

22/03/2002

ASS. REC. BY:

REF: 05107719001931 / Alt d3⁷²

Special Instruction:

Surveyor:

menmen

ASSIGNMENT (Office)

From (Person):

Ong chin kiat

of

CTI

Date/Time:

29/1/19 @ 3:53pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YM 9390A

Insured:

YL783P

at Workshop m/s

Sin Sheng Engineering

Tel:

68639595

of

3 fteh park Crescent

Policy No:

Claim No:

SNM19P200493

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/01/2019

CA / REV / REP. / REV 24 HRS

cup

H.O.D. Endorsement:

Date/Time:

4:41pm @ 29/1/19

Person Contacted:

Susan

Vehicle IN/OUT

IN

Date/Time

Action/Instruction (✓) Estimate

YM 9390A - NA/MSG/17020310/24

DOA: 19/10/17

YL783P-x

Rafan

REF:

ASSIGNMENT

1196W
LOG REF: 2023/869

From _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **YM 9390 A**
at Workshop m/s **Scw Super**
of **7WAS TECH PK**
Insured **CTI**
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: **YM 9390 A** Yr Regn: **2008 88P**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: **MITSUBISHI FE83BE0SR06A 2011**
Colour: **WHITE** A/C: Insured / Std / NI / NA
Sp. Reading: **373740** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/Nb: **PE 83BEA 11041**
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: **7.00 R16**
R: **185 R14C**

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

Front	Rear
R/Bal. 7 mm	R/Bal. 6/6 mm
L/Bal. 7 mm	L/Bal. 6/6 mm
D.O.A. 23/01/19	D.O.I. 30/01/19
Survey held at Scw Super	

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

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

(Policy Condition)

N/S	O/S

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

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 **up**

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time: _____ Action / Instruction: _____

*Insured amt of \$550 / 2 days of repair. Insured
amt confirmed by survey
(Red \$150, 21%)*

RECEIVED 12 FEB 2019

[Signature]
11/2/2019

Date/Time, File Pass to?

1) **12 Typist**
Date/Time, File Return to?

☐ : Preli. Report
☒ : Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **-**

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / L.B.I: (\$

TP
550/-

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

220

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	29 Jan 2019		29 Jan 2019 15:53 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	
Main Claimant:	GOLDBELL LEASING PTE LTD
Vehicle Reg. No.:	YM9390A
Claim Type:	TP / SNM19D200493
Vehicle Reg. No. (Insured):	YL783P
Date of Loss:	23/01/2019 00:00 - :59
Policy/Cover Note No.:	NA
Policy No. (Claimant):	
Excess:	S\$0.00
Repairer:	Sin Sheng Engineering Services (HQ) 3 Tech Park Crescent, Tuas Tech Park, 638129 Tuas - Tel: 68639595
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ong Chin Kiat]
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 11/02/2019]
Adj Asg. Remarks:	ASSIGN LKK VIA EMAIL TODAY

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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 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 Report	23/01/2019 16:45
Date Of Accident	23/01/2019 13:30
Exact Location Of Accident	TAKASHIMAYA LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9390A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA-3.0 D B31 (A)

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29090793
Cover Note Number	

Driver

Name of Driver	TEO CHENG HUA
NRIC No	S6869001C
Date Of Birth	16/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98965456
Fax Number	
Contact Number	
EMail Address	CHAIHOON@MEGACORP.COM.SG

Address	BLK 783C WOODLANDS RISE #08-07
Postcode	733783
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

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

ON 23/01/19 AT ABOUT 1:30PM, I WAS BEHIND MY VEHICLE UNLOADING MY GOODS. SUDDENLY I HEARD A LOUD BANG. I RAN TO MY VEHICLE'S FRONT PORTION AND REALIZED THAT VEHICLE B HAD COLLIDED INTO MY VEHICLE WHILE TRY TO ADJUST HIS VEHICLE TO PARK INTO THE PARKING LOT ON MY RIGHT. MY VEHICLE'S FRONT PORTION WAS DAMAGED. A SECURITY GUARD SAID HE HAD INSTRUCTED VEHICLE B DRIVER TO STOP BUT HE CONTINUED TO REVERSED AND ONLY STOPPED AFTER COLLIDING INTO MY VEHICLE.

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	YL783P
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SONG YONGLU
NRIC/Passport Number	G2178690Q
Contact Number	97798640
Address	OFFICE : 62896111
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	1

Sketch Plan

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:

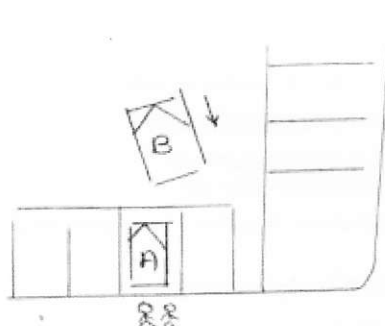
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



Veh A YH 13A00A

B: YL 780P

Takashimaya Loading Bay

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/11/19 at about 1:30pm, I was behind my vehicle ^{unit} ~~unit~~ my goods. Suddenly, I heard a loud bang. I ran to my vehicles front portion & ^{realised that} ~~realised that~~ vehicle B had collided into my vehicle while trying to adjust his vehicle to park into the parking lot on my right. My vehicle front right portion was damaged & security guard said he had instructed veh B driver to stop but he continued to reverse & only stopped after colliding into my vehicle.

[Signature]
CH 760
23/11/19

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:



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

SIN SHENG ENGINEERING SERVICES

3 TECH PARK CRESCENT

SINGAPORE 638129

Tel No. : 6863-9595 Fax No. : 6863-6477

E-Mail : sinsheng1981@gmail.com

Buss. Reg. No. : 312029/00D

712
e
0 * c
250 * +
300 * +
=
550 * *

GOLDBELL LEASING PTE LTD

59 SENOKO ROAD

SINGAPORE 758123

Attention : Motor Claim Department

Contact : 6861 0007 Fax No. : 6753 7780

Estimate : ES002731

Date : 30/01/2019

Vehicle Num. : YM9390A

Make/Model : MITSUBISHI FE 83-2008

Chassis/Eng# : FE83BEA11041/4M42A59563

Accident Date : 23/01/2019

Claim No. :

Reference : YL783P

Policy No. : 29090793

S/N	Quantity	Particular	Unit Price	Amount S\$
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LABOUR :

TO PANEL BEAT/REPAIR FR PANEL

SPRAY PAINTING

LOSS OF USE : 3 DAYS @ \$ 120/DAY

Labour Total S\$:

Repair
31/1/19
250 ~~350.00~~
300 ~~350.00~~
2 days 700.00
7/1
30/01/19 @ 1120
Revy after repv
550

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:

Total S\$: 700.00

=====

SIN SHENG ENGINEERING SERVICES

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CT19001931/R1TD3N2

Date: 12/02/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	NA
Claimant Vehicle No :	YM9390A	Insured Vehicle No :	YL783P
Date of Loss:	23/01/2019	Nature of Claim:	TP
		Claim No:	SNM19D200493

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	YM9390A	Engine No:	4M42A59563
Make & Model:	MITSUBISHI FE83BEOSRDEA, 3.0 D B31 (A)	Chassis No:	FE83BEA11041
Reg. Date:	18/09/2008 (Man. Year: 2008)	Odometer:	373740 km
Colour:	White		
Engine Capacity:	2977 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	7.00 R16	Rear Tyre Size:	185 R14C (D)
Front Left Side:	Austone 7 mm	Rear Left Side:	Austone 6/6 mm
Front Right Side:	Austone 7 mm	Rear Right Side:	Austone 6/6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	700.00	550.00	150.00	21.43
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	700.00	550.00	150.00	21.43
+ GST 7.00/7.00% (\$\$)	49.00	38.50	10.50	21.43
Nett Amount (\$\$)	749.00	588.50	160.50	21.43

INSPECTION

Date of Assignment:	29/01/2019	
Date Inspected:	30/01/2019	Inspected At: Sin Sheng Engineering Services (HQ) 3 Tech Park Crescent, Tuas Tech Park Singapore 638129
Estimated Period of Repair:	2.0 days	

Adjuster: MOHD RASUL

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 12 Feb 2019)	
Parts:	N/A	MITSUBISHI FE83BEOSRDEA 3.0 D B31 (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for YM9390A)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO PANEL BEAT/REPAIR FR PANEL	New	350.00	250.00
2	SPRAY PAINTING	New	350.00	300.00
Gross Labour Cost (S\$)			700.00	550.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >