

Thuan

(S/SMR22001974/1243)

ASSIGNMENT

DDT/WS/TPRS/ODRES/EVA/INV/MV

To Inspect Vehicle No

at Workshop m/s

(I)

Insured:

Policy No

Claims No

Sum Insured:

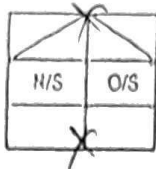
Excess:

(Client's Record)

Make of Veh

(Policy Condition)

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



Est. or Market Value:

61K

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7 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

MV: 61K

rebate: 19114

NV: 41886

Veh No

GBR1657E

Yr Regn:

16/1/20

Type: M.Car / M.Cycle / Bus / Van / Carry Taxi / Prime Mover /

Truck / Trailer or

Make

Toyota Dyna 150

c.c 2982

Colour

Silver

A/C: Insured / Std / Nil / NA

Sp Reading

38703

T/Radio: Insured / Std / Nil / NA

Eng/No

C/Nr:

STEAT 35-XOK 214644

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Moder / Jammed / Leaked / Burnt or

Brake: Moder / Jammed / Leaked / Burnt or

Modi: Nil SIRIM / STD AIR/Im or

Tyre Size:

F: 195R15C

R: 195R15C

BS / OUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A. 1/3/22

D.O.I. 3/2/22 1700

Survey held at

Teamwork Garage

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Roollap or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time File Pass to?

☐

Procl. Report

1)

☐

Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Flunks

Others

Total

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Welding (\$

Report Form 1

Form 2/4/1/2/3/4

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	042E
<b>Vehicle Details</b>	
Vehicle No.:	GBK1687E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	15 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Silver
Manufacturing Year:	2019
Engine No.:	1KDB018068
Chassis No.:	JTFAT35YX0K214694
Maximum Power Output:	-
Open Market Value:	\$29,349.00
Original Registration Date:	16 Jan 2020
First Registration Date:	16 Jan 2020
Transfer Count:	0
Actual ARF Paid:	\$1,468.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	15 Jan 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$24,402.00
COE Rebate Amount:	\$19,114.00
Total Rebate Amount:	\$19,114.00

The information contained herein is correct as at 15 Mar 2022

OK

dp: 750

6yrs 10/82

$750 \times 82 = 61500$

= 61k

61k - 19114

= 41886



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GV Automobile Centre



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3 vehicles



Dyna 150 3.0M

Any Category

Advanced Search



Search

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Dyna 150 3.0M		Any	Any	2020	Any	Any	Any	Available
	Toyota	Dyna 150 3.0M	\$81,800	\$10,240 /yr	10-Mar-2020	2,982 cc	-	Truck	Available
<b>Fuel Type:</b> Diesel 10ft G Plate Toyota Dyna, Excellent Condition. Loan Can Be Arrange. Call Now For Viewing! ABWIN (1994) Pte Ltd Posted: 11-Mar-2022									
	Toyota	Dyna 150 3.0M	\$79,800	\$9,840 /yr	22-Apr-2020	2,982 cc	-	Truck	Available
<b>Fuel Type:</b> Diesel Apr 2020 Toyota Dyna 3.0M! Super Good Condition And Well Maintained Interior! Powerful Engine! Run With Diesel! Super Fuel Efficiency! Net Link Partners Pte Ltd Posted: 25-Feb-2022									
	Toyota	Dyna 150 3.0M	\$82,308	\$9,440 /yr	01-Dec-2020	2,982 cc	-	Truck	Available
<b>Fuel Type:</b> Diesel Powerful Engine. Posted: 24-Feb-2022									

PREMIUM AD

Save this search criteria, to get email alerts whenever a match is found.

Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

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FIRST CAPITAL

Vehicle number	GBK1687E
Make / Model	TOYOTA DYNA
Chassis number	JTFAT35YX0K214694
Accident date	1-3-22
Reference	2203-01

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	TAILGATE	1227.60 / DT
2	TAILGATE LOCK ASSY	435.60 ? XNV
4	TAILGATE HINGE	431.20 <del>XXXX</del> Xr
2	TAILGATE SIDE BRACKET	165.00 XSK
2	TAILGATE STOPPER	83.60 Xsue
1	TAILGATE LOWER MEMBER	585.80 ? / DT
1	TAILGATE EMBLEM - DYNA	38.50 / nec
2	TAILLAMP	484.00 ? / Scr
2	TAILLAMP PANEL	198.00 ? / DT
1	REAR NUMBER PLATE BRACKET	217.80 / BT ISS
2	REAR NUMBER PLATE LAMP	105.60 XNV
1	SPARE TYRE CARRIER	277.20 ? / BT
1	SPARE TYRE BRACKET	194.70 ? Xr
1	EXHAUST SILENCER	680.13 ? / BT 547.5
1	EXHAUST MOUNTING	85.80 ? / nec 45.10
1	FRONT BUMPER	822.80 Xr
2	FRONT BUMPER BRACKET	561.00 XSV
1	FRONT BUMPER REINFORCEMENT	533.50 ? XNV
1	FRONT GRILLE ASSY	629.20 / cut 517
1	FRONT GRILLE EMBLEM	75.90 / nec
1	FRONT PANEL INNER	733.70 ? XNV
1	FRONT PANEL OUTER	1314.50 / DT 986
1	FRONT PANEL EMBLEM - DYNA	71.50 / nec
2	FRONT HEADLAMP	2357.40 ? / cut 990
2	CORNER PANEL	250-S 501.60 <del>XXXX</del> DT: RH CHSUC
1	WIPER PANEL	361.90 / DT 314
1	WIPER LINK	404.80 ? XSK
1	AIRCON BLOWER	2491.50 ? / cut 1218
1	RADIATOR	2024.00 ? XNV
		18093.83
Less 25%		4523.46
		13570.37
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1	TAILGATE STICKER - 70KM/H	50.00 XNV 25 nec
1	TAILGATE STICKER - 6 PAX	50.00 25 nx
1	REAR NUMBER PLATE	80.00 40 BT
1 SET	REVERSE SENSOR	250.00 200 cut
1	COMPANY SICKER	400.00 nec 150
1	TAILGATE STEP PANEL (AFTER MARKET)	350.00 BT PTC nec 180

1	FLOOR WOODEN BOARD	800.00	XSV <sup>2</sup>
1	FRONT NUMBER PLATE	80.00	XSV <sup>2</sup>
1 SET	FRONT GRILLE CLIP	50.00	25
Subtotal		2110.00	
Balance C/F		15680.37	
<u>LABOUR AND MISCELLANEOUS CHARGES</u>			
1	CHECK WIRING AND LIGHTNING SYSTEM	120.00	30
2	R&R FRONT DASHBOARD	400.00	7.100
3	R&R AIRCON BLOWER	250.00	7.50
4	R&R AIRCON CONDENSER AND TOP UP GAS	200.00	7.100
5	R&R RADIATOR AND TOP UP COOLANT	200.00	7.100
6	REMOVE AND RENEW REAR EXHAUST	200.00	7.80
7	PANEL BEATING ON AFFECTED AREAS	2000.00	1000
8	SPRAY PAINTING ON AFFECTED AREAS	2000.00	1000
9	APPLY ANTI RUST ON AFFECTED AREAS	150.00	30
Subtotal		5520.00	
Grand total		21200.37	

Thwan

82235769

3/2/22 1700

US 6 days up

7663.56

7650

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and  
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

FIRST CAPITAL

Vehicle number	GBK1687E
Make / Model	TOYOTA DYNA
Chassis number	JTFAT35YX0K214694
Accident date	1-3-22
Reference	2203-01

Qty	Particulars	Unit Price - SGD \$	
	<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	FRONT WING MIRROR LH	660.11 /scr	145.2
1	COOLING COIL	1637.79 /cut	407
		2297.90	
	Less 25%	574.48	
		1723.42	
	<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1	REAR NUMBER PLATE HOLDER	150.00 /DT	114.1
	Subtotal	150.00	
	Balance C/F	1873.42	
	<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
1	R&R COOLING COIL	200.00 SO	
	Subtotal	200.00	
	Grand total	2073.42	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report accurately the details of the accident to assist in the claims process.
2. This Form must be completed by the Police Officer and/or the Authorised Officer.
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. This report will be forwarded by the insurers to the 101 Personal Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will be made available upon request by insurance parties.
7. By the completion of this report to the insurers, you hereby consent to the archiving of this report as the parties and its copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	02/03/2022 11:16 (SGT)
Date of Accident	01/03/2022 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LENTOR AVENUE TOWARDS SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK1687E

#### INSURED POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEN DESIGN & CONTRACT PTE LTD
Company Reg No	201800042E
Email Address	yakkenneth@gmail.com
Mobile Phone No	(Phone) +65-90239383
Alternative Phone No	+65-90239383

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	DYNA 150 5MT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG22000394
Cover Note Number	16/01/2022 TO 15/01/2023

#### DRIVER

Name of Driver	YAK JIA HAO, KENNETH
NRIC No	S9833617F

Date Of Birth	04/10/1998
Occupation	Outdoor
Date Of Driving Pass	14/12/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90239383
Alt. Phone Number	-
Email Address	yakkenneth@gmail.com
Address	50 JALAN CHEMPAKA KUNING SINGAPORE 489088
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	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?	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	KHIN MAUNG LATT
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH 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	SHD6199E
Vehicle Manufacturer	-



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	GBF2486M
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	KHIN MAUNG LATT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC 3DAYS
Injured person in which vehicle?	GBK1687E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

##### INJURED 2

Name of injured person	YAK JIA HAO,KENNETH
Gender	Male
Phone No	(Phone) +65-90239383
Address	50 JALAN CHEMPAKA KUNING SINGAPORE 489088
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC 5DAYS
Injured person in which vehicle?	GBK1687E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

**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 willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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:

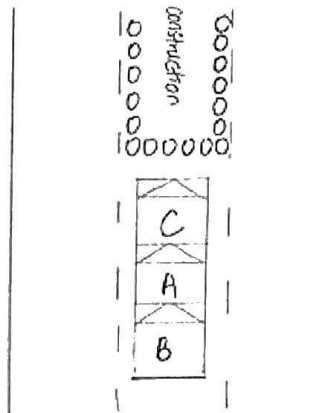
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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  
1/3/2022 @ 16:33 hr

  
Witnessed by Reporting Centre Personnel



A: GBK 1687 E  
B: SHD 6199 E  
C: GBF 2486 M

### **Describe Circumstances of the Accident**

1

### Declaration

**We declare the foregoing particulars are true in every respect.**

✓  *Vorsitz*

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

**Witnessed by Reporting Centre Personnel**



**SINGAPORE  
POLICE FORCE**



T/20220301/7030

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220301/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2022 19:34	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant YAK JIA HAO, KENNETH			Address: 50 JALAN CHEMPAKA KUNING SINGAPORE 489088		
ID Type / ID No.: NRIC NO / S9833617F			Contact No.: Home/Office: Mobile: 90239383		
Nationality: SINGAPORE CITIZEN			Email: YAKKENNETH@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 04/10/1998	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: ID			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2022 14:30	Type of Location: Straight Road
Location:  LENTOR AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF2486M	Lorry					0
GBK1687E	Lorry					1
SHD6199E	Car					0



**SINGAPORE  
POLICE FORCE**



T:20220301:7030

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No: T/20220301/7030

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Passenger</b>			
Name	KHIN MAUNG LATT	ID No.	G3912840W
Related Vehicle	GBK1687E (Lorry)	Contact No.	83858048
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
<b>Driver</b>			
Name	YAK JIA HAO, KENNETH	ID No.	S9833617F
Related Vehicle	GBK1687E (Lorry)	Contact No.	90239383
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was stationery in vehicle number GBK1687E. Suddenly I felt a huge impact on the rear of my vehicle which caused my car to hit the car in front. I realise that vehicle number SHD6199E has collided into the rear of my vehicle which caused my car to collide onto GBF2486M. I sustained injuries from the above mentioned accident and was granted MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220301/7030

3 of 3

Report No. T/20220301/7030

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
01/03/2022 19:34

Classification Of Case:

NP168