

22/03/2007

ASS. C. BY:

REF:

es/GAI18011728/ Ard3e2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Kelvyna Ngian

of

GAI

Date/Time:

27/6/2018 @ 10:44am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBB7767R

Insured:

YP 1717D

at Workshop m/s

People's Vehicle Recovery

Tel:

6743 3246

of

Blk 3023A # 01-60 Ubi Rd 1

Policy No:

Claim No:

YP 1717D

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25/06/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

2:20pm @ 27/6/18

Person Contacted:

jane

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓) Estimate

GBB7767R - NA/EQI18011533/K4

DOA: 25/6/2018

YP 1717D - NA/EQI18011533/K4

DOA: 25/06/2018

Confirm LIs \$ 1900 @ 4days

Red - 2498.85 571

ASS. REC. BY: Adrian King

REF:

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 Rpt: _____ 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: G8B7767R Yr Regn: 2010 May

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

Truck / Trailer or

Make: Toyota Dyna C.C. 2982

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

Sp. Reading: 284559 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: JTAT35430K 201155

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 MEXEN

R: 155R13C BS

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. _____ D.O.I. 10/07/18

Survey held at People

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 Great American

RECEIVED 28 AUG 2018

RECEIVED 11 SEP 2018 extend W

9187K

Date/Time, File Pass to?

☐

: Preli. Report

1) typist

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: -

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

____ S + RS. ____ SI

Photos

Others

TOTAL

250

250

Report Format: TP

Lump Sum / L.P. (\$ 1900)

Catherine Chong (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Wednesday, 27 June, 2018 10:44 AM
To: SUR; Catherine Chong (LKK Auto)
Subject: FW: Re: Arrange surveyor for TP Vehicle No: GBB 7767 R Your ref: YP 1717 D
Attachments: GBB 7767 R GIA 26062018.pdf; YP1717D.pdf

Hi team,

Please do TP survey

Thanks
Kelvyna

From: People Vehicle <peoplevehicle@gmail.com>
Sent: Tuesday, June 26, 2018 7:06 PM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: [External] Re: Arrange surveyor for TP Vehicle No: GBB 7767 R Your ref: YP 1717 D

We hereby would like to select below:-

LKK Auto Consultants

regards
Janet
Tel: 6743 3246

From: People Vehicle [<mailto:peoplevehicle@gmail.com>]
Sent: Tuesday, June 26, 2018 11:36 AM
To: Customer Service <Customer.Service@sg.gaig.com>
Subject: [External] Arrange surveyor for TP Vehicle No: GBB 7767 R Your ref: YP 1717 D

PEOPLE'S VEHICLE RECOVERY SERVICE
BLK 3023A #01-60 UBI ROAD 1 (S)408717
TEL: 6743 3246 FAX: 6743 0013
GST REGN NO: M90001895E
Email: peoplevehicle@gmail.com

ARRANGING OF SURVEYOR

Date: 26-06-2018

Great American Insurance Company
3 Temasek Avenue #16-01
Centennial Tower

Tel: 6804 6000
Fax: 6235 2616
email:customer.service@sg.gaig.com

S' pore 039190
Attn: Motor Claim Dept

Your ref: YP 1717 D

Re:Accident involving GBB 7767 R and YP 1717 D on 25-06-2018

Kindly arrange survey for our client vehicle No : GBB 7767 R under 3rd party claim

Kindly ket us have the 10 surveyor company name list for us to select for survey under direct settlement

Kindly ask surveyor to call us before coming
(GIA report per attached)
tks

Yours Faithfully,

Janet
Tel: 6743 3246

People's Vehicle Recovery Service
Computer Generated document . No signature is required

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The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

Workshop

summary copy

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 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 ability.
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 Report 25/06/2018 17:22
Date Of Accident 25/06/2018 09:50
Exact Location Of Accident TUAS WEST RD TWDS AYE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB7767R
Insured/Policyholder
Name Of Registered Owner QFC CONSTRUCTION PTE LTD
Co Reg No 200909187K
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-87999286
Alternative Phone No OFFICE-87999286

Vehicle Particulars

Manufacturer TOYOTA
Model -
Exact Purpose for which vehicle was being used at time of accident WORK
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMCPHQ17-005287
Cover Note Number

Driver

Name of Driver MANIVANNAN KARTHIKEYAN
Passport No/FIN G3127297T
Date Of Birth 13/09/1987
Occupation OUTDOOR
Date Of Driving Pass 06/12/2017
Driving Experience 0 YEAR AND 6 MONTH
Gender MALE
Mobile Number (LOCAL) +65-87999286
Fax Number
Contact Number OTHERS-87999286
Email Address NOEMAIL

Address

QFC CONSTRUCTION PTE LTD

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP1717D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TOH POH SOON

NRIC/Passport Number S1567202A

Contact Number 96613525

Address

Postcode

Insurance Company Name

Nature Of Damage

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

M. Karthikeyan
Driver's Signature
(If driver is not the policyholder)
Date & Time:

25/6/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

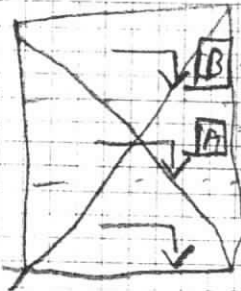
SKETCH PLAN

Tuas West Rd.

→ B

→ A

→



A B

A-GBB7767R

B-YPI717D

↓

↓

↓

↓

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A is driving along Tuas West Road intended to take right to AYE after signal was green. When vehicle A taking right turn slowly around 10 kmph vehicle B overcross vehicle A in fast manner.

After looking the fast approach of vehicle B. The vehicle A try to move away from vehicle B. But vehicle B over cross its lane and hit the vehicle A left hand door through its rear body. Before the incident even vehicle A come to halt condition bgl predicting the danger. But even though vehicle B haven't follow any safety measure check before taking right turn.

DECLARATION

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

Policyholder's Signature
Date & Time:

M. Karthikeyan
Driver's Signature
(If driver is not the policyholder)
Date & Time:

25/6/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
QFC CONSTRUCTION PTE. LTD.

Sector: **CONSTRUCTION**

Name
MANIVANNAN KARTHIKEYAN


Occupation
ASSISTANT ENGINEER

S Pass No.
0 37351377

Date of Application
08-11-2018


Date of Issue
08-12-2018

Date of Expiry
08-12-2018



L7494641

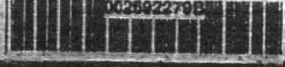
REPUBLIC OF SINGAPORE



13 Sep 1987

08 Jun 2017

08/06/2017



VISIT PASS
Immigration Regulations

Name
MANIVANNAN KARTHIKEYAN



Date of Birth: **13-09-1987** Sex: **M** Nationality: **INDIAN**

FIN: **G3127297T** Date of Issue: **08-12-2018** Date of Expiry: **08-12-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	01 Jun 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	06 Dec 2017

G3127297T

S / No. 9000311730

NP 428A



PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717

Tel No. : 67433246/ 67438552 Fax No. : 67430013

E-Mail : PEOPLEVEHICLE@GMAIL.COM

Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

JT FAT 35Y30K201155

GREAT AMERICAN INSURANCE COMPANY

Invoice

Estimate : ES18017

Date : 27/06/2018

Vehicle Num. : GBB 7767 R

Make/Model : TOYOTA DYNA F35

Chassis/Eng# :

Accident Date : 25/06/2018

Claim No. : TP 307-18

Reference : YP 1717 D

Policy No. : EQ DMCPHQ17-005287

Attention : Motor Claim Department

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

1.	1	LIST ITEMS :		
2.	1	DOOR L/H FRT <i>crushed</i>		1,718.30 ✓
3.	2	DOOR OUTER MOULDING L/H FRT <i>none</i>		278.30 x
4.	1	DOOR HINGE L/H FRT <i>none</i>		342.40 x
5.	1	SIDE PANEL L/H <i>crushed</i>	2378.5	189.30 ✓
6.	1	SIDE PANEL GARNISH L/H <i>missing</i>		181.60 ✓
7.	1	SIDE MIRROR ARM L/H <i>crushed</i>	1788.87	289.30 ✓
8.	1	HEAD LAMP L/H <i>crushed</i>		872.30 x
		BUMPER FRT <i>crushed</i>		380.30 x
List Total S\$:				4,251.80
25.00% Discount S\$:				1,062.95
				3,188.85

LABOUR :

REMOVE & REPLACE ACCIDENT DAMAGED PARTS

SPRAY PAINTING ACCIDENT EFFECT PARTS

CHECKING WIRING

630

~~600.00~~ 300

~~550.00~~ 300

~~60.00~~ 30.

Labour Total S\$:

1,210.00

SingDollars : Four Thousand Three Hundred Ninety-Eight & Cents Eighty-Five Only

E. & O.E.

Total S\$:

4,398.85

for PEOPLE'S VEHICLE RECOVERY SERVICE

Computer Generated Invoice. No Signature Required

Advise to 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 Lij
10/07/18

04 Days

total: 241387

1/5: 1-9K




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18011728/Ard3e2		
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 18-09-2018		
Code : GAI				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YP 1717D	Veh. Inspected	GBB 7767R	
Policy No.		Coverage (\$)	0.00	
Claim No.	YP 1717D	Excess (\$)	0.00	
Assign From	KELVYNA NGIAN	Assign Date	27/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA DYNA	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	JTFAT35Y30K201155	Colour	SILVER	
Odometer	284559	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15C	NEXEN	6 mm	
L/H Front Tyre	195 R15C	NEXEN	6 mm	
R/H Rear Tyre	155 R13C	BRIDGESTONE	6 mm	
L/H Rear Tyre	155 R13C	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	25/06/2018	Inspection Date	10/07/2018	
Survey held at	PEOPLE'S VEHICLE RECOVERY SERVICE BLK 3023-A, UBI ROAD 1 #01-60 SINGAPORE 408717			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBB 7767R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	DOOR L/H FRT	DISTORTED	1,718.30	1,718.30
1	DOOR OUTER MOULDING L/H FRT	NOT NECESSARY	278.30	-
2	DOOR HINGE L/H FRT @\$171.20	NOT NECESSARY	342.40	-
1	SIDE PANEL L/H	DENTED	189.30	189.30
1	SIDE PANEL GARNISH L/H	MISSING	181.60	181.60
1	SIDE MIRROR ARM L/H	DAMAGED	289.30	289.30
1	HEAD LAMP L/H	NOT NECESSARY	872.30	-
1	BUMPER FRT	NOT NECESSARY	380.30	-
	LESS 25% DISCOUNT		-1,062.95	-594.63
			3,188.85	1,783.87
	<u>LABOUR</u>			
	REMOVE & REPLACE ACCIDENT DAMAGED PARTS.		600.00	300.00
	SPRAY PAINTING ACCIDENT EFFECT PARTS.		550.00	300.00
	CHECKING WIRING.		60.00	30.00
			1,210.00	630.00
	GRAND TOTAL		4,398.85	2,413.87
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,900.00

Report Ref No. CS/GAI18011728/Ard3e2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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