20-000928
Cover Note Number	22/03/2020 TO 21/03/2021

DRIVER

Name of Driver	MIRON MD
Work Permit No	GXXXX225P
Date Of Birth	01/01/1986
Occupation	Outdoor

Date Of Driving Pass	16/05/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83743745
Alt. Phone Number	-
Email Address	wlplasterdecor@hotmail.com
Address	BLK 10 DEFU LANE 10 #01-484
Address complement	-
Postcode	539191
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 - Major/Minor Rd
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	HOSSAIN ALI
Gender	Male

PASSENGER 2

Name	KIBER
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

On 24/02/2021 at around 1647hrs, i drove my lorry GBE7485M approaching at the junction of talma road and geylang lorong 14. Suddenly lorry YP8313P came from geylang lor 14 made a right turn into talma road with very fast speed withiut checking traffic and hit onto my lorry front right portion.

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	YP8313P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM THOW SIONG
NRIC No	SXXXX549F
Contact Number	(Phone) +65-98527194
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

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3. Information provided must be as truthful and accurate as possible. Any willful 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 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.
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

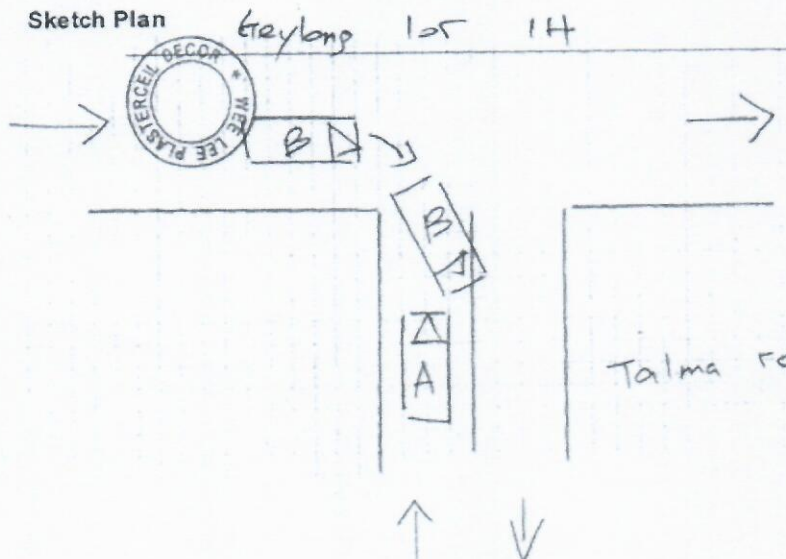
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBE 7485 M

B: YP8313P

Describe Circumstances of the Accident

On 24/2/2021 at around 1647hrs, I drove my lorry
 GSE 7485M approaching at the junction of talme rd
 and geylang lor 14. Suddenly lorry YP8213P
 came from geylang lor 14 make a right turn
 into talme road with very fast speed without
 checking traffic and hit into my lorry front
 right portion.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
 Time

AL.

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

25-02-2021
 2.00 pm

Witnessed by Reporting Centre
 Personnel



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	900W
Vehicle Details	
Vehicle No.:	GBE7485M
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 3.0 M
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	1KD2577440
Chassis No.:	KDY2318022915
Maximum Power Output:	-
Open Market Value:	\$30,345.00
Original Registration Date:	22 Mar 2016
First Registration Date:	22 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$1,518.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Mar 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$18,305.00
COE Rebate Amount:	\$9,177.00
Total Rebate Amount:	\$9,177.00

The information contained herein is correct as at 15 Mar 2021

OK