

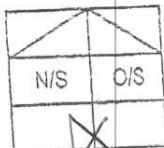
ASS. REC. BY: TangREF: CS/CT121006028/Tiv83

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: **GBL 269E**
Policy No. **DMCVSNW00020682100**
Claims No. **SNM21D202913/C02/TANKL**
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: Q42K.

IDAC Accident Report: _____ 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
-WP-

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: 21/5

Vehicle: IN / OUT

Veh No: G6D 73306 Yr Regn: 2015 April
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Dyna C.C. 2982Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 300159 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35Y 30K 204234Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/75R15R: 155/R12☒ BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / RIR / SUMI /TOYO / YOKO or LS

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 19/5/21Survey held at AP AutoDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

R/Bal. 6/1 mmL/Bal. 6/1 mmD.O.I. 21/5/21 0430pm

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

Date / Time	Action / Instruction
3/1/22	LS \$3800 confirmed by email (Red 29,913,88%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 3/1/22-typistReport Format: MerimenLump Sum / L.B.I. / \$3800Days Of Repair: 6Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + R.S. \$ _____

Photos _____

Others _____

TOTAL _____

Estimation

Date
Vehicle GBD 7330 G
Make/Model TOYOTA DYNA
Chassis No. JTFAT35Y30K204234

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	TAILGATE	1	\$ 1,128.00	\$ <i>del</i> ✓ 1,128.00
2	TAILGATE SIDE LOCK BOTTOM L+R	2	\$ 306.00	\$ <i>RH x LH</i> ✓ 612.00
3	TAILGATE STICKER - TOYOTA	1	\$ 262.00	\$ <i>na</i> ✓ 262.00
4	TAILGATE STICKER - DYNA	1	\$ 91.00	\$ <i>na</i> ✓ 91.00
5	TAILGATE HINGE SET	4	\$ 131.00	\$ <i>bt</i> ✓ 524.00
6	SIDE GATE L+R	2	\$ 1,492.00	\$ <i>X</i> 2,984.00
7	END PANEL	1	\$ 479.00	\$ <i>bt</i> ✓ 479.00
8	FLOOR PANEL	1	\$ 4,757.00	\$ <i>X</i> 4,757.00
9	REAR LOWER BRACKET L+R	2	\$ 163.00	\$ <i>RH x LH</i> ✓ 326.00
10	REAR LOWER BRACKET STOPPER SET L+R	4	\$ 46.00	\$ <i>RH x LH</i> ✓ 184.00
11	REAR NUMBER PLATE BRACKET	1	\$ 161.00	\$ <i>bt</i> ✓ 161.00
12	TAIL LAMP L+R	2	\$ 232.00	\$ <i>na</i> ✓ 464.00
13	TAIL LAMP BRACKET L+R	2	\$ 132.00	\$ <i>X</i> 264.00
14	SPARE TYRE BRACKET	1	\$ 326.00	\$ <i>X</i> 326.00
15	REAR EXHAUST PIPE	1	\$ 530.00	\$ <i>X</i> 530.00
16	REAR EXHAUST MOUNTING L+R	2	\$ 96.00	\$ <i>X</i> 192.00
			Total	\$ 13,284.00
			Less 25%	\$ 3,321.00
			Total	\$ 9,963.00

	S/Nett Items			
1	TAILGATE STICKER - 70KM/H	1	\$ 80.00	\$ <i>300 na</i> ✓ 80.00
2	TAILGATE STICKER - 6PAX	1	\$ 80.00	\$ <i>300 na</i> ✓ 80.00
3	TAILGATE STICKER - COMPANY	1	\$ 600.00	\$ <i>300 na</i> ✓ 600.00
4	TAILGATE SCUFF PLATE	1	\$ 3,000.00	\$ <i>400 na</i> ✓ 3,000.00
5	TAILGATE SCUFF PLATE RIVET	1	\$ 150.00	\$ <i>50 na</i> ✓ 150.00
6	SIDE GATE SCUFF PLATE L+R	2	\$ 4,000.00	\$ <i>X</i> 8,000.00
7	SIDE GATE SCUFF PLATE RIVET L+R	2	\$ 150.00	\$ <i>X</i> 300.00
8	END PANEL SEALANT	1	\$ 120.00	\$ <i>X</i> 120.00
9	REAR NUMBER PLATE	1	\$ 100.00	\$ <i>300 bt</i> ✓ 100.00
10	REAR STEP BRACKET	1	\$ 500.00	\$ <i>100 bt</i> ✓ 500.00
11	REVERSE SENSOR SET	1	\$ 300.00	\$ <i>200 na</i> ✓ 300.00
12	REVERSE SENSOR HOLDER SET	1	\$ 300.00	\$ <i>X</i> 300.00
13	FLOOR PANEL SCUFF PLATE	1	\$ 5,000.00	\$ <i>800 bt</i> ✓ 5,000.00
14	FLOOR PANEL SCUFF PLATE RIVET	1	\$ 200.00	\$ <i>50 na</i> ✓ 200.00
15	FLOOR PANEL TOP BOARD	1	\$ 4,000.00	\$ <i>X</i> 4,000.00

16	REVERSE SENSOR SET		1	\$ 300.00	\$ X	300.00
17	REVERSE SENSOR HOLDER SET		1	\$ 300.00	\$ X	300.00
18	REVERSE CAMERA - photo		1	\$ 850.00	\$ 200	850.00
19	REAR CANOPY		1	\$ 6,000.00	\$ X	6,000.00
20	REAR CANOPY GATE L+R		2	\$ 2,000.00	\$ X	4,000.00
21	REAR CHASSIS EXTENTION		1	\$ 600.00	\$ X	600.00
				Total	\$	16,050.00

	LABOUR					
1	PANEL BEATING ON AFFECTED AREAS		1	1600	\$ 800	1,600.00
2	SPRAY PAINT ON AFFECTED AREAS		1	1200	\$ 800	1,200.00
3	TO CHECK WIRING AND TAIL LAMP FUNCTION		1	150	\$ 30	150.00
4	TO CHECK WIRING AND RNR REVERSE CAMERA		1	200	\$ 30	200.00
5	TO RNR TAILGATE SCUFF PLATE		1	1600	\$ 60	1,600.00
6	TO RNR TAILGATE STICKER		1	400	\$ X	400.00
7	TO RNR REAR CANOPY		1	800	\$ X	800.00
8	TO RNR REAR CANOPY GATE		1	600	\$ X	600.00
9	TO RNR REAR EXHAUST		1	400	\$ X	400.00
10	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION		1	150	\$ 30	150.00
11	TO PERFORM RUST PROOFING		1	600	\$ 30	600.00
				Total	\$	7,700.00

Parts Replacement Amount	\$	26,013.00
Total Amount For Labour	\$	7,700.00
Total Amount	\$	33,713.00

Tauphin 97495749

'WP' 21/5/21 R430

6 days

L/S Resurvey after repair

tauphin@lkkauto.com

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	20/05/2021 11:00 (SGT)
Date of Accident	19/05/2021 08:40 (SGT)
Exact Location of Accident	Yishun Ave 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7330G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FPS5 RENOVATION PTE LTD
Company Reg No	2XXXXX315N
Email Address	peggy@gashub.com.sg
Mobile Phone No	(Phone) +65-98118315
Alternative Phone No	(Office) +65-64838283

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00040212103
Cover Note Number	-

DRIVER

Name of Driver	OSMAN SHAMIM
Passport No/FIN	FXXX5775

Date Of Birth	01/09/1977
Occupation	Outdoor
Date Of Driving Pass	21/11/2007
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98118315
Alt. Phone Number	-
Email Address	peggy@gashub.com.sg
Address	39 KAKI BUKIT PLACE
Address complement	-
Postcode	416217
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SOHEL
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

PLEASE 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	GBL269E
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
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

GBH9598S
-
-
-
-
Commercial vehicle
-
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

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

OSMAN SHAMIM
-
-
-
-
SLIGHT INJURY
GBD7330G
Yes
No

INJURED 2

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

SOHEL
-
-
-
-
SLIGHT INJURY
GBD7330G
Yes
No

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 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. 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



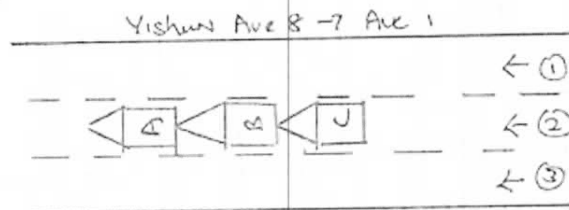
Signature

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = GBD 7330 G

B = GBL 269 E

C = GBH 9598S

Describe Circumstances of the Accident

As I was travelling along the mention road, a lorry which was travelling in front of me slow down and I follow suit. Suddenly I felt an impact from my vehicle rear. I stopped my vehicle and check and realise, vehicle 'B' had collided onto my vehicle rear and was involved in a chain accident of 3 vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Shamun

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

20/05/2021
Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

315N

Vehicle Details

Vehicle No.:

GBD7330G

Vehicle to be Exported:

No

Intended Deregistration Date:

30 Jun 2021

Vehicle Make:

TOYOTA

Vehicle Model:

TOYOTA DYNA 150 MANUAL

Primary Colour:

Silver

Manufacturing Year:

2014

Engine No.:

1KD2477608

Chassis No.:

JTFAT35Y30K204234

Maximum Power Output:

-

Open Market Value:

\$27,856.00

Original Registration Date:

08 Apr 2015

First Registration Date:

08 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:

07 Apr 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$49,469.00

COE Rebate Amount:

\$18,647.00

Total Rebate Amount:

\$18,647.00

The information contained herein is correct as at 20 May 2021

OK