SS. REC. BY:	22004142 Rtc 4900
AS	SIGNMENT
om Date:	Veh No: 68H9293X Yr Regn: 2018 / NOV
THE CONTRACTOR OF THE PROPERTY	Type: M.Car / M.Cycle / Bus / Van / Cord / Taxi / Prime Mover /
timated Cost:	Truck / Trailer or
OITP/WS/TP RES/OD RES/EVA/INV/MV	Make: TOYETH AYMA (50 SM c.c 2982
Inspect Vehicle No: GBH 9293 X	Colour WHITE A/C: Insured / Std / NI / NA
Workshop m/s FA Amo works	Sp.Reading 64380 T/Radio: Insured / Std / NI / NA
39, Warmans close the 1-35 Emilia	Eng/No:
nsured: LIC	C/No: JTFAT35480K211664
olicy No.	Gen. Cond: Good / Fair Poor / Burnt
Claims No.	Steering: Morder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: (norder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil / S/Rim / STD A/Rim or
Make of Veh:	
(Policy Condition)  Remark: The yeh had commenced its  N/S 0//	그들이 이 없었다는 그리고 그리고 있는 것도 하고 하는데 가장이 가장이 되었다면 하다고 있는 그는 그리고 있다는 그는 그를 가지 않다면 하셨다. 그리고 살 그렇게 되었다.
Remark: The veh had commenced its N/S 0// repair at the time of inspection.	$-10^{-11}$
7.k 3	TOYO / YOKO or
Bal. or Market Value: 70K	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 5/5 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7 mm L/Bal. 5/5 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 04/05/22 . D.O.I. 05/05/22
Lum Sum: % 3 Val.: Yes or No	Survey held at FA RUTOWERES
CA / REV / REP. / 24 HRS	Des. of Damages Fr.   Rear   O/S   N/S   U/C   Rooftop or
Vehicle: IN/O	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction  REPART UNIT - SYK	
remove and - oth	
ESTIMATE DANGE OF REPORT	100.05 says - (9K-10K)/14 days
SUBMIT PRS REPORT	
ate/Time, File Pass to? : Prell. Report	Days Of Popair:
L. Helli Keport	Days Of Repair:
) Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
) Add F	Transportation:
, Add I	
Sanort Format	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
.ump Sum / I.B.I: (\$)	:Weekend (\$
됐으면 하다 아이를 하면 되었다. 하나 사람들은 사람이 되었다.	TOTAL

SF0122540002 / FORZA AUTOHAUS PTE LTD ENTRY DATE & TIME: 05/05/2022 12:37 (SGT)
SUBMITTED BY: FOO MEI MEI VERSION: 1 (05/05/2022 12:37 (SGT))

# © SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 5. Internation provided mass be as a during and accurate as possible, ray financial solutions of 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	05/05/2022 12:37 (SGT) 04/05/2022 14:44 (SGT) Singapore AYE TOWARDS CTE (640 LAMP POST) Singapore
--	---

### **DETAILS OF OWN VEHICLE**

Venicle Registration Number	GBH9293X
INSURED/POLICYHOLDER	Park Institute of Auto-
Is company?  Name Of Registered Owner  Company Reg No  Email Address  Mobile Phone No  Alternative Phone No	Yes LIM SPICES PTE LTD 2XXXXX490D matthew@limspice.com (Phone) +65-92991123 +65-92991123

#### **VEHICLE PARTICULARS**

Manufacturer	Toyota
ModelVariant	Dyna
Exact purpose for which vehicle was being used at time of	<del>-</del> 1 = 1 = 200
accident Are you claiming under your own insurance policy for repair to	Employment
your vehicle? Vehicle Category	No - Claiming third party
Transmission	Commercial vehicle Manual
cc	2982

### **INSURANCE COMPANY**

Name of Insurance Company	
Type of Coverage	ERGO Insurance Pte. Ltd.
Fleet Policy	Comprehensive
Fleet Policy	No
Policy Number	DMCG22005549
Cover Note Number	14/04/2022-13/04/2023

### DRIVER

Name of Driver LIM WI ANN MATTHEW

Date Of Birth	08/04/1995
Occupation	Indoor
Date Of Driving Pass	15/12/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Jender	(Phone) +65-92991123
Alt, Phone Number	(Filotic) 100 0200 1120
Alt. Phone Number	- Ul Olimoniana aam
Email Address	matthew@limspices.com
Address	BLK 356 CLEMENTI AVE 2 #20-277
Address complement	• • · · · · · · · · · · · · · · · · · ·
Postcode	120356
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER'
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO.
Verlicle Registration (Author of Outer Verlicle Owned by Differ	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
	ыу
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Control of Advisory and Section (Control of Se	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	를 들어 있었다. 이번 교통하는 하나 이번 보다는 사람들은 보다 되었다.
or owners restance we consider the street of more responsible to the consideration of the constant of the cons	
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN DRAFT AND REPORT	
ATTACHMENT(S)	andre state of the second state of the second state of the second
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBE8357T
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle

Commercial vehicle

(Phone) +65-96912095

HIEW LI HONG

SXXXX514H

Vehicle Category

Name of Driver

NRIC No

Contact Number

Addrage

08/04/1995

Address complement	-
Postcode	-
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	-
Details of property damaged in accident	<u>-</u>
No. Of Passenger (Including Driver)	<b>-</b> y − y − y − y − y − y − y − y − y − y

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SMR9869C
Vehicle Manufacturer	<u>-</u> 1-
Vehicle Model	
Vehicle Variant	원육 경기 전문 기계 경기 기계
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	NADARAJAN S/O CHIDAMBARAM
NRIC No	SXXXX415H
Contact Number	(Phone) +65-96046665
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 3**

Vehicle Registration Number	SNA7971E
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)	

### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	YQ6175D
Vehicle Manufacturer	1001750
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commonstatustata
Name of Driver	Commercial vehicle
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident  No. Of Passenger (Including Driver)	± 1
vier err assenger (including Driver)	

Vehicle Registration Number	SLN2450F
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	- 1
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	=
Contact Number	. <del>.</del>
Address	-
Address complement	_ :
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	4

### INJURED PERSONS DETAILS

### INJURED 1

Gender         Male           Phone No         (Phone) +65-929           Address         -           Address Complement         -           Post Code         -           Approximate Age Years Old         -           Injuries Sustained         -           Injured person in which vehicle?         GBH9293X	TTHEW
Address	04400
Address Complement Post Code Approximate Age Years Old Injuries Sustained	91123
Post Code	
Approximate Age Years Old	
Were seat belts worn? Yes	
Was this injured conveyed to hospital by ambulance? No	

irza. Wifi fink

As per sured	TIME AND DATE , I WAS	DRIVING ALANG AYE TOWARDS
A CONTRACTOR OF THE PARTY OF TH		MEHICLE & CSMR9869C)
		, I THEN PROCESS TO SE BRAKE
		S BEHIND ME HAD READ SHOULD
		WHO AND BANE ONTO VEHICLE
		THE "GUERE INCLOSED HAVE BEEN
RECONDED I HAVE SUF	ERED SHEHT INSWY DUE TO	THE ACCIDENT AND SHALL
boxeed to my needby	QD EST CHECKUP	
7		
The second secon		
claration		
a declare the foregoing particulars ar	e true in every respect.	ALCOHA)
	1 D.	(Santon)
	iver's Signature (If driver is not the policyhok Time	ler) / Data Witnessed by Reporting Centre Personnel
PN JENGRPHAL	Mg .	AND AND ADDRESS OF THE PARTY OF
(some and)	Coqui	ngelisings) to a - Language (1848) ngel financia ng - 2861 san 1812 a ngelisinancia ng 18 km ng 1888

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any withit misrepresentation or withholding of material facts may wlow 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
- 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 perties.
- 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 ms or possessed by my insurer (colectively 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 (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 Singepore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (0 processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the accident and/or my claims;
- (II) carrying out and/or dealing with my instructions or responding to any enquiries by ma;
- (iv) administering my claims (including the making 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
- (Y) 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' law yers/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 law yers/law firms), which may be sited outside of Sugapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

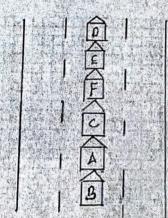
Sketch Plan



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



Witnessed by Reporting Centre



A \_ 684 9293X B - 60683577 C - 548 9869 C 9 - SPEANS - O E-YGERSD F SLN2450F

TENGROILS ILK (SMALL LAND)

Ensured Transport town - Assessment in its enguing & Bosses of . ZARIENE SOE characters by . I garagin & forgathilities like year - Francisco

FORZA WIFL LINK

SSID TP-UNK\_9860

## > Back to OneMotoring

## nguire PARF/COE Rebate for Registered Vehicle

The information contained herein is correct as at 06 May 2022

Owner ID Type:	Company
Owner ID:	4900
723565676.500700	
Vehicle No.:	GBH9293X
Vehicle to be Exported:	No
Intended Deregistration Date:	Ōó May 2Ō22
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	1KD2827290
Chassis No.:	JTFAT35Y80K211664
Maximum Power Output:	
Open Market Value:	\$27,082.00
Original Registration Date:	01 Nov 2018
First Registration Date:	01 Nov 2018
Transfer Count:	
Actual ARF Paid:	\$1,355.00
A STATE OF THE PARTY OF THE PAR	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
	31 Oct 2028
COE Expiry Date:	C - Goods Vehicle & Bus
COE Category:	10
COE Period (Years):	\$24,173.00
PQP Paid:	\$15,673.00
COE Rebate Amount	\$15,673.00
Total Rebate Amount:	

ОК

# Toyota Dyna 150 3.0M

nancial Accessories	Similar Research	Photos Map
<b>\$69,800</b>	Lifespan ()	10-Oct-2038
\$10,850 /yr View models with similar de	Reg Date	11-Oct-2018 (6yrs 5mths 4days COE left)
N.A.	Manufactured 1	2018
N.A.	Transmission	Manual
\$16,470 as of today (chang	e) Fuel Type	Diesel
\$25,592	OMV	\$27,082
2,982 cc	ARF	\$1,355
1,760 kg	No. of Owners	
Tauck		
	\$10,850 /yr View models with similar de  N.A.  \$16,470 as of today (chang  \$25,592  2,982 cc	\$10,850 /yr Reg Date View models with similar depre.  N.A. Manufactured  N.A. Transmission  \$16,470 as of today (change) Fuel Type  \$25,592 OMV  2,982 cc ARF