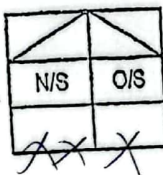


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 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.



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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBJ 42912 Yr Regn: 17/4/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Dyna 150 c.c. 2982
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 88595 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTEAT35V 70K 213017
 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 / R/Rim or
 Tyre Size: F: 175 R15
 R: 175 R15
 BS / DUN / EXNOVA / (GY) / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 1/4 mm R/Bal. 1/4 mm
 L/Bal. 1/4 mm L/Bal. 1/4 mm
 D.O.A. 26/8/22 D.O.I. 1/9/22
 Survey held at Sng Ah Tee
 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
	MV-77K <u>Waiting estimate</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.B. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

> 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:

Manufacturing 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 Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

408H

GBJ4291Z

No

07 Sep 2022

TOYOTA

DYNA 150 5MT

Silver

2019

1KD2852363

JTFAT35Y70K213017

-

\$27,082.00

17 Apr 2019

17 Apr 2019

0

\$1,355.00

No

-

\$0.00

16 Apr 2029

C - Goods Vehicle & Bus

10

\$27,589.00

\$18,231.00

\$18,231.00

The information contained herein is correct as at 31 Aug 2022

OK

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 Actual 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	30/08/2022 14:43 (SGT)
Reported by	Driver
Date of Accident	26/08/2022 10:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS JURONG NEAR TO JALAN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ4291Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VCOOLTECH REFRIGERATION PTE LTD
Company Reg No	2XXXXX408H
Email Address	xiong@vcool.biz
Mobile Phone No	(Phone) +65-96218851
Alternative Phone No	-

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	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001493863-01

DRIVER

Name of Driver	LOI WEN YIK
NRIC No	SXXXX536G
Date Of Birth	06/03/1997
Occupation	Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

23/03/2019
3 YEARS AND 5 MONTHS
Male
(Phone) +65-88871450
*
xiong@vcool.biz
BLK 108 WOODLANDS ST 13 #05-162
*
730108
No
Employee
No
*
*

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
HEAVY RAIN
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
Yes
Yes
Yes
4
No
-
-
-
-
-

PASSENGER 1

Name
Gender

PANG TUI HANG
Male

PASSENGER 2

Name
Gender

THIRUVENGADAM SIVAKASI
Male

PASSENGER 3

Name
Gender

MIAH MD LOVELU
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Woodlands West Neighbourhood Police Centre
(Phone) +65-18003639999
(Fax) +65-63640997
1 Woodlands St 12 Singapore 738622
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220829/2139 & SKETCH PLAN.
REMARK: THE IMPACT CAUSING MY ANOTHER 2 PASSENGER ALSO INJURED & CONVEYED TO HOSPITAL BY AMBULANCE.
DUE TO THE IMPACT WAS HUGE, MY LORRY FRT DASHBOARD DROPPED.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD4439L
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 LOI WEN YIK
Gender -
Phone No (Phone) +65-88871450
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBJ4291Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person THIRUVENGADAM SIVAKASI
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBJ4291Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person MIAH MD LOVELU
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

GBJ4291Z

-

Yes

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Sketch Plan

PIE twds Juncy near to Jln Bahr G.F

veh @ GBT 4291Z

veh @ XD4439 L

vJun2022

Describe Circumstance of the Accident

As per police report no T/2022.08.29/2169.

Remarks: The impact causing my another 2 passenger ^{injured &} also conveyed to hospital by ambulance. Due to the impact was huge, my lorry for dashboard dropped.

- ☐ Claim own policy
- ☒ Claim third party
- ☐ Claim OD / TP at other workshop
- ☐ For record purpose

Policy No. SP 201493863-01

Insurer Allianz (C) Veh. No. GBJ 42912

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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

SNG AH TEE MOTOR & PANEL SVC PTE LTD

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20220829/2139

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20220829/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2022 15:00		Vide Report No.:		Station Diary No.: 65	
Informant's Particulars					
Name of Informant: LOI WEN YIK			Address: APT BLK 108 WOODLANDS STREET 13 #05-162 SINGAPORE 730108		
ID Type / ID No.: NRIC NO / S9776536G			Contact No.: Home/Office: Mobile: 88871450		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 06/03/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Air-conditioning/Refrigeration engineering technician			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/08/2022 10:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4291Z	Lorry	TOYOTA		Silver	Slightly Damaged	0
XD4439L	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20220829/2139

2 of 3

Report No. T/20220829/2139

CONTINUATION OF REPORT

Driver Name	LOI WEN YIK	ID No.	S9776536G
Related Vehicle	GBJ4291Z (Lorry)	Contact No.	88871450
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/08/2022	Date Discharge	26/08/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 26/08/2022 about 1030hrs, I was driving my vehicle "GBJ4291Z" along PIE towards the Jalan Bahar. When my vehicle was stationary due to heavy traffic ahead, a Singapore registered registered lorry known as V2 bearing "XD4439L" suddenly collided onto the rear of my vehicle.

As a result, the impact of the collision made my back suffered extreme pain. Subsequently, ambulance came to scene and conveyed me to Ng Teng Fong Hospital where I consulted doctor and given 5 days MC. Traffic Police was also at scene and advised me to lodge accident report after I discharge from hospital.

I did not managed to secure V2 driver particulars. I would like to inform that there is in-car camera inside my vehicle but the CCTV is faulty.

During the time of accident, there was 2 passengers sitting at the front passenger seats and 1 passengers sitting at the rear of the lorry.



**SINGAPORE
POLICE FORCE**



T/20220829/2139

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20220829/2139

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

L /

SR STAFF SGT GOH JIE HENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD SYAKIR BIN ADANAN

Contact No.: 65476236

Signature Of Informant:

Date/Time:

29/08/2022 15:00

Classification Of Case:

NP168