

REF:

CS/LIP24120026/Avh3

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

OD / ~~TP~~ / TP RES / OD RES / EVA / INV / MV

To in _____ Vehicle No: _____

at _____ km/s

of _____

Insured: **XD 3262K**

Policy No

Claims No **BVS24/0837**

Sum Insured

Excess: _____

(Client's Record)

Make of Vehicle

(Policy Condition)

Remark: Vehicle had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

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

Est. Repair: _____ 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: **YP 3294T**Yr Regn: **2016 / July**

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

Truck / Trailer or

Make: **Isuzu NPR75**C.D. **5193**Colour: **Green**

A/C: Insured / Std / NI / NA

Sp. Reading: **582201**

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JAAANPR75HF7106333**Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **215/75R17.5**

Capses

R: **215/75R17.5** Triangle

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

TOYO / YOKO or **Triangle**

Front

Rear

R/Bal. **06** mmR/Bal. **06** mmL/Bal. **06** mmL/Bal. **06** mmD.O.A. **13/11/24**D.O.I. **03/12/24**Survey held at **Kinny Way**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

24/3/25

TP Liberty
LS \$4100 (red 10,300, 71%)

COE Expiry

Estimate given during : Yes ()

1st Survey No ()

MV: **321k** (Depreciation @ 201k x 1.645 = 321k)PV: **800**Nett: **31.21k**

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$

Days Of Repair: **4**

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS. \$1

Photos

Others

Report Format: _____

E-mail Form / IP / PC



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	15/11/2024 17:05 (SGT)
Reported by	Actual Driver
Date of Accident	13/11/2024 12:30 (SGT)
Exact Location of Accident	160 Sin Ming Dr, Singapore 575722
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3294T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EFFICIENT TOWING SERVICES
Company Reg No	53349344K
Email Address	EFFICIENTTOWING.SG@GMAIL.COM
Mobile Phone No	(Phone) +65-85888877
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR75UH5A
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	Goods vehicle
Transmission	Auto
CC	5193
Vehicle Fuel	Diesel
First Registration Date	01/07/2016
Chassis no	JAANPR75HF7106333
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2006462796-01

DRIVER

Name of Driver	BAI XIAO WEI
Passport No/FIN	G5348621K
Date Of Birth	02/06/1981
Occupation	Outdoor
Driving Pass Date	25/02/2016
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88105518
Alt. Phone Number	-
Email Address	EFFICIENTTOWING.SG@GMAIL.COM
Address	403 SIN MING AVENUE #13-307 SIN MING GARDEN S 570403
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 - Major/Minor Rd
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 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	XD3262K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Goods vehicle
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 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.

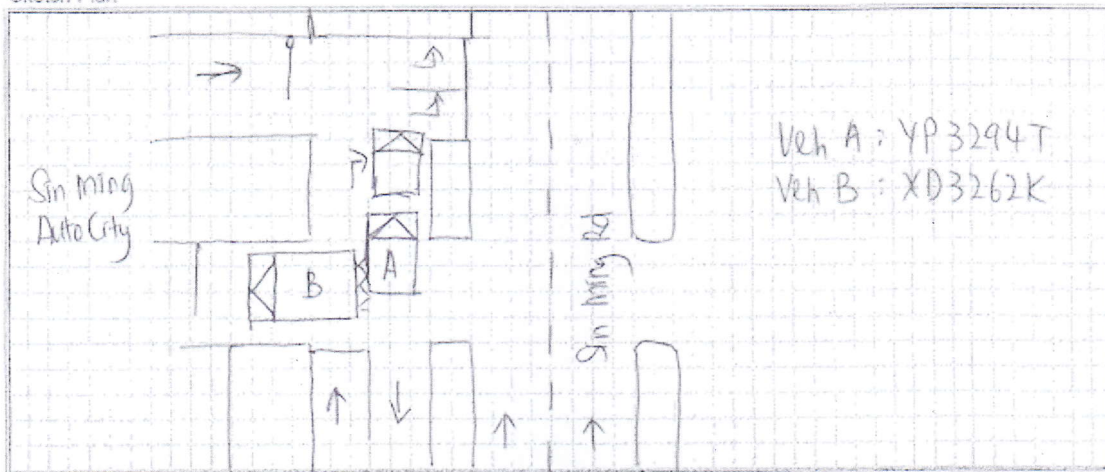


Policyholder's Signature / Date & Time

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 Circumstances of the Accident

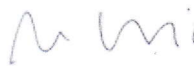
On above date & time, I was driving my vehicle A (YP 32947) traveling along Sim Ming Auto City services road going out from gantries and waiting road to clear and made my right turn, my vehicle was stationary at the single lane service road. Out of sudden, vehicle B (XD3262K) which from my left made a sudden reverse. As a result, the rear portion of vehicle B collided onto my left portion of my vehicle.

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)

KING'S WAY AUTOMOTIVE PTE LTD

Company Registration No. 202440629G
435B Northshore Drive #07-1523 Singapore 822435
Email : kingswayclaim@gmail.com

Tel : 81890682

ESTIMATE

EFFICIENT TOWING SERVICES
402B FERNVALE LANE
#22-229
SINGAPORE 792402

Accident Date: 13/11/2024
Vehicle No.: YP3294T
Model: ISUZU NPR75UH5A AMT
Chassis/Eng#: JAANPR75HF7106333/4HK1426809

SUPPLEMENTARY ITEMS

No	Description Of Parts		Qty	Unit Price	Amount
1	REAR TOW CARRIER <i>Best</i>	S	1	\$ 4,800.00	\$ 4,800.00
2	REAR TOW CARRIER HYDRAULIC HOSE (DISCHARGE) <i>3m</i>	S	1	\$ 450.00	\$ 450.00
3	REAR TOW CARRIER HYDRAULIC HOSE (RETURN) <i>3m</i>	S	1	\$ 450.00	\$ 450.00
4	REAR TOW CARRIER HYDRAULIC PUMP <i>Pump</i>	S	1	\$ 4,800.00	\$ 4,800.00
5	REAR TOW CARRIER LOCK PIN <i>200 m</i>	S	1	\$ 400.00	\$ 400.00
Sub-total :					\$ 10,900.00
Parts Total:					\$ 10,900.00

3800
+ 800 Local Pump

LABOUR

1	To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	\$ 1,500.00
2	To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	\$ 2,000.00
Labour total		\$ 3,500.00
Parts & Labour total		\$ 14,400.00

800
600

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:

Adrian G
h/s 04 days