Sumpton .	Morcas	ASSIGNMEN	T (Office)			
From (Person	i): Dasmorel Lee	of ECICS	12	Da	te/Time: 5.7.19	16.46 pm
				Bill to:		
\ /				Insured:	SKW 1987	β.
at Workshop				Tel:	1449560	01
of NO 61	Defu Lane	12				
Policy No:			Claim No:	Dmpc140	0175H/DL	
Sum Insured	Sum Insured:					
Make of Veh (Client's Reco				D.	O.A. 47.19	
***************************************		C 2				
CA / REV Date/Time:	1 REP. / REV 24 8 1 19 9-20	HRS Person Contacted:	Alice		H.O.D. Endorsement:	
CA / REV Date/Time: Date/Time	Action/Instruction	Person Contacted:	Alice		() .	
Date/Time:	8.7.19 9-20	Person Contacted:	Alice		() .	
Date/Time:	Action/Instruction	Person Contacted: In (V) Estimate	Alice		() .	
Date/Time:	Action/Instruction	Person Contacted: In (V) Estimate	Alia		() .	
Date/Time:	Action/Instruction	Person Contacted: In (V) Estimate	Alice		() .	
Date/Time:	Action/Instruction	Person Contacted: In (V) Estimate	Alice		() .	

Policy No. Claims No.

Sum Insured

Excess:

(Client's Record)

Make of Veh:

owner waiting 10.00am

(Policy Condition)

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

0/5 N/S

Bal, or Market Value:

IDAC Accident Rport:

Consistent?: Yes or No

Consistent?: Yes or No

Lum Sum;

Res.: Yes or No 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Type: M.Car / M.Cycle / Bus / Van Lory / Taxi / Prime Mo

Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

C/No:

JTFAT354 60K 206799

Steering: Inorder | Jammed | Leaked | Burnt or

Brake: (norder/ Jammed / Leaked / Burnt or

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

195/70R15 Tyre Size:

TOYO / YOKO or Front R/Bal

mm

Survey held a

L/Bal.

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

Reer OG

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

Date / Time

Action / Instruction

NO second hand goods. Authorse was here to repair 2/s

27/8/19 confirms fine & \$34.00 will Alice.

CREd: 338; 28%)

RECEIVED 2 7 AUG 2019

Date/Time, File Pass to? : Preli. Report

Days Of Repair: Resurvey No. of Trip:

Add Fee:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weakend (\$

Survey Fee: Transportation: S+RS, S Photos

Others H

FOTAL

Lump Sum / I.B.)

Report Format:

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

THE REPAIRER HAS NOT SUBMITTED THEIR ESTIMATES

If you wish to work on the report, contact the repairer below to submit it. You can authorize repairer submission after 5 days.

0 days have passed since assignment.
You can authorize the submission of the repairer's estimates in 120 HOURS.

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Subn	nitted	Ins Authled	Status	
Main	04 Jul 2019 14:58		05 Jul 2019 16:46 Assign					New Ass Cancel o	77. 200 200
	Main	R	eference	C	aim Details	M.	Docume	ents	Show All
CLAIM S	UBFOLDER DE	TAILS							
Insured:			MENG EQUIPME ACHUA@BOONME		, Co. Reg. No.	: 19830227	6E, Email:		
Main Clain	nant:	BOON	MENG EQUIPME	NT PTE LTD	Co. Reg. No.	: 1983022			
Vehicle Reg. No.:		GBF3	8041G	i	Date of Loss:		[33	04/07/2019 09:00 - :59 [33 Months and 28 Days From LT Reg Date (Man Yr)]	
Claim Type:		TP/	DMPC1900175H	I/DL I	Policy/Cover Note No.:				
Vehicle Reg. No. (Insured):		skwi	987P		Policy No. (Claimant): Excess:			5093849412-01	
Repairer:			Kan Fook Sing Motor Workshop (Defu) No. 61 Defu Lane 12, 539147 Defu Lane - Tel: 67479560						
Handling 1	Insurer:		ECICS Limited (HQ) - Tel: 63374779 /6303 0178 [Handled by Desmond Lee - 6303 0167]						
# 200 miles	s Insurer:		NTUC Income Insurance Co-operative Ltd (HQ) - Tel: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 16/07/2019]						
Adjuster:	_	LKK A	uto Consultants	Pte Ltd (HQ) - Tel: 6256-3	561 [F II	nal Rpt due	16/0//20	19]
ASSOCIA	ATED MAIL RE	CEIVED					View A	II Co	mpose Case Mail
There are	no mail for this	case.							
ALL ASS	OCIATED TAS	KS			View All	Search T	asks Cr	eate New Ta	sk Complete
Due Da		Type Task	Group Subjec	ct Handle	r Assigned	d By	Completed Or	n Crea	ited On Done

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 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 Report	04/07/2019 10:52	
Date Of Accident	04/07/2019 09:25	
Exact Location Of Accident	PAYA LEBAR ENTER TO KPE TUNNEL	
Country/State of Loss	SINGAPORE	

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF3041G

Insured/Policyholder

Name Of Registered Owner

BOON MENG EQUIPMENT PTE LTD

198302276E Co Reg No

Email Address

FELICIACHUA@BOONMENG.COM.SG

Mobile Phone No Alternative Phone No (LOCAL) +65-97235163 OFFICE-63820919

Vehicle Particulars

Manufacturer

TOYOTA

Model

DYNA 150-3.0 D (M)

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?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5093849412-01

Cover Note Number

06/09/2018 TO 05/09/2019

Driver

Name of Driver

MUTHAIAN RAMESHKUMAR

NRIC No G6526349T Date Of Birth 23/05/1982 Occupation OUTDOOR Date Of Driving Pass 29/05/2015

Driving Experience

4 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-82246047

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

39 DEFU LANE 7 DEFU INDUSTRIAL PARK B (S) 539353

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 COLLISION - HEAD TO REAR

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

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer with attach.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

2

NO

NO

1

NO

NO

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKE1987P

Vehicle Make/Model/Colour MERCEDES BENZ

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96809277

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

KPE TUNNE!	A. 48F 30H14
-> IBDIADI	13: SKE1987P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	driving	along telia	payo 1	elar	6007	enter t	_ 1
for or	driving one 1. as he y rear KE 1987	1 · 5	wden Ly	/ -	felt o	an impas	+
car s	KE METP					3	

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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	276E
Vehicle Details	
Vehicle No.:	GBF3041G
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2638027
Chassis No.:	JTFAT35Y60K206799
Maximum Power Output:	9
Open Market Value:	\$24,946.00
Original Registration Date:	06 Sep 2016
First Registration Date:	06 Sep 2016
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,248.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	120
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	05 Sep 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,809.00
COE Rebate Amount:	\$3,424.00
Total Rebate Amount:	\$3,424.00

The information contained herein is correct as at 22 Jul 2019

OK



簡福星摩哆工廠

KAN FOOK SING MOTOR WORKSHOP

DATE

: 05-07-2019

Headquater: 61 Defu Lane 12 Singapore 539147 Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428 E-mail: ryan@kanfs.net/ patricia@kanfs.net Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883

Tel: (65) 6481 5150 Fax: (65) 6481 8683

ECICS LIMITED

7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE

		SUNTEC TOWER ONE		Thurstof A	7/18	
VĒ	HICLE	RE038987 NO. : GBF3	041G	1.1-	1.0	
AC	CIDEN	T DATE : 04-0	7-2019 09:25	247	7/14	
TH	IRD F	PARTY REF. : SKE1	987P		fy.	
AT	TN: E	CICS LIMITED		453	<u> </u>	
ES	TIMAT	E COST OF REPAIR	TO VEICLE GBF304	IG TOYOTA DY	/NA 150-3.0 D (M)
#	QTY	PARTS DESCRIPTION	ON			AMOUNT (SG\$)
1	1	REAR LAMP RH				cre 75.00
2	1	REAR LAMP PANEL	RH			₽ 50.00 X
3	1	REAR TAILGATE B	RACKET RH			~ 80.00 €
4	1	REAR BRACKET ST	OPPER RH			CA7 15.00
					90	220.00
				ADD	10 %	22.00
				TOTAL	(A)	242.00
SF	ECIA	L NETT ITEMS				
1	1	REAR NUMBER PLATE				34 20.00 IS
				TOTAL	(C)	20.00
	DOLLD	aux pana				-
		CHARGES				2-1
1	1	TO CHECK WIRING S	YSTEM			30.00 20
2	1	TO REMOVE ALL NEC	ESSARY AFFECTED PAR	TS WELD CUT I	PANEL BEAT AND FI	480.00 405
3	1	SPRAYPAINTING CHA	RGES			400.00 300
				ng: TOTAL	(D)	910.00
				ESTIMATE T	OTAL	1,172.00
						1182
						02.1
						4(4



61 Defu Lane 12, Singapore 539147.

Tel: 6747 9560 · Fax: 6748 1006 · E-mail: lion_auto@kanfs.net

... Specialist in automotive spare parts (parallel import models)

GST Registration No.: 200807224Z

INVOICE No.: A 11483

DATE: 22/8/2019

TERMS:

Customer Name & Address:

KAN FOOK SING MOTOR WORKSHOP 61 DEFU LANE 12 SINGAPORE 539147 **GBF 3041G T/Dyna

S/No.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1 RR STOPPER RR LAMP, R		1 1	\$ 15.00— \$ 75.00—	\$ 15.00 \$ 75.00
ingapore Dollars			TOTAL	\$ 90.00
	9		GST 7%	\$ 6.30
/			DEPOSIT	\$ -
	ngeable and returnable. d "A/C PAYEE" and made payable to LION'S AUTO TRADI	NG PTE LTD.	BALANCE	\$ 96.30

for LION'S AUTO TRADING PTE LTD

Authorised Signature

Customer's Signature and Stamp

简福星摩哆工廠

KAN FOOK SING MOTOR WORKSHOP 61 DEFU LANE 12

SINGAPORE 539147

TEL: 67479560, 68582126, 68584361

FAX: 67481006, 62818428

ECICS LIMITED

INVOICE NO : TEST

7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE

DATE : 23-08-2019

SINGAPORE038987 VEHICLE NO. : GBF3041G ACCIDENT DATE : 04-07-2019 09:25

THIRD PARTY REF. : SKE1987P

ATTN: ECICS LIMITED

INVOICE COST OF REPAIRS TO VEICLE GBF3041G TOYOTA DYNA 150-3.0 D (M)

OTY	PARTS DESCRIPTION		AMOUNT (SG\$)
1	REAR LAMP RH		75.00
1	REAR BRACKET STOPPER RH		15.00
			90.00
		ADD 10 %	9.00
		TOTAL (A)	99.00
SPECI	IAL NETT ITEMS		
1	REAR NUMBER PLATE		15.00
		TOTAL (C)	15.00
LABOU	JR CHARGES		
1	TO CHECK WIRING SYSTEM		20.00
1	TO REMOVE ALL NECESSARY AFFECT.	ED PARTS WELD CUT PANEL BEAT AND FI	- 400.00
1	SPRAY PAINTING CHARGES		300.00
		TOTAL (D)	720.00
		TOTAL REPAIR COST :	834.00
		G S T % :	58.38
		INVOICE AMOUNT :	892.38