REF: CS/SMO 2H100277H/AVP3

ASSIGNMENT

From: Date:

Estimate Cost:

OD / PAS / TP RES / CD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop/s

of

Insured: YN 4178A

Policy No.

Claim's No. CMTD2403196/GPL

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 Rport: 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: GBG2519Y Yr Regn: 2017, July

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

Make: Toyota Hiace c.c 2982

Colour Silver A/C: Insured / Std / NI / NA

Sp.Reading 133534 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P000218886

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15C

R: 195R15C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	1/10/24	D.O.I.	17/10/24

Survey held at Chia Auto

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
	TP Sompo COE Expiry :
25/11/24	LS $2700 confirmed by email (Red 5524.38, 67%)
	Estimate given during : Yes (✓) / No ( )
	MV : 37K 1st Survey
	PV : 5.8K
	Nett : 31.2K

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

Survey Fee:

Transportation: S + RS SI

Photos

Others

SC2524A10006 / Chia Auto Services Pte Ltd
ENTRY DATE & TIME: 01/10/2024 18:43 (SGT)
SUBMITTED BY: Sharon Chia
VERSION: 1 (01/10/2024 18:43 (SGT))

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 witholding 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	01/10/2024 18:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/10/2024 15:05 (SGT)
Exact Location of Accident	5 Temasek Blvd, Singapore 038985
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2519Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BARANI ENTERPRISE
Company Reg No	5XXXX586E
Email Address	NGLM1963@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98280451
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2024-V0104802

DRIVER

Name of Driver	LEONG CHEE MUN
NRIC No	SXXXX622H
Date Of Birth	22/04/1967
Occupation	Outdoor
Driving Pass Date	27/12/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96372988
Alt. Phone Number	-
Email Address	NGLM1963@YAHOO.COM.SG
Address	BLK 20 ST. GEORGE'S ROAD #03-114
Address complement	-
Postcode	SINGAPORE 321020
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	Side Swipe
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	SAM
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4178A
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)	-

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 Authorised 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. The 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.
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.

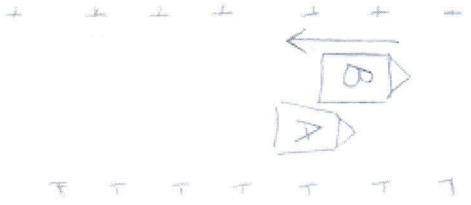
(collectively the "**Purposes**")

(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

Sketch Plan



(A) GBG 2519Y

(B) YN 4178A

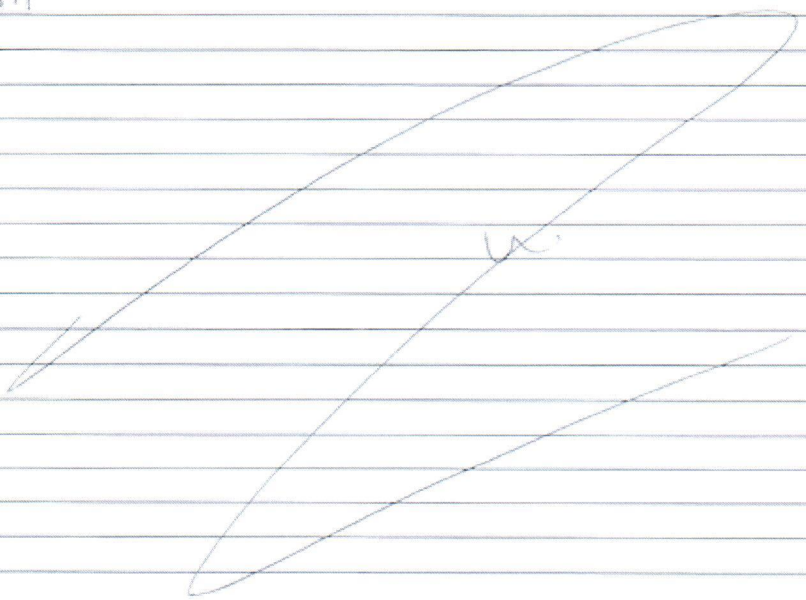
SKETCH PLAN #2

Describe Circumstances of the Accident

On 01/10/2024 at about 1503hrs at premises of Suntec City loading bay. There was a vehicle (B) parked in the middle of the driveway and blocked the entrance, and I overtake his vehicle and suddenly vehicle (B) made a quick reverse and hit onto the left portion of my vehicle (A) causing damages to my vehicle.

(A) GBG2519Y

(B) YN4178A



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

Declaration

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

ENTERPRISE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

CHIA AUTO SERVICES PTE LTD

23 Kaki Bukit Avenue 4 #04-01 Vicom Inspection Centre Singapore 415933

Tel: 6243 1373

Reg. No: 201538764H

CA3SERVICES@GMAIL.COM

ATTENTION:	MOTOR CLAIMS DEPARTMENT
DATE:	17-10-24
CLAIM TYPE:	T/P CLAIM
TO:	SOMPO
VEHICLE DETAILS	
VEHICLE NO:	GBG2519Y
MAKE & MODEL:	TOYOTA HIACE
CHASSIS NO:	
ACCIDENT DETAILS	
DATE:	1 October, 2024
TIME:	1505HRS
THIRD PARTY REQUESTOR:	JACK LI

CLAIM DETAILS: PARTS

S/N:	DESCRIPTION	QTY:	UNIT LIST PRICE	TOTAL LIST PRICE
1	SLIDING DOOR LH Repair	1	$ 2,955.30	$ 2,955.30
2	REAR FENDER LH Distbd	1	$ 2,877.20	$ 2,877.20
3	REAR RAILWAY PANEL Best	1	$ 890.00	$ 890.00
4	REAR RAILWAY PANEL END Cond	1	$ 160.00	$ 160.00
5	TAILLAMP LH Cond	1	$ 350.00	$ 350.00
		TOTAL PRICE		$ 7,232.50
		LESS 25%		$ 1,808.13
		SUB TOTAL PRICE		**$ 5,424.38**

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

1	PANEL BEATING, REMOVAL AND REPLACING PARTS	1	$ 1,200.00	$ 1,200.00
2	TO SPRAY PAINT AFFECTED AREA	1	$ 1,200.00	$ 1,200.00
3	TUFF COAT	1	$ 200.00	$ 200.00
4	WIRING CHECK	1	$ 80.00	$ 80.00
5	REMOVE AND REFIX FRONT DOOR MECHANISM	1	$ 120.00	$ 120.00
		TOTAL	**$ 2,800.00**	

ESTIMATE REPORT

TOTAL PARTS COST	$	5,424.38

TOTAL LABOUR COST	$	2,800.00
TOTAL REPAIR COST	$	8,224.38

APPROVED DETAILS:

SURVEYOR:

CONTACT NO.:

PART BY PART/LUMP SUM

NO. OF DAYS

Adrian
I/S 17/10/24
05 Days

CHIA AUTO SERVICES PTE LTD

23 Kaki Bukit Avenue 4 #04-01 Vicom Inspection Centre Singapore 415933

Tel: 6243 1373

Reg. No: 201538764H

CA3SERVICES@GMAIL.COM

ATTENTION:	MOTOR CLAIMS DEPARTMENT
DATE:	17-10-24
CLAIM TYPE:	T/P CLAIM
TO:	SOMPO
VEHICLE DETAILS	
VEHICLE NO:	GBG2519Y
MAKE & MODEL:	TOYOTA HIACE
CHASSIS NO:	
ACCIDENT DETAILS	
DATE:	1 October, 2024
TIME:	1505HRS
THIRD PARTY REQUESTOR:	JACK LI

CLAIM DETAILS: PARTS

S/N:	DESCRIPTION	QTY:	UNIT LIST PRICE	TOTAL LIST PRICE
1	SLIDING DOOR LH Repair	1	$ 2,955.30	$ 2,955.30
2	REAR FENDER LH Distlld	1	$ 2,877.20	$ 2,877.20
3	REAR RAILWAY PANEL Best	1	$ 890.00	$ 890.00
4	REAR RAILWAY PANEL END ?	1	$ 160.00	$ 160.00
5	TAILLAMP LH ?	1	$ 350.00	$ 350.00
		TOTAL PRICE		$ 7,232.50
		LESS 25%		$ 1,808.13
		SUB TOTAL PRICE		**$ 5,424.38**

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

1	PANEL BEATING, REMOVAL AND REPLACING PARTS	1	$ 1,200.00	$ 1,200.00	500
2	TO SPRAY PAINT AFFECTED AREA	1	$ 1,200.00	$ 1,200.00	400
3	TUFF COAT	1	$ 200.00	$ 200.00	30
4	WIRING CHECK	1	$ 80.00	$ 80.00	30
5	REMOVE AND REFIX FRONT DOOR MECHANISM	1	$ 120.00	$ 120.00	X
		TOTAL	**$ 2,800.00**		

ESTIMATE REPORT

TOTAL PARTS COST	$	5,424.38

TOTAL LABOUR COST	$	2,800.00
TOTAL REPAIR COST	$	8,224.38

APPROVED DETAILS:

SURVEYOR:

CONTACT NO.:

PART BY PART/LUMP SUM

NO. OF DAYS

Adrian Ng
I/S 17/10/24
05 Days

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

Acknowledged by Repairer

Signature:

Date:

CHIA AUTO SERVICES PTE LTD

23 Kaki Bukit Avenue 4 #04-01 Vicom Inspection Centre Singapore 415933

Tel: 6243 1373

Reg. No: 201538764H

CA3SERVICES@GMAIL.COM

ATTENTION:	MOTOR CLAIMS DEPARTMENT
DATE:	17-10-24 JTFHT02P000218886
CLAIM TYPE:	T/P CLAIM
TO:	SOMPO
VEHICLE DETAILS	
VEHICLE NO:	GBG2519Y
MAKE & MODEL:	TOYOTA HIACE
CHASSIS NO:	
ACCIDENT DETAILS	
DATE:	1 October, 2024
TIME:	1505HRS
THIRD PARTY REQUESTOR:	JACK LI

CLAIM DETAILS: PARTS

S/N:	DESCRIPTION	QTY:	UNIT LIST PRICE	TOTAL LIST PRICE	
1	SLIDING DOOR LH Repair	1	$ 2,955.30	$ 2,955.30	+
2	REAR FENDER LH Dished	1	$ 2,877.20	$ 2,877.20	= 1875
3	REAR RAILWAY PANEL Best	1	$ 890.00	$ 890.00	—
4	REAR RAILWAY PANEL END Endd	1	$ 160.00	$ 160.00	—
5	TAILLAMP LH Endd	1	$ 350.00	$ 350.00	—
			TOTAL PRICE	$ 7,232.50	
			LESS 25%	$ 1,808.13	
			SUB TOTAL PRICE	**$ 5,424.38**	3,424.38

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

1	PANEL BEATING, REMOVAL AND REPLACING PARTS	1	$ 1,200.00	$ 1,200.00	500
2	TO SPRAY PAINT AFFECTED AREA	1	$ 1,200.00	$ 1,200.00	400
3	TUFF COAT	1	$ 200.00	$ 200.00	30
4	WIRING CHECK	1	$ 80.00	$ 80.00	30
5	REMOVE AND REFIX FRONT DOOR MECHANISM	1	$ 120.00	$ 120.00	+
			TOTAL	**$ 2,800.00**	960

ESTIMATE REPORT

TOTAL PARTS COST	$	5,424.38

TOTAL LABOUR COST	$	2,800.00
TOTAL REPAIR COST	$	8,224.38

APPROVED DETAILS:

SURVEYOR:
CONTACT NO.:
PART BY PART/LUMP SUM
NO. OF DAYS

Adrian
I/S 17/10/24
05 Days.

2307.90
+ 960.00
4167.90
-20% 833.58
3334.32

Lump Sum
$ 3300 & 5 Days.