HEF:

CS/CTI21007414/Atc

ASSI	GNMENT
Date	Veh No: 63061435 Yr Regn: 2013 April
From: Date:	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	Make: Toyota Dyna. c.c 2982 Colour Silver: A/C: Insured/Std/NI/NA
To Inspect Vehicle No:	Colour Silver . A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading T/Radio: Insured / Std / NI / NA
of	Op.i/cading
Insured:	Eng/No: JTFAT35YX0K202*190
Policy No.	Gen. Cond. Good/ Fair / Poor / Burnt
Claims No.	Steering: (norder) / Jammed / Leaked / Burnt or
Sum Insured: Excess:	
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (Nil) S/Rim / STD A/Rim or
	Tyre Size: F: 195R15C BS
(Policy Condition)	R: 155 RIZC Maxxis
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:	<u>Front</u> <u>Rear</u>
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. 36 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 07/07/21.
Lum Sum: % 3 Val.: Yes or No	Survey held at Hap Hong
The state of the s	Des. of Damages: Frt Rear O/S / N/S / DIC / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	, Secretario Desa (27-71-2076)
TP Chine.	
	40000 40.1
m√ : 38 × red: 36868.	18000, 18days
PV:9.8K	20,0170
Nett: 18-21C	
74611 , [8 9 1	
	Days Of Renair: 18
Date/Time, File Pass to? : Preli. Report	Days of Nopuli.
i) : Final Report	Resurvey No. of Trip: Survey Fee: Transportation:
Date/Time, File Return to? Add Fe	The state of the s
2) Add re	Interview (\$) Photos
Report Formet:	:Tech. Invs (3) Others
Lunip Sum / LBJ: (\$)	: Weel and 18



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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.
 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.
 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 05/07/2021 19:22 (SGT) Date of Accident 05/07/2021 08:55 (SGT) Exact Location of Accident Tuas Cres, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC6143S

INSUF ED/POLICYHOLDER

No. Is company? Yes TY ENGINEERING GROUP PTE. LTD. Name Of Registered Owner Company Reg No 2XXXXX719K Email Address aungmyatmoe@tyengg.com Mobile Phone No (Phone) +65-91836377 Alternative Phone No. (Office) +65-63365588

VEHICLE PARTICULARS

Manufacturer Toyota Dyna Model Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Manual Transmission CC 2982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy SD20V11768/VCV/R00 Policy Number Cover Note Number

DRIVER

NGWE MOE WIN Name of Driver SXXXX917I NRIC No

Date Of Birth 15/06/1978 Occupation Indoor Date Of Driving Pass 15/05/2009 Driving experience 12 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-91825463 Alt. Phone Number Email Address ngwemoewin@tyengg.com Address APT BLK 502 ANG MO KIO AVENUE 5 Address complement #11-3722 Postcode 560502 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 11 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name TINT LWIN OO Gender Male PASSENGER 2 Name ZIN NYI NYI Gender Male

PASSENGER 3

Name WIN ZAW Gender Male

PASSENGER 4

Name RAMALINGAM SIVAKIJMAR Gender Male

PASSENGER 5

Name ENIKATTI ILAYARAJA Gender Male

PASSENGER 6

Name THANGAVELU THINESHKUMAR Gender Male PASSENGER 7

Name TUN TUN WIN Gender Male PASSENGER 8

Name ANDIYAPPAN MADHAVAN

Gender Male PASSENGER 9 Name MURUGESAN KANNAN Gender Male PASSENGER 10 Name SUBBIAH VELAR SUBRAMANIAN Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to the attached police report. 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 YN8855C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver BALAN NEETHI Passport No/FIN FXXXX076L Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Fassenger (Including Driver) DETAILS OF OTHER VEHICLE PROPERTY 2 XD7914L Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category ZHOU WEI Name of Driver Passport No/FIN GXXXX695Q 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

, F INSURE	D PERSONS DETRIES	
INJURED 1		
Name of injured person	TINT LWIN OO	
Address	-	
Address Complement		
Post Code		
Approximate Age Years Old		
Injuries Sustained		
Injured person in which vehicle?	GBC6143S	
Were seat belts worn?	-	
Was this injured conveyed to hospital by ambulance?	Yes	
INJURED 2		
Name of injured person	MURUGESAN KANNAN	
Address	-	
Address Complement		
Post Code		
Approximate Age Years Old		
Injuries Sustained		
Injured person in which vehicle?	GBC6143S	
Were seat belts worn?		
Was this injured conveyed to hospital by ambulance?	Yes	
INJURED 3		
Name of injured person	RAMALINGAM SIVAKUMAR	
Address		
Address Complement		
Post Code		
Approximate Age Years Old	man -	
Injuries Sustained	- N	
Injured person in which vehicle?	GBC6143S	
Were seat belts worn?		
Was this injured conveyed to hospital by amoulance?	No	
NJURED 4		
Name of injured person	WIN ZAW	
Address	and a second	
Address Complement		
Post Code		
Approximate Age Years Old	THE RESERVE OF THE PERSON OF T	
Injuries Sustained		
Injured person in which vehicle?		
Were seat belts worn?		
Was this injured conveyed to hospital by ambulance?	No No	

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.
- 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 probiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to sopies of
 the report being made available aforesaid.
- 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 insurers) who have insured vehicle(s) involved in this accident shalf 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 :
 - 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 Perposes.
- (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:
 - 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.

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.:

SKETCH PLAN	+	
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	Fung (ration)	Tuns Aves
		(40.7 140.)
	IA F	1 21 32
	COX CANE	A: GBC 1435
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		c: X07914L
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
Refer to the out	tached polite rep	565 (- *
	A DESCRIPTION OF THE PROPERTY	
	· · · · · · · · · · · · · · · · · · ·	
	And conductions of the conduction of the conduct	
		ADD
DECLARATION		
I/We declare the foregoing particu	lars are true in every respect.	
IN Corners	(
M. E()E	Opport	
Policyholder's Sagratures	Oriver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(if driver is not the policyholder Date & Time:	Name: NBIC/FIN No.:





Police Station Of Origin Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

1 of 3 Report No. T/20210705/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2021 13:32		Made:	Vide Report No. Station Dia J/20210705/0050 41		
Informa	nt's Partic	ulars			
	f Informant: MOE WIN		Address: APT BLK 502 ANG MO KIO / SINGAPORE 560502	EVENUE 5 #11-3722	
	/ ID No.: D / S78669	171	Contact No.: Home/Office	Mobile: 91825463	
National MYANM			Emait		
Sex: Age: Date of Birth: Male 43 15/03/1978			Type of Informant: Driver		
Race: Burmese			Language:	Institution / School Name:	
Occupation: ELECTRICAL MANAGER		AGER	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Conveyed By A	mbulance	Drink Drive No	Date/Time Accident: 05/07/202	1	Type of Location T-Junction
TUAS AVEN	JE 13	Road	Surface.		F	Road Speed Limit
						toda opado Ettric
Clear		Dry				
	AND	Traffic	Control:			raffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBC6143S	Lerry				Seriously Damaged	10
XD7914L	Trailer Truck				Slightly Damaged	0
YN8855C	Lorry				Slightly Damaged	0



T/20210705/2036

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 2 of 3 Report No. T/20210705/2036

CONTINUATION OF REPORT

Details of Perso	in Invalved	1437			182.59	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Us			Use of Pe	Use of Pedestrian Crossing: NA		
Driver						
Name	NGWE MOE WIN			ID No		S7866917I
Related Vehicle	NL			Conta	ct No.	91825463
Hospital/Clinic	NIL			Class Drivin Licer Expire	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	MIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 05/07/2021 at around 0855hrs, I was driving my lorry, a Silver Toyota bearing the registration number of GBC6143S, along Tuas Crescent. There are 8 passengers sitting at the back and there are 2 passengers sitting in front with me. At that point of time, my vehicle stopped behind a trailer truck, bearing the registration number of XD7914L, as it was waiting to turn right into Tuas Avenue 13.

Out of a sudden, another vehicle, a Mitsubishi Lorry bearing the registration number of YN8855C, hit my lorry from the back. As a result, my lorry hit onto the trailer truck in front of me. The trailer truck sustained minor damage on its rear, My lorry sustained damages such as shattered windscreen, dented front and back area & damaged driver's side door. The lorry at the back sustained damages such as dented front hood and shattered front lights.

I wish to add that 2 of rny passengers namely Tint Lwin Oo (G8474445C) & Murugesan Kannan (G6526925U) were conveyed by ambulance to Ng Teng Fong Hospital. They suffered injuries such on their neck and shoulders respectively. Another 2 of my passengers namely Remalingam Sivakumar (G7198597X) & Win Zaw (G8474789R) also complained of discomfort and they will be going to the clinic for their checkup. My passengers also told me that the lorry behind was travelling at a fast speed and could not stopped in time. Traffic police was also at scene to render assistance.

Driver of Trailer Truck (XD7914L) - Zhou Wei, G8708695Q Driver of Lorry (YN8855C) - Balan Neethi, F7992076L



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999



3 of 3 Report No. T/20210705/2036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 3 TAN LITEK	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 05/07/2021 13:32
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168 NO AND A PORE	

GNATI RE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	719K
Vehicle Det. ils	
Vehicle No.:	GBC6143S
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jul 2021
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 MANUAL
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	1KD2261055
Chassis No.:	JTFAT35YX0K202190
Maximum Power Output:	
Open Market Value:	\$24,970.00
Original Registration Date:	29 Apr 2013
First Registration Date:	29 Apr 2013
Transfer Cour ::	1
Actual ARF Paid:	\$1,249.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Apr 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$54,111.00
COE Rebate Amount:	\$9,785.00
Total Rebate Amount:	\$9,785.00
The information contained herein is correct as at 07 Jul 2021	

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\$31,800

Price

\$16,350 /yr

Depreciation

18-Jun-2013

2013

2,982 cc

Eng Cap

Anv

Truck

Veh Type

Available

Available

✓ 20 results/page

Fuel Type: Diesel

toyota dyna

Posted: 29-Jun-2021 Tags: 2013 Toyota Dyna, Toyota Dyna, Toyota, Dyna

Toyota Dyna 150 3.0M

Toyota Dyna 150 3.0M

\$33,000

\$15,580 /vr

20-Aug-2013

2,982 cc

Truck

Available DIRECT -

Fuel Type: Diesel

Good Conditions Toyota Dyna With Well Kept Freezer, Great For Preserving Food Or Frozen Items.

Posted: 03-Jul-2021 Tags: 2013 Toyota Dyna, Toyota Dyna, Toyota, Dyna

Toyota Dyna 150 3.0M

\$33,800

\$15,560 /yr

09-Sep-2013

2,982 cc

Truck

Available

Fuel Type: Diesel

Brand New Paintwork And Deck. Canopy Can Be Arranged. Call Now For An No Obligations Discussion. Door Step Viewing Possible!

Net Link Partners Pte Ltd

Posted: 06-Jul-2021 Tags: 2013 Toyota Dyna, Toyota Dyna, Toyota, Dyna

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