

(08/11/13) Wef
ASS. REC. BY: Rasm

REF: CS3/AG/22001164/Ruf3

5402

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: 4Q 4799S
at Workshop m/s NINETEEN
of 39, Williams Close, Croydon, Surrey
Insured: SMT 8959Y AGI
Policy No. _____
Claims No. C10013705/KY
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: 81K
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

Veh No: 4Q 4799S Yr Regn: 2021 / OCT
Type: M.Car / M.Cycle / Bus / Van / Corr / Taxi / Prime Mover /
Truck / Trailer or

Make: TOYOTA DYNA ISO 6AT c.c. 2755
Colour: WHITE A/C: Insured / Std / NI / NA
Sp. Reading: 14912 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: JHHAGN4640K601200

Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/75R15
R: 145/80R13

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear	
R/Bal.	<u>7</u> mm	R/Bal.	<u>5/5</u> mm
L/Bal.	<u>7</u> mm	L/Bal.	<u>5/5</u> mm
D.O.A.	<u>03/02/22</u>	D.O.I.	<u>08/02/22</u>

Survey held at NINETEEN

Des. of Damages FR / 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 - 41K

10/2/22 ESTIMATE RANGE OF REPAIR / no. of days - (5K-6K) / 8 days

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2) 10/2/22-typist

Days Of Repair: 8

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) : \$ + RS. \$

) : Photos

) : Others

Report Format :

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

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	05/02/2022 14:10 (SGT)
Date of Accident	03/02/2022 17:59 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS RD CROSS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ4799S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALLSTAR WATERPROOFING & SERVICES PTE LTD
Company Reg No	2XXXXX540Z
Email Address	WEIN@AUSTARWATERPROOFING.COM.SG
Mobile Phone No	(Phone) +65-86843813
Alternative Phone No	(Home) +65-86843813

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	Auto
CC	1890

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124279728
Cover Note Number	-

DRIVER

Name of Driver	CHIN BOON SAN
NRIC No	SXXXX566A

Date Of Birth	10/11/1973
Occupation	Outdoor
Date Of Driving Pass	15/07/1997
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97470963
Alt. Phone Number	-
Email Address	CHIN_TT11@YAHOO.COM
Address	BLK 230 BKT BATOK EAST AVE 3 #05-196
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHIN XIN LI
Gender	Female

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 ATTACHED

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	SMT8959Y
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 CHIN BOON SAN
 Gender Male
 Phone No
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle? YQ4799S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person CHIN XIN LI
 Gender Female
 Phone No
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle? YQ4799S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly 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 willful 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 if necessary.
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.
- (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

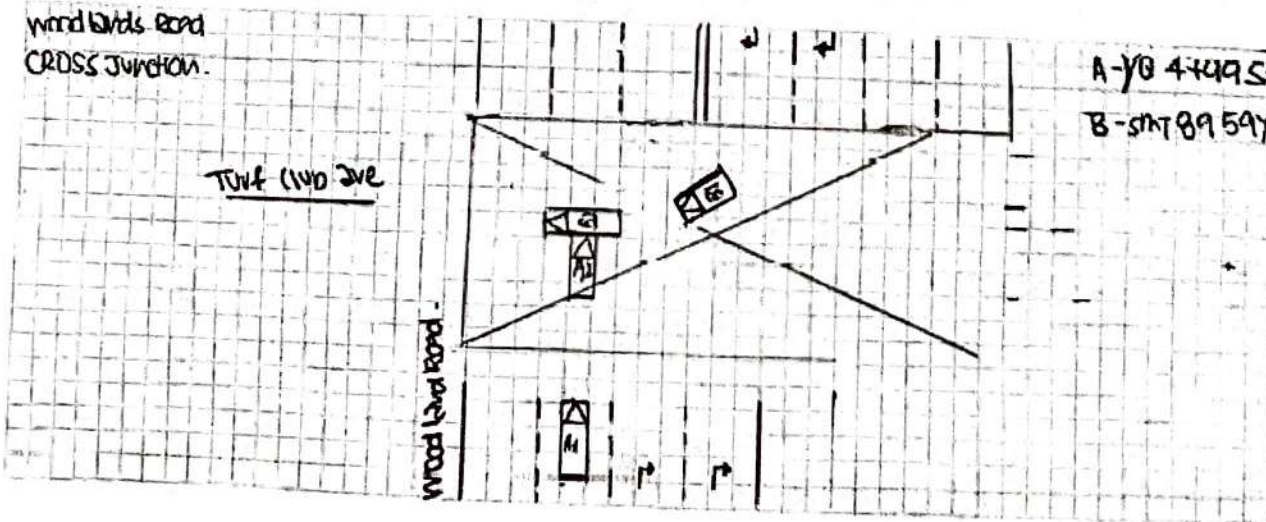
Driver's Signature (if driver is not the policyholder) / Date & Time

SHUYI

Witnessed by Reporting Centre Personnel

Sketch Plan

Woodlands Road
CROSS JUNCTION



Describe Circumstances of the Accident

On the stated time and date, I was driving my vehicle A bearing
 YD 47995 on Woodlark Road as the traffic light was green I proceed
 driving straight, suddenly, vehicle B bearing SM 8959Y came from
 Woodlark Road turning towards turf club ave, I tried to brake but couldn't
 stop in time thus our vehicle collided in the middle of the yellow box.
 I wish to state that I had a voice recording of the driver of
 vehicle B stating that it was his fault for this accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

SHUYI

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	540Z
Vehicle No.:	YQ4799S
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Feb 2022
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 6AT
Primary Colour:	White
Manufacturing Year:	2021
Engine No.:	1GD8807603
Chassis No.:	JHHAGV4640K001200
Maximum Power Output:	-
Open Market Value:	\$33,610.00
Original Registration Date:	26 Oct 2021
First Registration Date:	26 Oct 2021
Transfer Count:	0
Actual ARF Paid:	\$1,681.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	25 Oct 2031
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$40,501.00
COE Rebate Amount:	\$39,336.00
Total Rebate Amount:	\$39,336.00

The information contained herein is correct as at 08 Feb 2022

OK

Toyota Dyna 150 2.8M

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

YOUR TRUSTED ADVISOR

Price	\$81,800	Lifespan	14-Oct-2041
Depreciation	\$8,450 /yr View models with similar depre.	Reg Date	15-Oct-2021 (9yrs 8mths 6days COE left)
Mileage	N.A.	Manufactured	2021
Road Tax	N.A.	Transmission	Manual
Dereg Value	\$30,891 as of today (change)	Fuel Type	Diesel
COE	\$31,896	OMV	\$31,609
Engine Cap	2,755 cc	ARF	\$1,581
Curb Weight	2,420 kg	No. of Owners	1