

ASS. REC. BY: TayfiahREF: CS/SMO21004125/Ti 42.13.

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: GBH 3571Hat Workshop m/s AP Automotive Services Pte Ltd

of \_\_\_\_\_

Insured: SLZ 8159U

Policy No. \_\_\_\_\_

Claims No. CMTD2100929/RE

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: 468K

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: John

Vehicle: IN / OUT

Veh No: GBH3571HYr Regn: 2018, May

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

Truck / Trailer or \_\_\_\_\_

Make: Toyota DigaC.C. 2982Colour: Silver

A/C: Insured / Std / Nil / NA

Sp. Reading: 150174

T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: STFAT35450K209970

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: 195/75R15R: 195/75R15

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

TOYO / YOKO or Kenda

Front

Rear

R/Bal. 6 mmR/Bal. 6/6 mmL/Bal. 6 mmL/Bal. 6/6 mm

D.O.A. \_\_\_\_\_

D.O.I. 1/4/21Survey held at AP AutoDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

9/4/2021 @12.56PM REVISED IA TO IRENE VIA EMAIL.

LS \$4250, 6 days (Red \$14368.71, 77%)

Date/Time, File Pass to?

1) 21/09 Typist

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: TPLump Sum / Fee: 4250Days Of Repair: 6Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photo

Others

TOTAL

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 744Z

### Vehicle Details

Vehicle No.: GBH3571H

Vehicle to be Exported: No

Intended Deregistration Date: 30 Apr 2021

Vehicle Make: TOYOTA

Vehicle Model: DYNA 150 5MT

Primary Colour: White

Manufacturing Year: 2018

Engine No.: 1KD2788789

Chassis No.: JTFAT35Y50K209970

Maximum Power Output: -

Open Market Value: \$27,084.00

Original Registration Date: 10 May 2018

First Registration Date: 10 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: 09 May 2028

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$34,202.00

COE Rebate Amount: \$24,024.00

**Total Rebate Amount: \$24,024.00**

The information contained herein is correct as at 30 Mar 2021

OK



## Estimation

Date  
Vehicle GBH 3571 H  
Make/Model TOYOTA DYNA  
Chassis No. JTFAT35Y50K209970

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	TAILGATE	1	\$ 1,127.60	\$ <i>bt</i> 1,127.60
2	TAILGATE SIDE LOCK BOTTOM L+R	2	\$ 305.75	\$ <i>Ry</i> 611.50
3	TAILGATE STICKER - TOYOTA	1	\$ 261.95	\$ <i>net</i> 261.95
4	TAILGATE STICKER - DYNA	1	\$ 90.60	\$ <i>net</i> 90.60
5	TAILGATE HINGE SET	<i>2</i> <del>1</del>	\$ 130.70	\$ <i>bt</i> 522.80
6	END PANEL	1	\$ 478.85	\$ <i>Ry</i> 478.85
7	FLOOR PANEL	1	\$ 4,756.89	\$ <i>x</i> 4,756.89
8	REAR LOWER BRACKET L+R	2	\$ 162.80	\$ <i>LHx RH?</i> 325.60
9	REAR LOWER BRACKET STOPPER SET L+R	4	\$ 45.80	\$ <i>x</i> 183.20
10	REAR NUMBER PLATE BRACKET	1	\$ 160.45	\$ <i>bt</i> 160.45
11	TAIL LAMP L+R	2	\$ 231.50	\$ <i>LHx, RHx</i> 463.00
12	TAIL LAMP BRACKET L+R	2	\$ 131.80	\$ <i>LHx RH?</i> 263.60
13	SPARE TYRE BRACKET	1	\$ 325.70	\$ <i>?</i> 325.70
14	REAR EXHAUST PIPE	1	\$ 529.80	\$ <i>Ry</i> 529.80
15	REAR EXHAUST MOUNTING L+R	2	\$ 95.70	\$ <i>x</i> 191.40
			Total	\$ 10,292.94
			Less 25%	\$ 2,573.24
			<b>Total</b>	<b>\$ 7,719.71</b>

	S/Nett Items			
1	TAILGATE STICKER - 70KM/H	1	\$ 80.00	\$ <i>net</i> 80.00
2	TAILGATE STICKER - 13PAX	1	\$ 80.00	\$ <i>net</i> 80.00
3	TAILGATE SCUFF PLATE	1	\$ 3,000.00	\$ <del>2,000</del> <i>bt</i> 3,000.00
4	TAILGATE SCUFF PLATE RIVET	1	\$ 150.00	\$ <i>net</i> / 100 150.00
5	END PANEL SEALANT	1	\$ 120.00	\$ <i>x</i> 120.00
6	REAR NUMBER PLATE	1	\$ 100.00	\$ <i>30</i> <i>bt</i> 100.00
7	REAR STEP BRACKET	1	\$ 500.00	\$ <i>200</i> <i>bt</i> 500.00
8	REVERSE SENSOR SET	1	\$ 300.00	\$ <i>200</i> <i>net</i> 300.00
9	REVERSE SENSOR HOLDER SET	1	\$ 300.00	\$ <i>40</i> <i>bt</i> 300.00
10	FLOOR PANEL TOP BOARD	1	\$ 4,000.00	\$ <i>x</i> 4,000.00
11	REVERSE SENSOR SET	1	\$ 300.00	\$ <i>x</i> <i>Repeat</i> 300.00
12	REVERSE SENSOR HOLDER SET	1	\$ 300.00	\$ <i>x</i> <i>Repeat</i> 300.00
13	REAR CHASSIS EXTENTION	1	\$ 600.00	\$ <i>x</i> 600.00
			<b>Total</b>	<b>\$ 5,200.00</b>

600

	LABOUR				
1	PANEL BEATING ON AFFECTED AREAS	1	1600	\$ 600	1,600.00
2	SPRAY PAINT ON AFFECTED AREAS	1	1200	\$ 600	1,200.00
3	TO CHECK WIRING AND TAIL LAMP FUNCTION	1	150	\$ 30	150.00
4	TO RNR TAILGATE SCUFF PLATE	1	800	\$ 60	800.00
5	TO RNR REAR CANOPY	1	800	\$ X	800.00
6	TO RNR REAR EXHAUST	1	400	\$ X	400.00
7	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$ 30	150.00
8	TO PERFORM RUST PROOFING	1	600	\$ 30	600.00
			Total	\$	5,700.00

Parts Replacement Amount \$ 12,919.71

Total Amount For Labour \$ 5,700.00

**Total Amount \$ 18,619.71**

Taughtin 97495749  
 'wp' 1/4/21 @ 445  
 4/5 Resurvey after repair.  
 06 days

**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:



## 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	26/03/2021 10:09 (SGT)
Date of Accident	24/03/2021 19:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3571H
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIMPLE DOOR PTE LTD
Company Reg No	2XXXXXX744Z
Email Address	JESSICAWONG@SIMPLEDOOR.COM.SG
Mobile Phone No	(Phone) +65-96684886
Alternative Phone No	+65-96684886

#### 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
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070075730
Cover Note Number	-

#### DRIVER

Name of Driver	VELLAISAMY GENGESHWARAN
Passport No/FIN	GXXXX830L

Date Of Birth .....	18/02/1981
Occupation .....	Outdoor
Date Of Driving Pass .....	16/09/2015
Driving experience .....	5 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88694105
Alt. Phone Number .....	-
Email Address .....	JESSICAWONG@SIMPLEDOOR.COM.SG
Address .....	C/O 101 EUNOS AVENUE 3 #08-01
Address complement .....	-
Postcode .....	409835
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	HOSSAIN BILLAL
Gender .....	Male

#### PASSENGER 2

Name .....	RAHMAN MD HAFIJUR
Gender .....	Male

#### PASSENGER 3

Name .....	MOINADDIN
Gender .....	Male

#### PASSENGER 4

Name .....	KALIMUTHUSEVAM
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 THE ATTACH  
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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 .....	GBF3553X
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBJ5993A
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SMU3404D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SLZ8159U
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	GBH1978G
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	HOSSAIN BILLAL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH3571H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

##### INJURED 2

Name of injured person	RAHMAN MD HAFIJUR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH3571H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

##### INJURED 3

Name of injured person	MOINADDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH3571H
Were seat belts worn?	-



Was this injured conveyed to hospital by ambulance? .....

-

INJURED 4

Name of injured person .....

KALIMUTHUSEVAM

Address .....

-

Address Complement .....

-

Post Code .....

-

Approximate Age Years Old .....

-

Injuries Sustained .....

-

Injured person in which vehicle? .....

GBH3571H

Were seat belts worn? .....

-

Was this injured conveyed to hospital by ambulance? .....

-

INJURED 5

Name of injured person .....

VELLAISAMY GENGESHWARAN

Address .....

-

Address Complement .....

-

Post Code .....

-

Approximate Age Years Old .....

-

Injuries Sustained .....

-

Injured person in which vehicle? .....

GBH3571H

Were seat belts worn? .....

-

Was this injured conveyed to hospital by ambulance? .....

-

## 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.
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	B	C	D	E	F
GBH 3571 H	SLZ 8159 U	GBH 1978 G	ABF 3553 X	GBJ 5993 A	SMH 3402 D



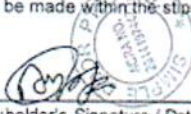
## Describe Circumstances of the Accident

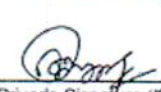
I was driving along P7E towards Jua. It was traffic heavy and all cars are moving slowly. When the vehicle in front of me slow down, I follow to slow down. After few second, I felt an impact from behind. I then realise it was 6 cars collision.

## Declaration

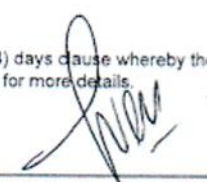
We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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

26/3/21

  
Witnessed by Reporting Centre Personnel