# CS/CTI21006340/Aqc

-	ASSIGNMENT
From: Date:	Veh No: GBG 3705 a. Yr Regn: 2017, July.
Tion	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	0012
To Inspect Vehicle No:	A/C: Incured / Std / MI / MA
at Workshop m/s	11///27
of	
Insured:	Eng/No: ICDY 2318026981
Policy No.	
Claims No. SNM21D203126C02	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:	Modi: Nil S/Rim / STD A/Rim or
7,000	Tyre Size: F: 145 R15 C GREEN MC
(Policy Condition)	R: 165213c. Yoko
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. 06 mm L/Bal. 06 mm
Est. Repairs: 12 days Res.: Yes or No	D.O.A. D.O.I. <b>Q3/06/31</b> .
Lum Sum: % 3 Val.: Yes or No	Survey held at N 51.
Lum out	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
TP Clins.	
04/06/21 Informed Alfred Toh, we are pe	nding for estimate from repairer.
17/11/21@4.24pm revised to Alfred Toh	via merimen.
mv: 601C PV: 22.81C	
Nett: 37.2K	
LS \$15000, 12 days (Red \$20)	280 35 *57%)
LS \$15000, 12 days (Ned \$20.	209.33, 31 /0)
Dueli Parent	Days Of Repair: 12
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: 1 Survey Fee:
1) 17/11 Typist : Final Report	Transportation:
Date/Time, File Return to?	dd Fee: :Site Insp (\$ )_s+Rs_si
2)	: Interview (\$ ) Photos
	: Tech, Invs (3 ) Others
Feport Former: MER-TP	: Westend (\$
Lung Sun (**Est. 4** 15000	. Well blid 17

SN0921620006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/06/2021 14:07 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (02/06/2021 14:07 (SGT))



# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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.

4. The issue and acceptance of this 1 of 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

02/06/2021 14:07 (SGT) 01/06/2021 17:25 (SGT) 883A Woodlands Street 82, Singapore 731883 MSCP Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBG3705U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** 

Mobile Phone No Alternative Phone No Yes SHIN KHAI CONSTRUCTION PTE LTD 2XXXXX471K PAT@SHINKHAI.COM (Phone) +65-87543132 +65-87543132

VEHICLE PARTICULARS

Manufacturer Model

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?

Vehicle Category Transmission

CC

Employment

Toyota

Dyna

No - Claiming third party Commercial vehicle

Manual 2982

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

Great American Insurance Company

Comprehensive

No

MOMVC000007992-01-000

DRIVER

Name of Driver Passport No/FIN CHINNATHAMBI KRISHNARAJ GXXXX745Q



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address Address complement Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

### GENERAL INFORMATION OF THE ACCIDENT

Collided into Parked Vehicle Type of Accident Clear Weather Conditions Dry Road Surface

#### 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? Yes Was any other material or property damaged? Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

#### DETAILS OF POLICE ACTION

Yes Was the accident reported to the police? Eunos Neighbourhood Police Post Police Station Name (Phone) +65-18004439999 Police Station Phone No (Fax) +65-62444376 Alt. Police Station Phone No Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629 Police Station Address No Was notice of intended Prosecution given? If yes, against whom?

07/05/1985

17/06/2009

12 YEARS

#01-3027

**Employee** No

470744

No

(Phone) +65-83005019

SUESH26@GMAIL.COM

BLK 744 BEDOK RESERVOIR RD

Outdoor

Male

### CIRCUMSTANCES OF ACCIDENT

## PLS REFER TO THE POLICE REPORT:T/20210601/2088

### ATTACHMENT(S)

Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No No Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

GV9119J Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle 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)	-

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 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 yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver's not the policyholder) / Date & Time Witnessed by Reporting Centre

Sketch Plan

\* HITTI

A: GBG 3705U

B: GV9119J

Block 883A Woodlands St. 82 MSCP (Deck (A). Lot No. 1

S.E. POLICE FOREST	
As per police report.	
Report No. T 20210601 2088	
AGO:	
The state of the s	1
1000	

### Declaration

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

Policyholder's Signature / Date &. Time Driver's Signature (# driver is not the policyholder) / Date 8. Time

Witnessed by Reporting Centre Personnel



T/20210801-2089

File Station Of Origin:
Ellips NPP

Balledok Reservoir Road #21 - 62

WARDORE 470629
Talun 1800-4433999

2 of 3 Recort No. T-20210601 2089

LONTINUATION OF REPOR

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured NiL			Use of Pedestrian Crossing: NA			
Vehicle Owner						
Nime	CHINNATHAMBI KRISHNARAJ		ID N	0.	G7873745Q	
Related Vehicle	GBG3705U (Lorry)		Cont	act No	83005019	
Hospital/Clinic	spital/Clinic NIL		Class Drivin Licen	ng	Class 2B.3.4 Date of Expiry	NIL
				y Date		
Date Treatment	NIL		Date Discharge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of Injury	NIL		

#### B rief Details

On 01/06/2021. I was working at the said location doing some building upgrade and had park a lorry belonging to my company (GBG3705U) at the MSCP of Bik 883A Woodlands St 82. Deck 1A. Lot number 1 Suddenly I was informed by my colleague that the lorry which I drove was hit by a lorry (GV9119J) and a lisequently drove off to the upper deck of the MSCP I also noticed that the barner which was located at the entrance of the MSCP was proken which I was informed that the same lorry had not onto it.

There was a passerby at the said location which he then called for the police. Police and ambulance at scene aand the driver of the long (GV9119J) was conveyed by the ambulance. I was given a case card and was advised to lodge a report. I wish to state there is a CCTV at the entrance of the said MSCP wish to further state that my colleague and I are not injured.

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	471K
Valide Betails	
Vehicle No.:	GBG3705U
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 3.0 MANUAL
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	1KD2654916
Chassis No.:	KDY2318026981
Maximum Power Output:	
Open Market Value:	\$31,901.00
Original Registration Date:	27 Jul 2017
First Registration Date:	27 Jul 2017
Transfer Count:	1
Actual ARF Paid:	\$1,596.00
Intended PARF Rebate Details	是一种的一种,但是一种的一种,但是一种的一种的一种。
PARF Eligibility:	No
PARF Eligibility Expiry Date:	·
PARF Rebate Amount:	\$0.00
Intended COE Rabate Details	26 Jul 2027
COE Expiry Date:	C - Goods Vehicle & Bus
COE Category:	10
COE Period(Years):	
PQP Paid:	\$36,983.00
COE Rebate Amount:	\$22,726.00
Total Rebate Amount:	\$22,726.00

The information contained herein is correct as at 03 Jun 2021

Products Insurance Articles

Forum

Resources

Available

PREMIUM AD

Truck







Post an Advertisement Sell it yourself! Advertise it at just \$68 until it's SOLD! Beautiful 2008 Hardtop MX5 Automatic! Promo price!! Low mileage done and well maintained MX5! High trade, high loan available!







Diesel Lorry Well Maintained By 1 Owner Only! Full Bank/ In House Loan Are Available! Fast Approval, 1 To 1 Exchange! Trade In Are Welcomed! Comes With 3 Months Warranty, Drive Out With No Worry! Comes With Full Canopy Suitable For Any Industrial! Grab It Befo...

\$9,990 /yr

10-Aug-2017

2,982 cc

Posted: 02-Jun-2021 Tags: 2017 Toyota Dyna, Toyota Dyna, Toyota, Dyna

Toyota Dyna 150 3.0M

\$61,800