

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/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 Report _____ Consistent?: Yes or No
GIA / PR Seent _____ Consistent?: Yes or No
Est. Repairs: _____ 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: G8545347 Yr Regn: 2019, 04
Type: M.Car / M.Cycle / Bus / Van / Truck / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Dyna c.c. 2482
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 149.085 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTEAT 353 20K 212 809
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Mod: Mi / S/Rim / STD A/Rim or _____
Tyre Size: F: 195/75 R15 195/75 R15
R: 155R12 155R12C
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Vantour
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 8/7/24
Survey held at Twin wheels
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear o/s
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prell. Report
1) ☐ : Final Report

Date/Time, File Return to?
2) _____

Rep. Format: _____
Lump Sum / L.B.B. ()

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:	
Transportation:	
\$ + RS. \$1	
Photos	
Others	
TOTAL	

TWIN WHEELS AUTO TRADING ENTERPRISE

38 Woodlands Industrial Park E1 #03-14
Singapore 757700

TEL: 6457 0410 / 6765 2616

EMAIL: twinauto@singnet.com.sg

Date : 08/07/2024

ATTN: MOTOR CLAIM DEPARTMENT

INSURED: NEW DEVELOPMENT CONSTRUCTION

H/P: 6749 5688

Dear Sirs / Madam,

Accident Claim for Vehicle No. GBJ 4534 Z Involving Vehicle No. SND 4059 T

Accident on 30/06/2024 at 12:25pm along Upper Bukit Timah Road.

With reference to the above vehicle. We hereby submit a list of parts required to be changed and append below the charges for changing and repairing ;

NO	PARTS REPLACEMENT	QTY	LIST PRICE
1	REAR TAILGATE	1PC	\$ <i>bf</i> / 1,487.80
2	REAR TAILGATE STICKER (NDC)	1PC	\$ <i>ney</i> / 100.00
3	REAR TAILGATE STICKER (13PAX)	1PC	\$ <i>hdi</i> / 20.00
4	REAR TAILGATE STICKER (70KM)	1PC	\$ <i>ney</i> / 20.00
5	REAR R/H SAFETY LOCK	1PC	\$ <i>bf</i> / 243.00
6	REAR STOPPER	1PC	\$ <i>cut</i> / 131.00
7	REAR STOPPER PILLA	1PC	\$ <i>Rv</i> / 170.00
8	REAR LAMP R/H	1PC	\$ <i>cony</i> / 335.00
9	REAR EXHAUST BOX PIPE	1PC	\$ <i>x</i> / 650.60
10	REAR R/H SIDE BOARD	1PC	\$ <i>Rx</i> / 1,700.00
11	REAR R/H SIDE BOARD STICKER (NOC)	1PC	\$ <i>nelly</i> / 100.00
12	REAR TAILGATE STICKER (DYNA)	1PC	\$ <i>ney</i> / 20.00
13	REAR TAILGATE STICKER (TOYOTA)	1PC	\$ <i>x</i> / 180.20
	TOTAL LIST PRICE		\$ 5,157.60
	LESS 20%		\$ (1,031.52)
	TOTAL AMOUNT		\$ 4,126.08

NO	PARTS REPLACEMENT	QTY	SPECIAL NETT PRICE
1	REAR REVERSE SENSOR	1SET	\$ <i>200nw</i> / 280.00
	TOTAL SPECIAL NETT		\$ 280.00
	TOTAL AMOUNT		\$ 4,406.08

LABOUR:		
1	LABOUR TO SPRAY PAINT	\$ 600 680.00
2	LABOUR TO PANEL BEATING	\$ 400 680.00
TOTAL LABOUR		\$ 1,360.00
TOTAL AMOUNT		\$ 5,766.08

THANK YOU

FROM:

Twin Wheels Auto Trading Enterprise

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:

62563561
Taufik 97495749
WP' 8/7/24 2320pm
c/s Resurvey after repair
for 24 days



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	01/07/2024 16:34 (SGT)
Reported by	Actual Driver
Date of Accident	30/06/2024 12:25 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	TURN RIGHT TO OLD JURONG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4534Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NEW DEVELOPMENT CONSTRUCTION
Company Reg No	52951817A
Email Address	twinauto@singnet.com.sg
Mobile Phone No	(Phone) +65-67495688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070037509-04

DRIVER

Name of Driver	ISLAM SHERAJUL
Passport No/FIN	G2370016L
Date Of Birth	05/02/1989
Occupation	Outdoor



Driving Pass Date	31/01/2022
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80196179
Alt. Phone Number	-
Email Address	twinauto@singnet.com.sg
Address	421 TAGORE INDUSTRIAL AVENUE #01-10 TAGORE 8
Address complement	-
Postcode	787805
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 - Change/cross lane
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)	5
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	NA
Gender	Male

PASSENGER 2

Name	NA
Gender	Male

PASSENGER 3

Name	NA
Gender	Male

PASSENGER 4

Name	NA
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 11

Vehicle Registration Number	SND4059T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

SKETCH PLAN

68J 4534 Z
New development
30/6/24

IMPORTANT NOTICE

1. This form is to be completed by the insured party or the driver of the vehicle involved in the accident.
2. The form is to be completed by the driver of the vehicle involved in the accident.
3. Information provided on this form is for the use of the police only. Any information provided to the police is for the use of the police only and is not to be used for any other purpose.
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. The report will be forwarded to the General Insurance Association of Singapore (GIA) for archiving and a trial version of this report will for a fee be made available upon Application by interested parties.
7. By the submission 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 elsewhere.

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/are 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

PLEASE
TURN
OVER

PLEASE TAKE TIME TO READ CAREFULLY, AND HAVE MEANS TO PAY THE CLAIM TO THE POLICE OFFICE/DAMAGE
 Claim under your own policy can be paid. Please check your policy for more information.
☐ Commercial Policy ☐ Private Policy ☐ Personal Only
☐ Claim OD, TP or other workshop

A → G6J 45342
 B → ~~9ND 4059 T~~
 9ND 4059 T

old Juny road

upper Bukit Timah road

I was travelling along upper Bukit Timah. stopped behind vehicle c with my right signal on and waiting for the traffic light to turn green. I was on the second on my right this lane allow me to turn right only. when the traffic light turn green the front vehicle move forward to turn right, I also follow to turn right to follow my lane. Vehicle B was on the first lane didn't turn right going straight and hit onto my lorry rear right side parton.

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)