

ASS. REC-BY: Toujan

REF:

CC4/LPC23000397/Tp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / VS / 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report _____ 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:

YQ 7977A

Yr Regn:

2022 Sep

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

Truck / Trailer or

Make:

Toyota Aygo

C.D

2759

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

8679

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SH HUG V4660K00 2759

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NW / S/Rim / STD A/Rim or

Tyre Size:

F:

175 / 75 R15

R:

145 / 80 R13 (D)

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

TOYO / YOKO or

Front

R/Bal.

mm

Rear

R/Bal.

6/6 mm

L/Bal.

mm

L/Bal.

6/6 mm

D.O.A.

D.O.I.

12/1/23

Survey held at

Emi Hk

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

Frt O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Report Format: _____

Lump Sum / L.B.H. (\$)

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : YQ 7977A
Vehicle Model : TOYOTA DYNA
Accident Date : 10.01.2023
Original Reg Date : 28.09.2022

Date : 12.01.2023
Chassis : JHHAGV4660K002459
TP Ins. **LONPAC**

ESTIMATE

1	1 pc	Front Corner Garnish RH	cr
2	1 pc	Front Grille	cr
3	1 pc	Front Grille Base Garnish	cr
4	1 pc	Front Grille Badge	na
5	2 pcs	Front Grille Cover Stopper	
6	1 set	Front Grille Clips	na
7	1 pc	Front Bumper	fn
8	1 pc	Front Bumper Side Cover RH	de
9	1 pc	Front Bumper Bracket RH	?
10	1 pc	Headlamps LED RH	cr
11	1 set	Headlamps Clips	na
12	1 pc	Front Door RH	Ry
13	1 pc	Front Door Wing Mirror RH	pro
14	1 pc	Front Door Side Rubber RH	int
15	1 pc	Front Door Bottom Step Garnish RH	de
16	1 set	Front Bottom Air Tank Wire Harness	fn

Less 25%

Special Nett

1	1 pc	Front Number Plate	45.00
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Labour charge

Panel Beating	Acknowledged by Repairer	600	1,000.00
Spray painting	Signature:	700	1,000.00
Anti rust	Date:	30	90.00
Check Wiring		30	50.00

Tan Jia 1749549 05 days
2/5 Resurvey after repair
12/1/23 @ 5pm
Tan Jia 01/1/23

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	361K
Vehicle Details	
Vehicle No.:	YQ7977A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Jan 2023
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 6AT
Primary Colour:	Silver
Manufacturing Year:	2022
Engine No.:	1GD8907234
Chassis No.:	JHHAGV4660K002459
Maximum Power Output:	-
Open Market Value:	\$33,610.00
Original Registration Date:	28 Sep 2022
First Registration Date:	28 Sep 2022
Transfer Count:	0
Actual ARF Paid:	\$1,681.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Sep 2032
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$37,241.00
COE Rebate Amount:	\$29,792.00
Total Rebate Amount:	\$29,792.00

The information contained herein is correct as at 11 Jan 2023

OK

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	10/1/23	Time of Accident:	1715 hrs
Exact Location:	9101/1 Geylang Rd.		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	YQ 7977A	NRIC / FIN / Passport no:	300720361K
Name of Registered Owner:	Joo Pte Ltd.		
Owner's Email:	300 EE (AUTO) JOOPTGLTD@GMAIL.COM		
Owner's Address:	148 Potong Pasir Ave 1 #03-29 8350148		
Vehicle Make:	Toyota Dyna	Vehicle Model:	
Engine Capacity (cc):	2500CC (AUTO)	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	Ching Ins.		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	DMCVSNW 00118972000		

DRIVER			
Name of Driver:	LIN BRENDAN		
NRIC / FIN / Passport no:	S9603842I	Date of Birth:	5 th FEB 1996
Occupation:	Indoor / Outdoor	Driving Pass Date:	14 SEP 2020
Contact Number:	8383 0699	Gender:	Male / Female
Address:	BLK 249 BUKIT BATOK EAST AVE 5 #03-170 5650249		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / Wet
Video available:	Yes / No		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	YN2034U		
Vehicle Make / Model:			
Name of Driver:	HABIB AHASHAN.		
NRIC / FIN / Passport no:	G6792354K		
Contact Number:	9052 4370		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver


 11/1/23 @ 1210
 Date and time

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;

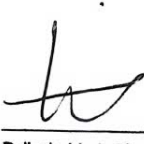
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

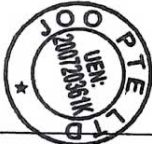
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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.

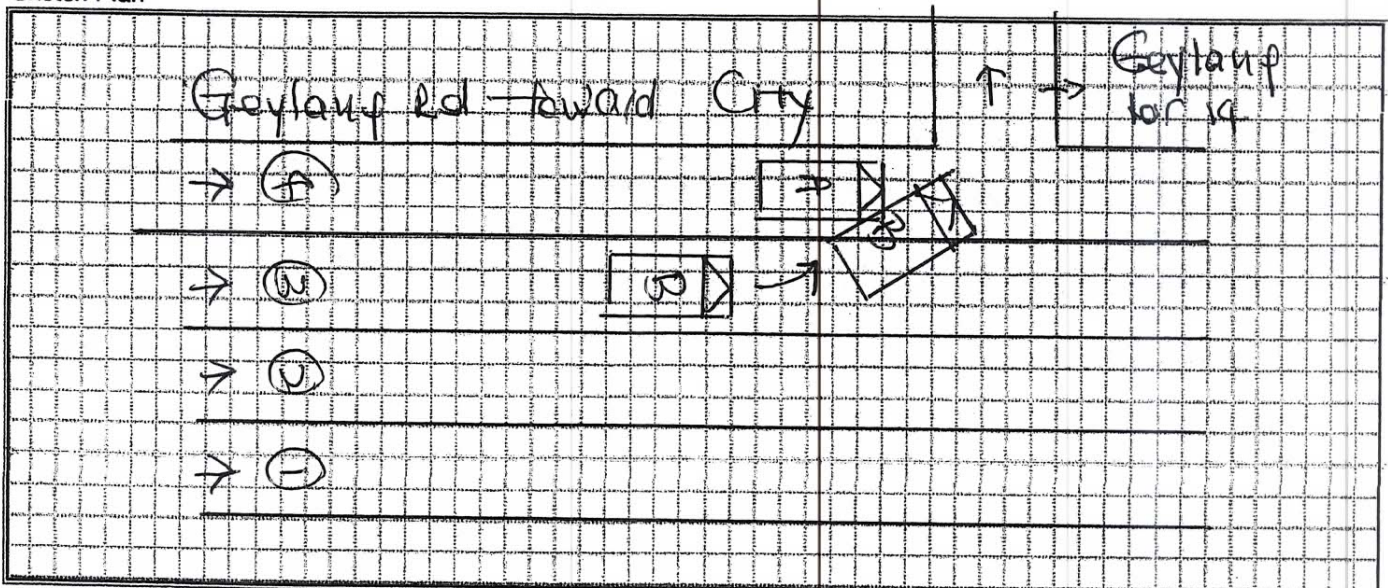

Policyholder's Signature / Date & Time




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

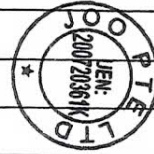
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

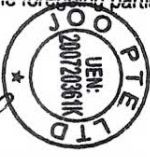
I was travelling along Geylang Rd towards city, before Geylang
Lorong 14 I parked my vehicle on the lane 4 (Extreme left).
Suddenly vehicle B on my right lane 3 cut into my lane and
hit onto my right hand side portion. When turning into Geylang
Lorong 14.



[Handwritten signature]

Declaration

I/We declare the foregoing particulars are true in every respect.

[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
(Name as in NRIC/ID card)