

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	08/02/2023 13:22 (SGT)
Reported by	Driver
Date of Accident	07/02/2023 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOON LAY WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4917P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPRING NATURE SERVICES
Company Reg No	53138662K
Email Address	KAGERO98@HOTMAIL.COM
Mobile Phone No	(Phone) +65-62659950
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	2985

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002740913

DRIVER

Name of Driver	KHOO TECK SHIN
NRIC No	S7239069E
Date Of Birth	21/10/1972
Occupation	Outdoor

Date Of Driving Pass	02/05/2003
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97971256
Alt. Phone Number	-
Email Address	KAGERO98@HOTMAIL.COM
Address	67 CORPORATION RISE
Address complement	-
Postcode	618381
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	Clear
Road Surface	Dry

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)	2
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	-

PASSENGER 1

Name	PASSENGER
Gender	Male

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

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	PA911B
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)	1

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



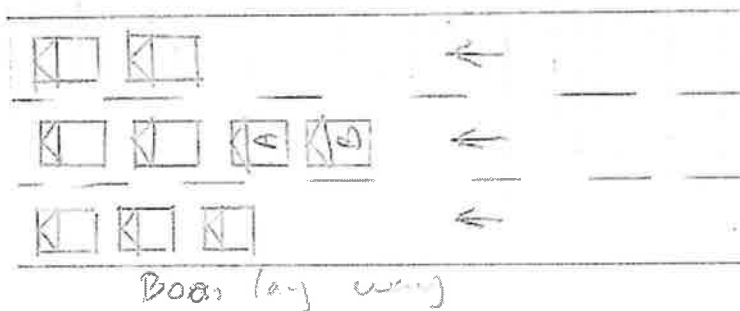
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) 5BC 4917P 2px cm)
 (B) PA 711B 1px



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (A) was traveling along Boon Lay way, traffic was heavy, I slow moving suddenly vehicle (B) hit my rear portion

DECLARATION

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

Signature of Policyholder
 Date & Time

Signature of Driver
 (if driver is not the policyholder)
 Date & Time

Signature of Reporting Centre Personnel
 Name:
 NRIC/PIN No.:











RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard, Suntec City Tower Two #42-01B

Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 15/02/2023

Your Ref No: AW1-jgv-ins-V1-119448-23(jw)

Dear Sir/Madam,

Date of Accident: 07/02/2023 00:00 (SGT)

Vehicle No: GBC4917P

Place of Accident: Boon Lay Way, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
PA911B	Boon Lay Way, Singapore	(31.00)	1	(28.70)
GST Amount				(2.30)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



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ACCIDENT STATEMENT

Date of Submission	08/02/2023 13:02 (SGT)
Reported by	Driver
Date of Accident	07/02/2023 07:55 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA911B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YYX TRANSPORT PTE. LTD.

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
Variant	LT134P
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0005058_03

DRIVER

Name of Driver	VASOO S/O KESEVAN
NRIC No	S73444511
Address	BLK 162B RIVERVALE CRESCENT #03-212
Address complement	-
Postcode	542162
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 6
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

On 7/2/23 at about 7.55am, I was driving PA911B along Boon Lay Way when I did not stop in time and hit of the rear of GBC4917P.

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 GBC4917P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Insurance Company Name -

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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I understand, acknowledge, agree and consent that:

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 - (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 be 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

[illegible]

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

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

Polycyholders Signature / Date & Time

Driver's Signature (Print the polycynder): Dan
& Time

Hung Erme

Witnessed by Reporting Centre Personnel
(Name on NR(CID card))







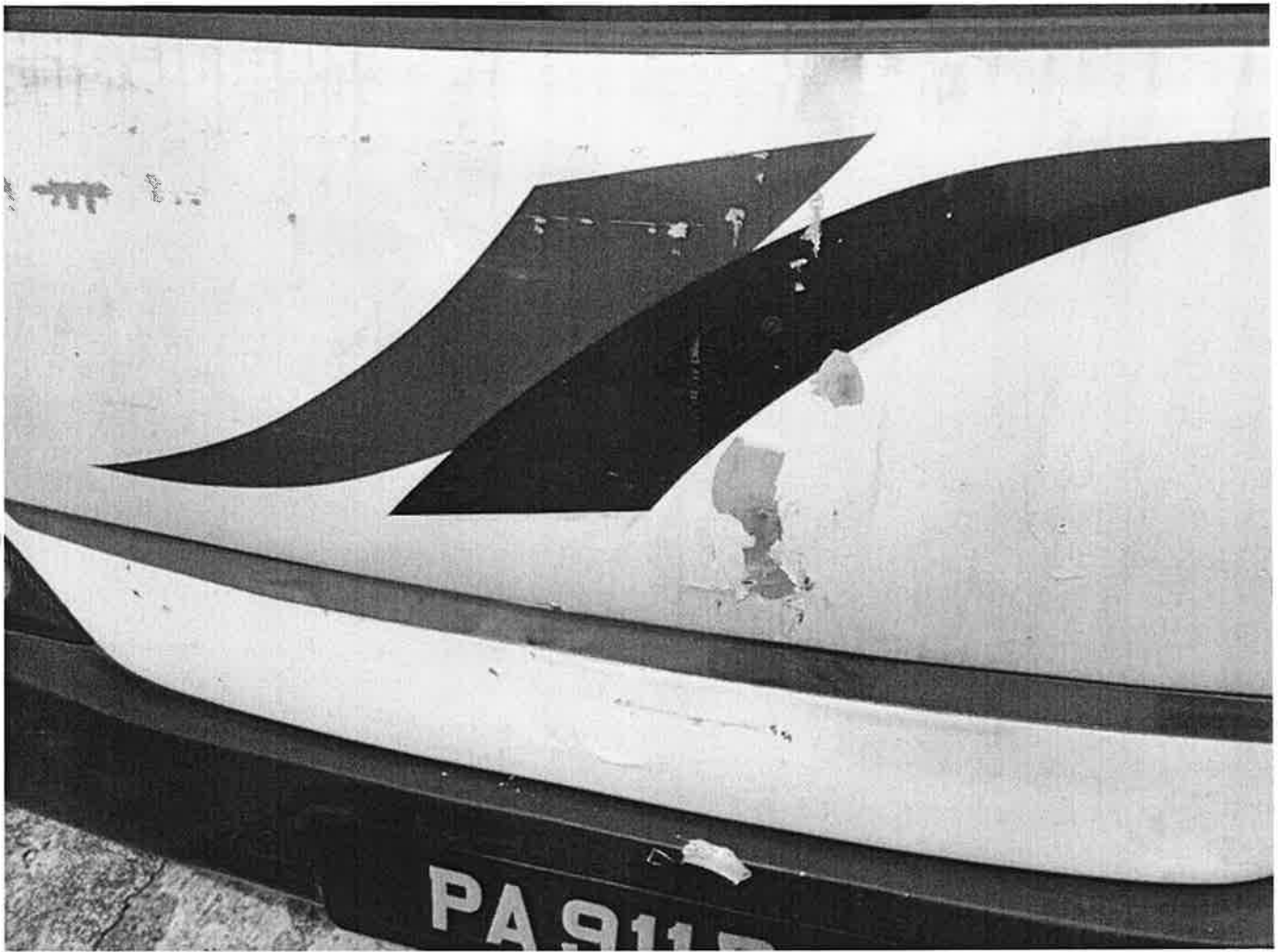








Vehicle Regn No	:	PA911B
Number	:	JALLT134PA7000092
Speed Limiter Type	:	SPEED LIMITATION ON - BOARD SYSTEM (ECM CONTROLLED)
Speed	:	60 Km/h
Origin	:	EX-FACTORY JAPAN
Wheel Size Front	:	11R22.5-14(S)
Wheel Size Rear	:	11R22.5-14(D)







Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 07 Feb 2023 / 08:00:00)

Vehicle Insurance Details

Vehicle No.:

PA911B

Make Description/Model:

ISUZU / LT134P

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20230209095545374829

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print



Thank you

You have successfully logged out.

Your last login date and time was 09 Feb 2023, 09:54:27.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.↓	Asset Type↕	Asset ID↕	Transaction Type↕	Transaction Amount(S\$)↕	Log Date/Time↕
1	Vehicle	PA911B	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	09 Feb 2023 / 09:55:45



V-TECH AUTO SERVICE

No.1 Soon Lee St #06-04/05/06/07 Pioneer Centre Singapore 627605
Tel: 62646211, 62646222 Fax: 62646233 Email: vtech.autoservice@gmail.com
Reg. 52949633W, GST Reg No. M90364098A 24 HRS TOWING SERVICES
Website: <http://vtechauto.com.sg>

PRO FORMA INVOICE

Date	Reference No
07.03.2023	P20230207-001

Bill to
INDIA INTERNATIONAL INSURANCE (S) PTE LTD 64 Cecil Street, #05 - IOB Building , Singapore 049711.

Ship to
GBC 4917 P Toyota Dyna

Rep	Terms	Due Date
CTF	Cash-Gst	

Item	Description	Qty	Rate	Amount
Insurance Claim	The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum repair Contract of:	1	\$ 3,200.00	\$ 3,200.00

Payment must be made within 30 days. A 1.5% per month late payment interest will be levied for all overdue invoices. This is computer generated document.
No signature is required.

Subtotal:	\$	3,200.00
GST (8%):	\$	256.00
Total:	\$	3,456.00
Payments/Credits:	\$	-
Balance Due:	\$	3,456.00

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Billing Name & Address

Spring Nature Services

C/o No. 1 Soon Lee Street

#06-04/05/06/07 Pioneer Centre

Singapore 627605

Invoice No 02-23006/DY

Date 27 Feb 2023

Vehicle No : GBC 4917 P

Model : Toyota Dyna

Item	Descriptions	Amount S\$
1	Date of inspection : <u>15 Feb 2023</u> A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Purchase of films, develop negatives - Storage of negatives - Submission of photographs <u>25</u> copies	
3	Transportation Charges	
4	Final Inspection	
	Total	<u>\$ 465.00</u>
	SDLS : FOUR HUNDRED AND SIXTY-FIVE ONLY	

Notes :

1. All cheque payment should be "Crossed" and made payable to "Pal's Appraiser Pte. Ltd."
2. All cheque should have our "Invoice No." written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



Official Stamp

E & O. E

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Report Reference : TP / 02-23006/DY / 2023
Date of Report : 27 Feb 2023

Spring Nature Services
C/o No. 1 Soon Lee Street
#06-04/05/06/07 Pioneer Centre
Singapore 627605

THIRD PARTY SURVEY

ACCIDENT HAPPENED ON 7 Feb 2023

As per your instruction dated 15 Feb 2023 with regard to the above matter. We have carried out a physical inspection on the said vehicle GBC 4917 P. We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No : GBC 4917 P
Model : Toyota Dyna
Year / Capacity : 2012/2982
Chassis No : JTFAT35Y80K202091
Engine No : 1KD2229736
Mileage : 322505
Colour : Blue

2. TYRES CONDITION

		<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT	O/S	195 R15	Bridgestone	5.00	mm	Normal
REAR	O/S	155 R12	Yokohama	7.00/7.00	mm	Normal
FRONT	N/S	195 R15	Bridgestone	5.00	mm	Normal
REAR	N/S	155 R12	Yokohama	7.00/7.00	mm	Normal

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear portion(s). For more detail of the damages, please see photograph attached.

4. Workshop Address : V-Tech Auto Service
No.1 Soon Lee Street
#06-04/05/06/07 Pioneer Centre
Singapore 627605

5. Estimated normal period of repair : 6 working days to complete.

6. Enclosed number of photograph : 25 copies.

7. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey was done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.

8. Should you discover any discrepancy in the report, please kindly notify us within 2 weeks, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle No: **GBC 4917 P**
 Report No: **TP/ 02-23006/DY / 2023**

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Rear tailgate	Damage	\$ 1137.70	\$ 1137.70
1	Rear tailgate lock hinge	Damage	\$ 110.50	\$ 110.50
1	Rear tailgate stopper bracket	Damage	\$ 105.10	\$ 105.10
1	Rear tailgate 'DYNA' emblem	Necessary	\$ 34.10	\$ 34.10
1	Rear tailgate 'TOYOTA' emblem	Necessary	\$ 118.55	\$ 118.55
1	Rear taillamp	Intact	\$ 293.10	\$
1	Rear taillamp panel	Intact	\$ 105.50	\$
1	Rear sidegate	Damage	\$ 1265.50	\$ 1265.50
1	Rear sidegate lower member	Repair	\$ 625.00	\$
			<u>\$ 3795.05</u>	<u>\$ 2771.45</u>
	Discount	25.0%	\$ 948.76	\$ 692.86
			<u>\$ 2846.29</u>	<u>\$ 2078.59</u>
<u>Special Nett Items</u>				
1	Rear tailgate '70 km/h' sticker	Necessary	\$ 25.00	\$ 25.00
1	Rear tailgate '6 PAX' sticker	Necessary	\$ 25.00	\$ 25.00
			<u>\$ 50.00</u>	<u>\$ 50.00</u>

Spare Parts Total \$ 2896.29 \$ 2128.59

Vehicle No: **GBC 4917 P**
Report No: **TP/ 02-23006/DY / 2023**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 2896.29	\$ 2128.59
1	To disconnect and reconnect, check electrical wiring, harness wires, sockets, replace damaged parts.	\$ 40.00	\$ 20.00
2	To remove and refit rear tailgate aluminium.	\$ 450.00	\$ 250.00
3	To remove and refit rear sidegate aluminium.	\$ 450.00	\$ 250.00
4	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 850.00	\$ 660.00
5	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 850.00	\$ 660.00
6	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 150.00	\$ 90.00
Total		<u>\$ 5686.29</u>	<u>\$ 4058.59</u>

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

\$ 3200.00

SDLS: THREE THOUSAND TWO HUNDRED ONLY


Qualified Appraiser



