

ASS. REC. BY: Typh

REF: CS/SMR2409508/Typh

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐

To Inspect Vehicle No: _____

at Workshop n/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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: 4 days Res.: Yes or No

Lum. Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GRL9995H Yr Regn: 2022 / 08

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

Truck / Trailer or

Make: Citroen E-Berlingo cc -

Colour: White AC: Insured / Std / NI / NA

Sp. Reading: 29317 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VR7EA ZKXZN 5637704

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: III / S/Rim / STD A/Rim or

Tyre Size: F: 215/65R16

R: -

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

TOYO / YOKO or

Front: 6 mm Rear: 6 mm

R/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 2/6/24

Survey held at KFS

Des. of Damages: Rear o/s

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

Date / Time	Action / Instruction
18/06/25 @ 10.19pm	wksp informed that their client has decided to revert to his own insurer for OD claim.
19/06/25	Submit Preli. report.

Date/Time, File Pass to?

☒ : Preli. Report

1) 19/06 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. SI _____

Photos _____

Others _____



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01

CITYHOUSE

SINGAPORE 068877

VEHICLE NO. : GBL9995H

ACCIDENT DATE : 25-09-2024 21:27

THIRD PARTY REF. : SG6344G

DATE : 27-09-2024

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE GBL9995H CITROEN E-BERLINGO 50KWH

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR LAMP RH	3585.00 <i>Cur</i>
2	1	REAR LAMP CLIP	45.30 ?
3	1	REAR BUMPER	2850.00 <i>de</i>
4	1	REAR BUMPER SIDE RH	345.00 <i>de</i>
5	1	REAR BUMPER SIDE RETAINER RH	225.00 <i>de</i>
6	1	REAR BUMPER REINFORCEMENT	1650.00 ?
7	10	REAR BUMPER CLIP @\$10.50	105.00 <i>ner</i>
8	1	REAR BOOT COVER	3250.00 <i>bb</i>
9	1	REAR BOOT CITROEN EMBLEM	245.00 <i>ner</i>
10	1	REAR BOOT HINGE LOWER	225.00 ?
			<hr/>
			12,525.30
			LESS 10 %
			<hr/>
			1,252.53
			<hr/>
			TOTAL (A)
			<hr/>
			11,272.77
			<hr/>
			SPECIAL NETT ITEMS
1	1	REAR BUMPER SENSOR	
2	1	6 PAX STICKER	300.00 ?
3	1	REAR WINDSCREEN GUM	15.00 <i>ner</i>
			50.00 <i>ner</i>
			<hr/>
			TOTAL (C)
			<hr/>
			365.00
			<hr/>

LABOUR CHARGES

1 1 TO CHECK WIRING SYSTEM

50.00 *30*



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VEHICLE NO. : GBL9995H
ACCIDENT DATE : 25-09-2024 21:27
THIRD PARTY REF. : SG6344G

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	TO REMOVE/REFIT REAR WINDSCREEN GLASS	100.00 80
3	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	980.00 500
4	1	SPRAYPAINTING CHARGES	780.00 500
TOTAL (D)			1,910.00
ESTIMATE TOTAL			13,547.77

Tanfiah 97495749/62563561
WP' 2/10/24 @ 1015
Tanfiah @ 11hant.com
3 4 days.
p/p Resurvey before repair

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) allowed
- Supplementary item(s), must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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 First Submission	26/09/2024 11:03 (SGT)
Reported by	Actual Driver
Date of Accident	25/09/2024 21:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT JELEBU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL9995H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CANATEC PTE LTD
Company Reg No	2XXXXX354K
Email Address	MAX@CANATEC.COM.SG
Mobile Phone No	(Phone) +65-94373878
Alternative Phone No	(Office) +65-67499207

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	CITROEN / E-BERLINGO 50KWH
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129884658-02

DRIVER

Name of Driver	NG CHENG SAN
NRIC No	SXXXX740A
Date Of Birth	28/04/1966
Occupation	Outdoor
Driving Pass Date	04/02/1999
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94373878
Alt. Phone Number	-
Email Address	MAXNG1966@GMAIL.COM
Address	BLK 448 BUKIT PANJANG RING ROAD 14-547 SINGAPORE 670448
Address complement	-
Postcode	-
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)	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

REFER TO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SG6344G
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LOOI YEOK SUM
NRIC No	SXXXX937I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SBS BUS NO 974
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.
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

A: GBL 9995 H
B: Bus No 974

Describe Circumstance of the Accident

I was travelling along Telok Road.
My vehicle stopped due to traffic light
was red. Bus No 974 came out
from Petir Road and he collided
into the rear of my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

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

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

