

ASS. REC. BY: FormREF: CS3/LPC 21003639/R14f3 -1

7322

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / P / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: GBH 6383Pat Workshop m/s GOLD ANNOWORKS P/Lof 48, JONAH GUM RD EAST #01-19Insured: LPC

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.

N/S	O/S

Bal. or Market Value: 69K

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBH 6383P Yr Regn: 2018 / ANType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA CYMA 1505MT c.c. 2982Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT33460K2/1159Gen. 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: 195R15CR: 155R12C

BS / DUN / EXNOVA / GY / FS / LIZA / NIC / OHTSU / PIR / SUMI /

TOYO / YOKO or: HABILEAD

Front Rear

R/Bal. 7 mm R/Bal. 6/6 mmL/Bal. 7 mm L/Bal. 6/6 mmD.O.A. 04/05/21 D.O.I. 10/05/21Survey held at GOLD ANNO

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

FRONT O/S

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

Date / Time Action / Instruction

Repair Int. = 48KESTIMATE RANGE OF REPAIR No. of days - (7K - 8K) / 10 days

submit LUMP SUM \$16550, indicate mv in report

mv \$69,000 LTA 20,510 nett value 48,490

(RED:9520:36%)

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 10

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

\$ + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.S. (\$) _____

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	07/05/2021 13:52 (SGT)
Date of Accident	04/05/2021 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BIDADARI PARK DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6383P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHARP ENGINEERING & CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX732C
Email Address	sharp.ecpl@gmail.com
Mobile Phone No	(Phone) +65-92319679
Alternative Phone No	+65-92319679

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	Goods vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	MOHAN SATHISHKUMAR
Passport No/FIN	GXXXX136T

Date Of Birth 02/04/1989
 Occupation Outdoor
 Date Of Driving Pass 23/03/2020
 Driving experience 1 YEAR AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92319679
 Alt. Phone Number -
 Email Address sharp.ecpl@gmail.com
 Address 17 JLN BESUT #03-05
 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 Collision - Cross Junction
 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) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name REZA SALIM
 Gender Male

PASSENGER 2

Name KOLANJIYAPPA VIJAYAPRAKASH
 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

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 YP486B
 Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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	SLR8417S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAN SATHISHKUMAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH6383P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	REZA SALIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH6383P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	KOLANJIYAPPA VIJAYAPRAKASH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH6383P

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' 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")

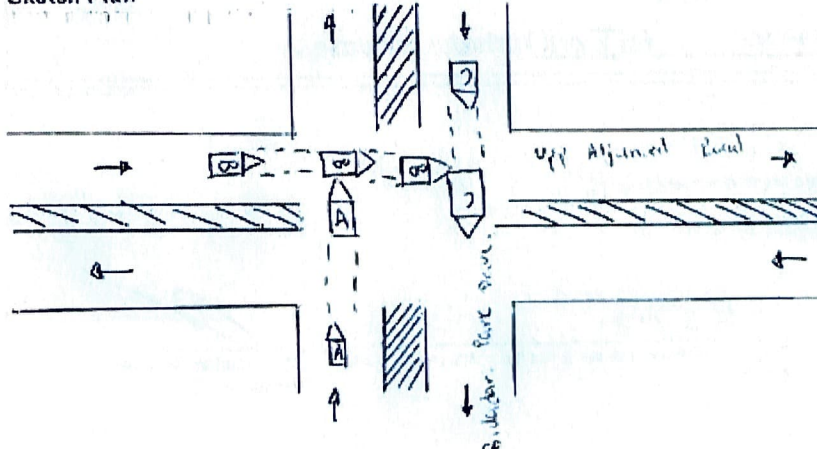
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.



Policyholder's Signature / Date & Time

Sketch Plan



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

Witnessed by Reporting Centre Personnel

A: GBH 6393P

B: YP486B

C: SLR8417S

Describe Circumstances of the Accident

On the above stated date and time, I was traveling along Bickelmeier Place
 Drive. As I was approaching the ~~from~~ traffic, the traffic was in my favour.
 I then proceeded straight when suddenly vehicle B came from my
 left and collided on to my vehicle front portion. After colliding
 on to my vehicle, vehicle B then lost control and continue straight
 and collided onto vehicle C rear right portion.

*****for company vehicle only*****
 I REZA SALIM Is the EMPLOYEE of
 company SHARP ENGINEERING & CONSTRUCTION and im using the vehicle
 PTE LTD
 GBH6383P for ☒ work ☐ private purpose.

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time
 (Stamp: RECEIVED, Reg No. 2011177312, 06/04/15)

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

(Signature)
 Witnessed by Reporting Centre Personnel



ov.sg/Ita/vrl/action/enquireRebateByPublicBeforeDeregInput?FUNCTION_ID=F0304009TT

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	732C
Vehicle No.:	GBH6383P
Vehicle to be Exported:	No
Intended Deregistration Date:	11 May 2021
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	1KD2814325
Chassis No.:	JTFAT35Y60K211159
Maximum Power Output:	-
Open Market Value:	\$27,084.00
Original Registration Date:	06 Aug 2018
First Registration Date:	06 Aug 2018
Transfer Count:	0
Actual ARF Paid:	\$1,355.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	05 Aug 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$28,354.00
COE Rebate Amount:	\$20,510.00
Total Rebate Amount:	\$20,510.00

The information contained herein is correct as at 11 May 2021

OK





mart.com/used_cars/info.php?ID=978531&DL=3788

Toyota Dyna 150 3.0M

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)**Price****\$69,888****Fuel Type**

Diesel

Depreciation ?

\$9,630 /yr

[View models with similar depre](#)**Reg Date**

13-Aug-2018

(7yrs 3mths 1day COE left)

Mileage

42,000 km (15.3k /yr)

Manufactured ?

2018

Road Tax ?

N.A.

Transmission

Manual

Dereg Value ?

\$10,503 as of today (change)

OMV ?

\$27,084

COE ?

\$14,466

ARF ?

\$1,355

Engine Cap

2,982 cc

No. of Owners ?

1

Curb Weight ?

1,780 kg

Type of Vehicle

Truck

Features[View specs of the Toyota Dyna 150 Diesel \(2014\)](#)**Description**

1 Owner Agent Unit, Excellent Condition With Low Mileage, Accident Free, Comes With Canopy, High Trade In, Hi

Call/Whatsapp Our Sales Consultant For Viewing Now!

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