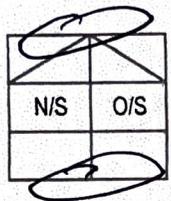


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GBH 9293X
 at Workshop m/s FA AUTOWORKS
 of 39, Woodlands Close #101-35 @ MEGA
 Insured: LPC
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GBH 9293X Yr Regn: 2018 / No V
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA AYMA 150 SMT c.c. 2282
 Colour: WHITE A/C: Insured / Std / NI / NA
 Sp. Reading: 64380 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFAT35480K211664
 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: 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 AUTOWORKS

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: 70k
 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

Des. of Damages: FR / REAR / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 54K</u>
<u>ESTIMATE RANGE OF REPAIR / no. OF DAYS - (9k-10k) / 14 days</u>	

15/08/2022 Submit LS \$9,900.00 ; 10 days (Red. \$5,600.00 ; 36%)
 24/08/2022 Submit LS \$10,350.00 ; 10 days (Red. \$5,150.00 ; 33%)

Date/Time, File Pass to? : Preli. Report : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____

Days Of Repair: 10
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$) : S + RS ___ \$
 : Interview (\$) : Photos
 : Tech. Invs (\$) : Others
 : Weekend (\$)
 Report Format : _____
Lump Sum I.B.I. (\$ \$10,350.00)
 TOTAL _____

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 05/05/2022 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

Describe Circumstances of the Accident

AS PER STATED TIME AND DATE, I WAS DRIVING ALONG AYE TENGKOS
 CTB, WHILE I WAS DRIVING, I HAD WITNESS VEHICLE L (SMR4869C)
 HIT INTO VEHICLE F (SLW2450F). THEREFORE, I THEN PROCEEDED TO BRAKE
 AND MANAGE TO STOP IN TIME, SUDDENLY VEHICLE B BEHIND ME HAD ROAD BLOCK
 MY VEHICLE A, THEREFORE MY VEHICLE SURGED FORWARD AND BANG ONTO VEHICLE
 C. MY HUSBY HAD INSTALLED THE VIDEO CAM, AND THIS ENTIRE INCIDENT HAVE BEEN
 RECORDED. I HAVE SUFFERED SLIGHT INJURY DUE TO THE ACCIDENT AND SHALL
 PROCEED TO MY NEARBY GP FOR CHECKUP.

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

PN: JENARPIB/168 (SMR4869C)

enquiry @ JENARPIB 168 - 300311008
 enquiry @ JENARPIB 168 - 2401200 0133
 claim @ JENARPIB 168 - 190001008

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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

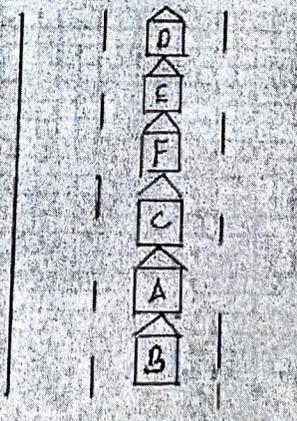
[Handwritten Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan



- A - 66H 7293X
- B - 66E 8357Y
- C - 66R 9869C
- D - 66A 7971E
- E - YG6175D
- F - 66N 2450F

PN JENARDIERIK (SMALL CAP)

FORZA WIFI LINK

SSID: TP-LINK_9B60

SSID: TP-LINK_9B60.56

headmaster@gmail.com - 2017/03/20
 enquiry@forza.com - 2017/03/20
 enquiry@forza.com - 2017/03/20
 classof@forza.com - 19/03/17 5X
 forza@forza.com - forza@forza.com

> Back to OneMotoring

Inquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	4900
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