ASS. REC. BY: Kenneth

REF: ICS/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Limk

of 365D

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: $ 36K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1-3,1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBG 5010C Yr Regn: 08,17

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

Make: Volkswagen Caddy c.c 1968 TDI

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

Sp.Reading 193905 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WV1ZZZ2KZHX162112

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	12/7/24	D.O.I.	19/7/2024

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

Frt N/S

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format :

Lump Sum / I.B.I: ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

来發（明記）摩哆有限公司
LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267
GST No: M2-0128609-3
UEN: 199407592C

ESTIMATE

EST. No .....: EST0035268
Fidel Engineering & Trading Pte Ltd

Page .....: 1 of 1
Your ref. .....: TP-SLN 9940L ECICS
Job No. .....: 74578
Our ref .....: 24.07.20
Payment .....:
Date .....: 15/7/2024

Not Authorised
Resurvey B4 paint
3 days

Attn .....:

Vehicle No ...: GBG 5010C
Vehicle Model : Volkswagen Caddy
Accident on ..: 12/7/2024

Quantity	Unit	Description		Unit price	Disc. pct.	Amount
		Supply of Parts-Nett item:				
1.00	Pc	Front bumper	Buckle	1,380.28	10.00	1,242.25
1.00	Pc	Front bumper retainer LH		158.42	10.00	CM 142.58
1.00	Pc	Front fender LH		1,193.84	10.00	R 1,074.46
1.00	Pc	Front fender inner shield LH		199.47	10.00	CM 179.52
1.00	Pc	Front headlamp LH	CM	1,049.86	10.00	944.87
		Labour & Misc:				
1.00		Computerised wheel alignment		60.00		NA 60.00 X
1.00		To knock dents on front fender bracket LH and renew parts		400.00		400.00 360L
1.00		To spray paint		400.00		400.00 360L

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:

Sub-Total		4,443.68
GST 9.00%		399.93
Total	S$	4,843.61

司拥有最先进的 CAROLINER MARK IV 机械，可提供给多种款式的车身及给于快速与准确的测量方式和大铁修理。
，还有先进的 SAICO Deluxe 喷漆烘炉。
services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the suppor
system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO
ke oven heater for re-spraying all motor vehicles."

SL0M247C0005 / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: 12/07/2024 16:17 (SGT)
SUBMITTED BY: Jenny Lim
VERSION: 1 (12/07/2024 16:17 (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	12/07/2024 16:17 (SGT)
Reported by	Actual Driver
Date of Accident	12/07/2024 13:57 (SGT)
Exact Location of Accident	Sin Ming Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5010C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Fidel Engineering And Trading Pte Ltd
Company Reg No	2XXXXX365D
Email Address	kauhau@fidelengineering.com
Mobile Phone No	(Phone) +65-98806166
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Caddy
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	Auto
CC	1968

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	Yap Kar Hau
NRIC No	SXXXX548B
Date Of Birth	20/07/1992
Occupation	Outdoor

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

12 JUL 2024

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

12 JUL 2024

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

Jenny Lim

Sketch Plan