(08/11/13) wef

ASS. REC. BY:

REF: CS3/LPC2200Y142/RTC

4901

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: GBH9293X

at Workshop m/s FA Automobiles

of 39, Woodlands Close #01-35 @ MSIA

Insured: LIC

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.

N/S	O/S

Bal. or Market Value: 70K

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBH9293X Yr Regn: 2018 / Nov

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

Make: TOYOTA ALPHARD 150 SMT c.c 2982

Colour WHITE A/C: Insured / Std / NI / NA

Sp.Reading 64380 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFAT3548MK211664

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: 195/75R15C

R: 155R12C

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	5/5 mm
L/Bal.	7 mm	L/Bal.	5/5 mm
D.O.A.	04/05/22	D.O.I.	05/05/22

Survey held at FA AUTOMOBILES

Des. 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 - 54K
	ESTIMATE RANGE OF REPAIR/no. of days - (6K - 10K)/14 days
15/08/2022	Submit LS $9,900.00 ; 10 days (Red. $5,600.00 ; 36%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 10

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL

Report Format :

Lump Sum I.B.I: ($ $9,900.00)

SF0I22540002 / 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
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 witholding 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	05/05/2022 12:37 (SGT)
Date of Accident	04/05/2022 14:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CTE (640 LAMP POST)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9293X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIM SPICES PTE LTD
Company Reg No	2XXXXX490D
Email Address	matthew@limspice.com
Mobile Phone No	(Phone) +65-92991123
Alternative Phone No	+65-92991123

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	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	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
Mobile Number	(Phone) +65-92991123
Alt. Phone Number	-
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	-
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	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

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN DRAFT AND REPORT

ATTACHMENT(S)

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 VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8357T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HIEW LI HONG
NRIC No	SXXXX514H
Contact Number	(Phone) +65-96912095
Address	

Address complement	-
Postcode	-
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMR9869C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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	-
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 5

Vehicle Registration Number	SLN2450F
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	LIM WI ANN MATTHEW
Gender	Male
Phone No	(Phone) +65-92991123
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH9293X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Describe Circumstances of the Accident

AS PER STATED TIME AND DATE , I WAS DRIVING ALONG AYE TOWARDS CTE , WHILE I WAS DRIVING , I HAVE WITNESS VEHICLE L (SMR9869C) HIT ONTO VEHICLE F (SLW2450F) . THEREFORE , I THEN PROCEED TO E. BRAKE AND MANAGE TO STOP IN TIME, SUDDENLY VEHICLE B BEHIND ME HAD REAR ENDED MY VEHICLE A , THEREFORE MY VEHICLE SURGED FORWARD AND BANG ONTO VEHICLE C, MY LORRY HAD INSTALLED THE VIDEO CAM, AND THE ENTIRE INCIDENT HAVE BEEN RECORDED . I HAVE SUFFERED SLIGHT INJURY DUE TO THE ACCIDENT AND SHALL PROCEED TO MY NEARBY GP FOR CHECKUP

Declaration

I/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
[signature]	[signature]	[stamp: FORZA AUTOHAUS PTE LTD]

PW : JCNGRPIL8168
(SMALL CAP)

enquiry@[illegible] - [illegible]

enquiry@forzaauto.sg - [illegible]

claims@forzaauto.sg - [illegible]

RZA · WIFI LINK

SKETCH PLAN #2

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 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. 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")

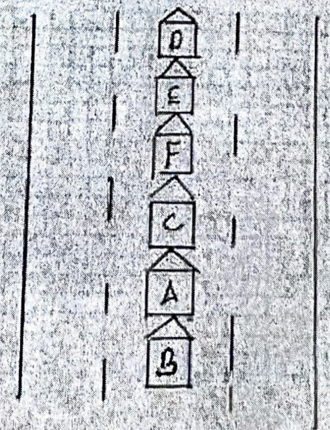
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

FORZA AUTOHAUS PTE LTD

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



A - GBH 9293X
B - GBE 8357T
C - SMR 9869 C
D - SNA 7971 E
E - YQ 6175 D
F - SLN 2450 F

PW JCNGRPDI8168
(SMALL CAP)

FORZA WIFI LINK

SSID TP-LINK_9B60
SSID TP-LINK_9B60_5G

[illegible]

> Back to OneMotoring

nquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	490D
Vehicle No.:	GBH9293X
Vehicle to be Exported:	No
Intended Deregistration Date:	06 May 2022
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:	1
Actual ARF Paid:	$1,355.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
COE Expiry Date:	31 Oct 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$24,173.00
COE Rebate Amount:	$15,673.00
Total Rebate Amount:	$15,673.00

The information contained herein is correct as at 06 May 2022

OK

Toyota Dyna 150 3.0M

Overview | Financial | Accessories | Similar | Research | Photos | Map

Price	**$69,800**	**Lifespan**	10-Oct-2038
Depreciation	$10,850 /yr View models with similar depre	**Reg Date**	11-Oct-2018 (6yrs 5mths 4days COE left)
Mileage	N.A.	**Manufactured**	2018
Road Tax	N.A.	**Transmission**	Manual
Dereg Value	$16,470 as of today (change)	**Fuel Type**	Diesel
COE	$25,592	**OMV**	$27,082
Engine Cap	2,982 cc	**ARF**	$1,355
Curb Weight	1,760 kg	**No. of Owners**	1
Type of Vehicle	Truck		