

Ass. Rec. By:

REP: CS3/ASM22002940/Avy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SHA 5187L**

Policy No. _____

Claims No. **S2M03WUY**

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: _____

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: **GQ 3811J** Yr Regn: **2014/Dec.**

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

Truck / Trailer or

Make: **Toyota Dyna** C.C. **2982**

Colour: **Red.** A/C: Insured / Std / NI / NA

Sp. Reading: **176489** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTFAT 35Y30k20 3598**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi: **Nil** / S/Rim / STD A/Rim or

Tyre Size: F: **1.95 R15C**

R: **1.55 R12C**

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

TOYO / YOKO or **Westlake**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. **25/3/2022** D.O.I. **07/04/22**

Survey held at **Ycp Lee**

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

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

Date / Time	Action / Instruction
	TP AXA PRS.
18/4/22	Submit PRS, repair range \$4000-\$5000
	MV : 33K
	PV : 10.7K
	Nett : 22.3K

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: **6**

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) **18/4/22-typist**

Add Fee: ☐ : Site Insp (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Report Format:

1. Report Form / RPT / C

☐	Interview (\$)
☐	Tech. Invs (\$)
☐	

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 26/03/2022 12:43 (SGT)
Date of Accident 25/03/2022 14:15 (SGT)
Exact Location of Accident 540 MacPherson Rd, Singapore 368223
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GQ3811J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TAN SOON HUAH GAS SUPPLY PTE LTD
Company Reg No 2XXXXX144H
Email Address chingwei@tshgas.com.sg
Mobile Phone No (Phone) +65-96813963
Alternative Phone No (Home) +65-96813963

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 Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110106007-02
Cover Note Number -

DRIVER

Name of Driver KOH THONG KIA
NRIC No SXXXX135C

Date Of Birth	21/11/1957
Occupation	Outdoor
Date Of Driving Pass	02/03/1979
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-96813963
Alt. Phone Number	-
Email Address	chingwei@tshgas.com.sg
Address	APT BLK 238 HOUGANG AVE 1 #02-288
Address complement	-
Postcode	530238
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	UNKNOWN
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 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	SHA5187L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	A: GQ3811J B: SHA5187L
--	--------------------------------------

Describe Circumstances of the Accident

My vehicle was stopped and stationary while waiting for a parking lot. with on my hazard lights. After about 3-5 minutes, CAR B was collided onto my stationary parked vehicle. Hence I opened my front right door and come out to check the status, however CAR B did not stop and drove forward and collided onto my front right door and at that point of time I was standing right beside of my vehicle.

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

Witnessed by Reporting Centre Personnel

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturin , Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Dnt:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

144H

GQ3811J

No

08 Apr 2022

TOYOTA

TOYOTA DYNA 150 MANUAL

Silver

2014

1KD2449466

JTFAT35Y30K203598

-

\$27,856.00

09 Dec 2014

09 Dec 2014

1

\$1,393.00

No

-

\$0.00

08 Dec 2024

C - Goods Vehicle & Bus

10

\$40,027.00

\$10,673.00

\$10,673.00

The information contained herein is correct as at 08 Apr 2022

OK

New Cars

Used Cars

Rental Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Resources



TOYOTA DYNA

Price Range



Depreciation



2014



Vehicle Type



Search

Advanced Search

Used Car Comparison

--- Comparing 4 Vehicles ---

Toyota Dyna 150 3.0M

Toyota Dyna 150 3.0M

Toyota Dyna 150 3.0M

Toyota Dyna 150 3.0M



Clear All

Add all to Shortlist

Back to search result

Add to Shortlist

Add to Shortlist

Add to Shortlist

Add to Shortlist

CAR DETAILS

	Toyota Dyna 150 3.0M	Toyota Dyna 150 3.0M	Toyota Dyna 150 3.0M	Toyota Dyna 150 3.0M
Price	\$34,800	\$35,800	\$34,800	\$34,800
Instalment	N.A.	N.A.	N.A.	N.A.
Registration Date	23-Oct-2014	17-Nov-2014	20-Nov-2014	22-Dec-2014
Manufactured	2014	2014	2014	2014
Mileage	-	170,000 km	-	-
Transmission	Manual	Manual	Manual	Manual
Engine Cap	2,982 cc	2,982 cc	2,982 cc	2,982 cc
Road Tax	-	-	-	-
Power	-	-	-	-
Curb Weight	1,780 kg	1,780 kg	1,780 kg	1,780 kg
Features	-	-	-	-
Accessories	-	-	-	-
Description	Trouble Free Unit, Well Maintain By Previous Owner, Used For Ferrying Workers Only. New Paintwork Done. Comes With Full Canopy With Canvas And Aluminum Checker Plate.	Warranty Covered! Free Servicing And Free Road Tax Included! Flexible Down-Payment Scheme! One Owner One Driver Only! Fully Maintained Unit By Owner! Driven As His Own Vehicle! Brand New PaintWork! Brand New Upholstery! All Wear And Tear Replaced Ensuring You A Smooth Drive Till End! High Buy Back Value! View To Believe! Contact Our Friendly Sales Consultant Today!	Lifespan COE Till 2034! Come With LTA Approved High Box And Both Side Sliding Doors Easy For Loading Of Goods! Class 3 License Can Handle And Unladen 1780kg! Fast And Easy Approval Your 100% In-House Loan Available! Don't Miss! Call Now For Viewing And Test Drive Now To Believe! Appointment Now Before Vehicle It's Gone.	Free Servicing and Careful Owner On Excellent Condition Trade In Available.
COE	\$49,901	\$18,646	\$14,397	\$37,375
OMV	\$27,856	\$27,856	\$30,158	\$27,856
ARF	\$1,393	\$1,393	\$1,508	\$1,393
Depreciation	\$13,690 /yr	\$13,710 /yr	\$13,290 /yr	\$12,860 /yr
No. of Owners	2	1	3	1
Type of Vehicle	Truck	Truck	Truck	Truck
Category	Premium Ad Car	Premium Ad Car	-	Premium Ad Car
Availability	Available	Available	Available	Available