V	i i	COLONDATION
	<u>A</u>	ASSIGNMENT
From:	Date:	Veh No: 4 Q 5974X Yr Regn: 2022 / March
Eslimated Cost:	X	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP/WS/TP RES/OD R	ES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	* * * * * * * * * * * * * * * * * * *	Make: Toyota Dyrig c.c 2754
at Workshop m/s		Colour Ovange A/C: Insured/Std/NI/NA
of		Sp.Reading 20/69 T/Radio; Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: 544 AGV 46 XOK 00/881
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	*	Modi: (Nil / S/Rim / STD A/Rim or
	- 4	Tyre Size: F: 195/R15
(Policy Condition)		R: 165/R13 (D)
Remark: The veh had comm	nenced its N/S	O/S BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time o	of inspection.	T0Y0/Y0K0 or
Bal. or Market Value:	9110k.	Front Rear / //
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 5/4/23 Sur Ah Tee
Lum Sum:	% 3 Val.: Yes or No	Survey field at
	- W	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. /	24 HRS	
CA / REV / REP. /	24 HRS Vehicle: I	TIV / OUT
Date:Pers	24 HRS Vehicle: I vehicle: I	TIV / OUT
Date:Pers	24 HRS Vehicle: I	TIV / OUT
Date:Pers	24 HRS Vehicle: I vehicle: I	TU/OUT
Date:Pers	24 HRS Vehicle: I vehicle: I	TU/OUT
Date:Pers	24 HRS Vehicle: I vehicle: I	TU/OUT
Date:Pers	24 HRS Vehicle: I vehicle: I	TU/OUT
Date: Pers	24 HRS Vehicle: I vehicle: I	TIV / OUT
Date / Time   Action / I	24 HRS Vehicle: I vehicle: I	TIV / OUT
Date:Pers	24 HRS Vehicle: I vehicle: I	The U/C / Chassis frame / Body Structure affected due to collision
Date:Pers	24 HRS Vehicle: I vehicle: I	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / I	24 HRS  Vehicle: I son Contacted:  Instruction	The U/C / Chassis frame / Body Structure affected due to collision  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:
Date / Time   Action / I	Vehicle: I son Contacted: Instruction  : Preli. Report : Final Report	The U/C / Chassis frame / Body Structure affected due to collision  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:
Date / Time   Action / I	Vehicle: I son Contacted: Instruction  : Preli. Report : Final Report	The U/C / Chassis frame / Body Structure affected due to collision  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Structure affected due to collision  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Structure affected due to collision  Survey Fee:  Transportation:
Date / Time   Action / I	Vehicle: I son Contacted: Instruction  : Preli. Report : Final Report	The U/C / Chassis frame / Body Structure affected due to collision  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Trip:  Add Fee:  Site Insp (\$ )s+Rssi  Interview (\$ ) Photos
Date / Time   Action / I	Yehicle: I son Contacted: Instruction  : Preli. Report : Final Report	The U/C / Chassis frame / Body Structure affected due to collision  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  The U/C / Chassis frame / Body Structure affected due to collision  Survey Fee:  Transportation:  Interview (\$
Date / Time   Action / I	Yehicle: I son Contacted: Instruction  : Preli. Report : Final Report	The U/C / Chassis frame / Body Structure affected due to collision  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  S+RS_SI  Interview (\$ )  Interview (\$ )  The U/C / Chassis frame / Body Structure affected due to collision  Survey Fee:  Transportation:  S+RS_SI  Photos  Thech. Invs (\$ )  The U/C / Chassis frame / Body Structure affected due to collision  Pee:  The U/C / Chassis frame / Body Structure affected due to collision  Pee:  The U/C / Chassis frame / Body Structure affected due to collision  Pee:  The U/C / Chassis frame / Body Structure affected due to collision  Pee:  The U/C / Chassis frame / Body Structure affected due to collision  Pee:  Transportation:  S+RS_SI  Transportation:  S+RS_SI  Transportation:  S+RS_SI  Transportation:  The U/C / Chassis frame / Body Structure affected due to collision  Transportation:  Transportation:  Transportation:  S+RS_SI  Transportation:  The U/C / Chassis frame / Body Structure affected due to collision  Transportation:  Transportation:  Transportation:  Transportation:  Transportation:  Transportation:  Transportation:  Transportation:  The U/C / Chassis frame / Body Structure affected due to collision  Transportation:  Transportation:
Date / Time   Action / I	Yehicle: I son Contacted: Instruction  : Preli. Report : Final Report	The U/C / Chassis frame / Body Structure affected due to collision  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  The U/C / Chassis frame / Body Structure affected due to collision  Survey Fee:  Transportation:  Interview (\$
Date / Time   Action / I	Yehicle: I son Contacted: Instruction  : Preli. Report : Final Report	The U/C / Chassis frame / Body Structure affected due to collision  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:

# Sng Ah Tee Motor & Panel Service Pte Ltd (Co.Reg.No:200810440N)

Blk 3 Pioneer Road North, #01-18 Singapore 628457

Tel: 6268 6183 Fax: 6268 1429 Email: sngahtee@singnet.com.sg;darren@sngahtee.com;janice@sngahtee.com

TP INSURER:

China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

ABS LEASING SERVICES PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type:

Policy No:

THIRD PARTY

DMCVSNW00124412204

Ref. No: Date of Loss: Driveable?

24/03/2023

Vehicle Reg. No.:

Party At Fault:

YQ5974X

UNKNOWN

Make/Model:

TOYOTA DYNA 150, 2.8 D 5MT (M)

Vehicle Reg. Date:

11/03/2022

Vehicle Colour:

SILVER

JHHAGV46X0K001881

Chassis No:

JHHAGV46X0K001881

Engine No: Odometer:

0 KM

Paint Type:

Total Loss?

NO

Est. Duration of Repair

(day)

Present Location:

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD (PIONEER)

COST OF CLAIMS		Amount
Parts		2,797.00
Miscellaneous Items		0.00
		1,810.00
Labour Paintwork Labour		0.00
Towing		0.00
Towning	Gross Total (S\$)	4,607.00
		- A
	+ GST 8.00% (S\$)	368.56
	Nett Amount (S\$)	4,975.56

This claim is handled by: JOYCE TAN LAI CHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

#### REPAIR DETAILS

### Reference

Part Source:

(Last Synchronised: 31 Mar 2023)

Parts:

N/A

TOYOTA DYNA 150 2.8 D 5MT (M) (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Validity:

Print Code: Sng Ah Tee Motor & Panel Service Pte Ltd/YQ5974X/31/03/2023 14:08 These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with

the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

## Estimates on Parts

No.	Qty P	art No.	Particulars	%Disc	%Depr	Amount
4	1		*REAR NUMBER PLATE	0	0.00	(NA *25.00 FS
2	1		*REAR BOX TAILGATE	0.00	0.00	bt *1,800.00 F
3	1		*REAR BOX HANDLE	0.00	0.00	bℓ- *50.00 F
4	1		*REAR BOX LOCK	0.00	0.00	? *160.00 F
5	2		*REAR TAILLAMP LH/RH	0.00	0.00	7 *360.00 F
6	20		*RIVET	0.00	0.00	× *60.00 F
7	20		*RIVET	0.00	0.00	× *60.00 F
8	10		*RIVET	0.00	0.00	× *30.00 F
F=Fra	anchise pa	rt. S=SpcNett.				
			Sub Total (S\$)			2,545.00
			+ Margin on L,N Items 10.00% (S\$)			252,00
			Total Parts (S\$)			2,797.00

Sng Ah Tee Motor & Panel Service Pte Ltd/YQ5974X/31/03/2023 14:08. Not valid without Reference section. Generated using Merimen e-Claims IEAS

# Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

## Estimates on Labour

No	Particulars	Lab,Type		Amount
Lab	our Items			
1	TO KNOCK RR END PANEL, REMOVE & REPLACE ABOVE PARTS TO SPRAY PAINTING ON AFFECTED AREAS	New New	400	600.00
3 4	TO CHECK WIRING TO REDRAW COMPANY LOGO	New New	· · ,	30.00
5	TO APPLY ANTI RUST COAT	New	30	600.00 80.00
		Gross Labour Cost (S\$)	•	1.810.00

Sng Ah Tee Motor & Panel Service Pte Ltd/YQ5974X/31/03/2023 14:08. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Faylin 97495749/6756356/ WP'5/4/738 145pm 4/5 Rosny offen upontaught Clahantonom. Hdays

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- . To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- Supprementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

rigi inur

ell's

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: <b>Vehicle Details</b>	135E	
Vehicle No.:	YQ5974X	
Vehicle to be Exported:	No	
Intended Deregistration Date:	06 May 2023	
Vehicle Make:	TOYOTA	
Vehicle Model:	DYNA 150 5MT	
Primary Colour:	Silver	
Manufacturing Year:	2022	
Engine No.:	1GD8881571	
Chassis No.:	JHHAGV46X0K001881	
Maximum Power Output:		
Open Market Value:	\$31,609.00	
Original Registration Date:	11 Mar 2022	
First Registration Date:	11 Mar 2022	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$1,581.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	10 Mar 2032	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$40,113.00	
COE Rebate Amount:	\$35,476.00	
Total Rebate Amount:	\$35,476.00	

The information contained herein is correct as at 29 Mar 2023

SS2Z233R0003 / SNG AH TEE MOTOR & PANEL SERVICE PTE LTD ENTRY DATE & TIME: 27/03/2023 16:59 (SGT) SUBMITTED BY: JANICE CHANG VERSION: 1 (27/03/2023 16:59 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

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 27/03/2023 16:59 (SGT) Date of Submission Actual Driver Reported by 24/03/2023 15:30 (SGT) Date of Accident Bukit Batok Rd, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss **DETAILS OF OWN VEHICLE** Vehicle Registration Number YQ5974X INSURED/POLICYHOLDER Yes Is company? Name Of Registered Owner POKKA PTE. LTD. Company Reg No 1XXXXXX135E SHERVINSIM@POKKA.COM.SG **Email Address** (Phone) +65-91779797 Mobile Phone No Alternative Phone No VEHICLE PARTICULARS Toyota Manufacturer Dyna Model **DYNA 150 5MT** Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Manual Transmission 2755 CC INSURANCE COMPANY Sompo Insurance Singapore Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number D23MTPCVE000170 DRIVER TAN HONG WEE Name of Driver GXXXX866W Passport No/FIN

02/07/1990

Outdoor

Date Of Birth Occupation

Date Of Driving Pass 26/10/2016 Driving experience 6 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-83372914 Alt. Phone Number **Email Address** SHERVINSIM@POKKA.COM.SG Address 817B KEAT HONG LINK #19-99 Address complement KEAT HONG LINK MIRAGE Postcode 682817 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 ON 24/03/2023 @ ABOUT 1530 HRS. I WAS TRAVELLING ALONG BUKIT BATOK RD. WHEN VEHICLE IN FRONT OF ME SLOW DOWN AND STOPPED. I ALSO APPLY MY BRAKE TO STOP. SUDDENLY VEHICLE B COME FROM BEHIND AND COLLIDED ONTO MY VEHICLE REAR PORTION CAUSING MY VEHICLE REAR PORTION DAMAGE. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBE4184B** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

Name of Driver	ROSDI BIN ABD KLAHAB
	SXXXX031D
Contact Number	-
Address	
Address complement	h <del>-</del> 1
Postcode	n=:
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

#### 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
- 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.
- 5 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.
- 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 aforesald.
- 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 (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 refevant 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 enquines 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 Pérsonal 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.

100

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

Bubit Batok 2d

Describe Circumstance of the Accident	
On 24/03/2023 (2 about 1530	hrs . I was
travelling along Butit Batok Rd	. When Jehicle
refront of me slow down and	stopped I also
apply my brake to Stopped. Suc	ddenly Nehicle B
some from behind and collided on	to my vehicle rear
portion causing my webicle rear	portion damage.
	Claim own policy
	## Claim titled party   Claim 0D/TP at other workshop   For record purpose   Policy No D 2 3MTP CVE_000 (7-0)
AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO S OLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.	UBMIT MY OWN DAMAGE CLAIM UNDER MY
Declaration We decare the foregoing particulars are true in every respect.	
Consider the many and the means and the means and the means and the means are also are also and the means are also also are also also also also also also also also	(2/

Driver's Signature (4 driver is not the policyholder) / Date & Time

Accident report SS2Z233R0003

Policyholder's Signature / Date & Time

2

SNG AH TEE MOTOR & PASEL SVC PTE LTD

Winessed by Reporting Centre Personnel (Name as in NRICID card)