

108/11/13) wef

ASS. REC. BY: P. Ram

REF:

CS3/GAI 21006115/RIVF3

5016

COT-18124-2023/APR

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GBC 6209Lat Workshop m/s CARPORT AUTO SVLof 3, PIONEER RD NORTH #01-24

Insured:

GAI

Policy No.

Claims No.

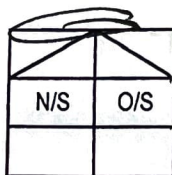
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

31K

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

Date / Time

Action / Instruction

Repair limit - 20KESTIMATE RANGE OF REPAIR / NO. OF DAYS - (2K-3K) / 4 days

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) \$ + RS, \$ SI

) Photos

) Others

TOTAL

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	21/05/2021 17:52 (SGT)
Date of Accident	20/05/2021 18:30 (SGT)
Exact Location of Accident	Tech Park Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6209L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	T.O.P DESIGN & ENGINEERING PTE LTD
Company Reg No	2XXXXX501E
Email Address	IRENEONG@TOPDEPL.COM.SG
Mobile Phone No	(Phone) +65-64836042
Alternative Phone No	(Office) +65-64836042

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	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	ME000409
Cover Note Number	-

DRIVER

Name of Driver	SHAMIM
NRIC No	GXXXX219N

Date Of Birth 20/06/1980
 Occupation Outdoor
 Date Of Driving Pass 10/01/2017
 Driving experience 4 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-93424504
 Alt. Phone Number -
 Email Address IRENEONG@TOPDEPL.COM.SG
 Address 25 WOODLAND SECTOR 1
 Address complement -
 Postcode -
 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 Collided into Parked Vehicle
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 1
 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) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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 SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN4117B
 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) -

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 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 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.
- (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.
- (e) 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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

X
Policyholder's Signature
Date & Time:
21/5/2012

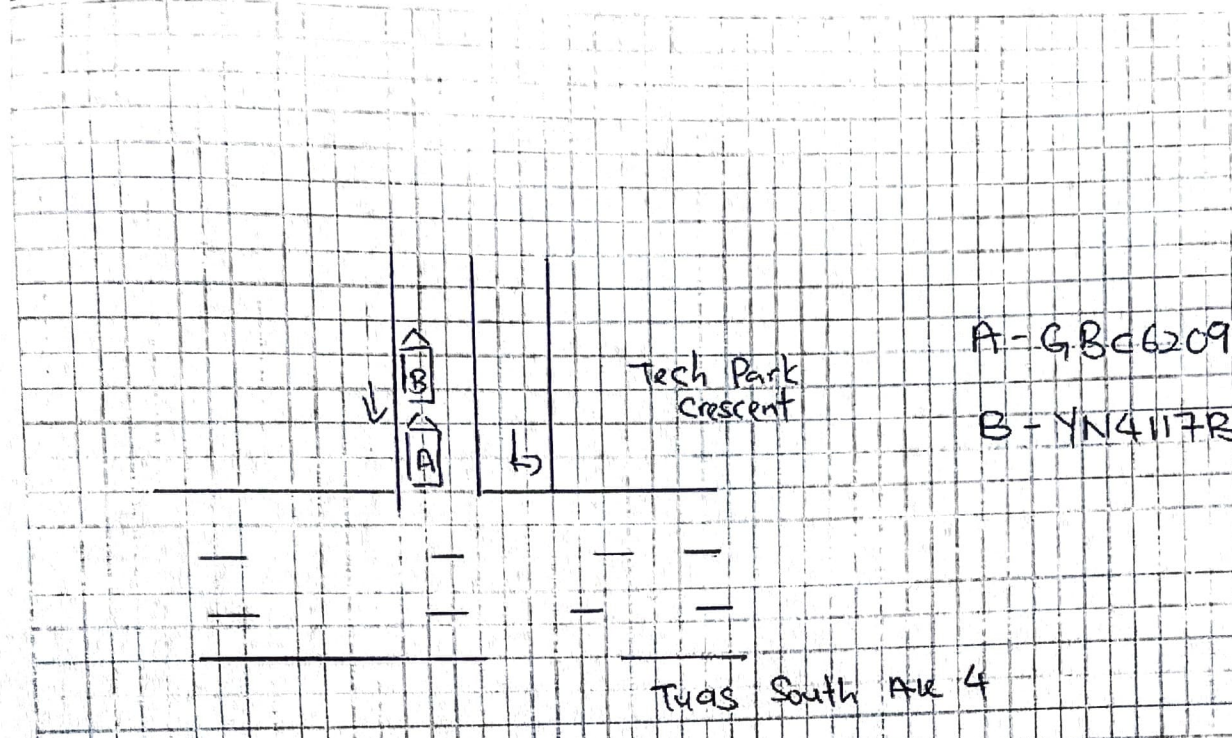


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/NC SketchPlanForm_M3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/05/2021 (~1830 hrs.)

My vehicle stationary at the side road along Tech Park Cres
 Suddenly Vehicle B start to reverse and collided onto my
 vehicle front portion causing my vehicle damage. No
 one was injury

DECLARATION

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

X

Policyholder's Signature

Date & Time:

24/5/2021
 SIARMC SketchPlanForm_V3



[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

☐ Claim own policy

☐ Claim third party

☒ Claim OD / TP at other workshop

☐ For record purpose

Policy No.

Insurer

TOKIO

Veh. No.

GBC6209L

Car Port

ME000409-208

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	501E
Vehicle No.:	GBC6209L
Vehicle to be Exported:	No
Intended Deregistration Date:	28 May 2021
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	1KD2281746
Chassis No.:	JTFAT35Y70K202275
Maximum Power Output:	-
Open Market Value:	\$24,970.00
Original Registration Date:	18 Apr 2013
First Registration Date:	18 Apr 2013
Transfer Count:	0
Actual ARF Paid:	\$1,249.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	17 Apr 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$53,900.00
COE Rebate Amount:	\$10,179.00
Total Rebate Amount:	\$10,179.00

The information contained herein is correct as at 28 May 2021

OK

Toyota Dyna 150 3.0M

Overview

Financial

Accessories

Similar

Research

Photos

Map



**YOUR ONE-STOP COMMERCIAL VEHICLE
SOLUTION PROVIDER**

Price	\$31,800	Lifespan ?	21-Apr-2033
Depreciation ?	\$16,750 /yr View models with similar depre .	Reg Date	22-Apr-2013 (1yr 10mths 24days COE left)
Mileage	N.A.	Manufactured ?	2013
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$10,274 as of today (change)	Fuel Type	Diesel
COE ?	\$54,111	OMV ?	\$24,970
Engine Cap	2,982 cc	ARF ?	\$1,249
Curb Weight ?	1,740 kg	No. of Owners ?	1