REF: CS/AGI21004406/Aqf3

ASSIGNMENT

From: Date:	Veh No: 6307705J. Yr Regn: 2015, April.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van/ Lorry / Taxi / Prime Mover /
OD (TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: GBD 7705J	Make: Toyota Pyna. c.c 2987.
at Workshop m/s CN MOTORS	Make: Toyota Pyna. c.c 2982 Colour Silves A/C: Insured/Std/NI/NA
of	Sp.Reading 24/614 T/Radio: Insured / Std / NI / NA
Insured: SGH 2556A	Eng/No:
Policy No.	C/No: JTFAT35 / XDK+2 04/96
Claims No. C10009716/KY	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil / S/Rim / STD A/Rim or
1 Indiana and the second second	Tyre Size: F: 195 P45 C
(Policy Condition)	R: /558/2C.
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. OC mm L/Bal. OG mm
Est. Repairs: 8 days Res.: Yes or No	D.O.A. D.O.I. 07/04/21
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	
77 Bridget Direct	
27/5/2021 Confirmed final fig L/S \$7800,	8 renair days
MV: 421 (RED \$27959	
Nett , 16.16	
210-400, 30 344-0100	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 8
27/5 TYPIST : Final Report	Resurvey No. of Trip: 2 Survey Fee:
Date/Time, File Return to?	Transportation:
Δ)	dd Fee:: Site Insp (\$)s +Rssi
	: Interview (\$) Photos
Report Format: TP	: Tech. Invs (\$) Others
Lump Sum / LP Jr (3 \$7800	:Weel end (\$)
	TOTAL

CN-Budget Direct - LKK-ADRIAN

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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 aforesald.
- 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)
 - (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
- 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.
- 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.

X

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

NRIC/FIN No.:

zuwawa Szerchiffenform vil

I authorized SME email the

GIA to admin @nhtmotor. Com

77.57
577057
H 2556A
Towards
After
mo Cio
1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was driving Straight along CTE towards AVE after Ang Mo Kio Avel at 4 lane of
AVE after And Mo Kio Avel at 4 lane of
6 lanes.
00
The traffic at that point of time was very
The traffic at that point of time was very heavy. Vehicles were moving and stopping
Internittently
As the Car infront of me had stopped. I also
followed suit
and your alliabel
Suddenly. I feet an impact. Veh "B" collided onto the rear portion of my vehicle and caused damages.
onto the Fear Portion of my venicle and
Caused damages.
The state of the s
After the accident, I alignted and citylet is
admitted her fault and claim against her
After the accident, I alighted and driver "B' admitted her fault and claim against her insurance policy.
The state of the s
, ,

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 policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

> Back to OneMotoring

ehicle Owner Particulars	Campany	
Owner ID Type:	Company	
Owner ID:	627E	
Vehicle Details	GBD7705J	
Vehicle No.:		
Vehicle to be Exported:	No	
ntended Deregistration Date:	06 Apr 2021	
Vehicle Make:	TOYOTA	
Vehicle Model:	TOYOTA DYNA 150 MANUAL	
Primary Colour:	Silver	
Manufacturing Year:	2014	
Engine No.:	1KD2475688	
Chassis No.:	JTFAT35YX0K204196	
Maximum Power Output:	¥	
Open Market Value:	\$27,856.00	
Original Registration Date:	23 Apr 2015	
First Registration Date:	23 Apr 2015	
Transfer Count:	0	
Actual ARF Paid:	\$1,393.00	
Intended PARF Rebate Details		
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	22 Apr 2025	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$64,001.00	
COE Rebate Amount:	\$25,884.00	
Total Rebate Amount:	\$25,884.00	

The information contained herein is correct as at 06 Apr 2021

OK

