

(08/11/13) wef

ASS. REC. BY: PR

REF:

CS3/LPC21003536/R19d3-1

016R

COT XEROX: 2025/JAN

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: GBB 7161Mat Workshop m/s EMPIRE IMAGEof 4, Penryn Loop #01-04Insured: LPC

Policy No. _____

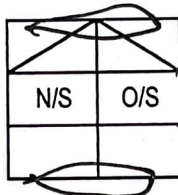
Claims No. 20/21/21/VC00/024339

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: 30K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBB 7161M Yr Regn: 2010 / JanType: M.Car / M.Cycle / Bus / Van ☒ Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA DYNA 150M C.C. 2982Colour: GREY A/C: Insured / Std / NI / NASp. Reading: 349071 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35420K201003Gen. 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: 195R15C☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 7 mmR/Bal. 5/5 mmL/Bal. 7 mmL/Bal. 5/5 mmD.O.A. 15/03/21D.O.I. 18/03/21Survey held at EMPIRE IMAGEDes. of Damages: ☒ Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Repair limit - 20KESTIMATE RANGE OF REPAIR - (6K-7K) / 10 daysSUBMIT PRS.09/02/22 Submit LS \$8000, 10 days (Red \$4450, 36%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 09/02 Typist

☐

: 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 (\$ _____)

S + RS, SI

Photos

Others

Report Format: TP

Lump Sum / L.R. / 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 16/03/2021 09:14 (SGT)
Date of Accident 15/03/2021 09:40 (SGT)
Exact Location of Accident Near Central Blvd, Singapore
Additional Location Information CENTRAL BLVD TOWARDS SHEARES AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB7161M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIM KOK TIONG FOOD SUPPLIER PTE LTD
Company Reg No 2XXXXX016R
Email Address LIMSINKIAT@GMAIL.COM
Mobile Phone No (Phone) +65-96272704
Alternative Phone No +65-96272704

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

INSURANCE COMPANY

Name of Insurance Company EQ
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMCPHQ21-000048
Cover Note Number -

DRIVER

Name of Driver ARUMUGAM SELVAM
Work Permit No GXXXX861Q
Date Of Birth 21/12/1987
Occupation Outdoor

Date Of Driving Pass	30/07/2014
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84512881
Alt. Phone Number	-
Email Address	LIMSINKIAT@GMAIL.COM
Address	BLK 520 WEST COAST ROAD
Address complement	#11-663
Postcode	120520
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?	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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

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	YP4579R
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 SKD8380Z
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) -



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.
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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

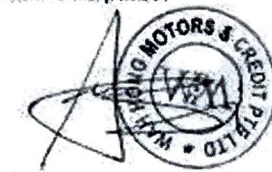
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



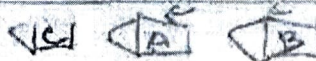
Policyholder's Signature / Date & Time

Sketch Plan

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



Witnessed by Reporting Centre Personnel



CENTRAL BLVD TOWARDS SHEPHERS AVE

VEH A :
G8B7161M
VEH B :
YP4579R
VEH C :
SKD 8380Z

Describe Circumstances of the Accident

On 19 March 2021 at about 9:40 am I was driving my vehicle A (GENTLEM) along Central Blvd towards SHAW'S AVE. I was slowing down then suddenly I felt an impact from behind my rear and push my vehicle into vehicle C (SKD 83802) rear. We exchange particulars and left.

Declaration

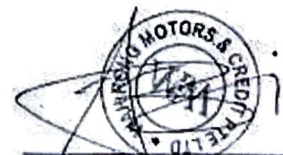
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	016R
Vehicle Details	
Vehicle No.:	GBB7161M
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 MANUAL 3SEATER
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	1KD1976610
Chassis No.:	JTFAT35Y20K201003
Maximum Power Output:	-
Open Market Value:	\$24,970.00
Original Registration Date:	13 Jan 2010
First Registration Date:	13 Jan 2010
Transfer Count:	2
Actual ARF Paid:	\$1,249.00
PARF Eligibility	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Details	
COE Expiry Date:	12 Jan 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$12,443.00
COE Rebate Amount:	\$9,492.00
Total Rebate Amount:	\$9,492.00
Notes	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 19 Mar 2021

OK

Toyota Dyna 150 3.0M (COE till 02/2025)

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

KSL Automotive
Your Trusted Partner In Automotive.

Price	\$30,800	Lifespan	23-Feb-2030
Depreciation ?	\$7,820 /yr	Reg Date	24-Feb-2010 (3yrs 11mths 4days COE left)
Mileage	N.A.	Manufactured ?	2010
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$9,594 as of today (change)	OMV ?	\$24,970
COE ?	\$12,184	ARF ?	\$1,249
Engine Cap	2,982 cc	No. of Owners ?	2
Curb Weight ?	2,340 kg		
Type of Vehicle	Truck		

Features

View specs of the Toyota Dyna 150 (2014)

Description

High Box With Tailgate! Engine And Gearbox In Excellent Condition! Well Maintain! Faster Call Us For More Details!

Category

COE Car, Premium Ad Car

Status

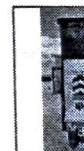
Available for sale. Shortlist this car to get alerted whenever the price or availability changes.

Resources



Car Valuation - Free

Find out the market value of your existing car for free. Get started



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