

12/05/2002

ASS. REC. BY:

REF: CS/SQK19018266/RV d302 Special Instruction:

Investigator: Rolsu

ASSIGNMENT (Office)

From (Person): Abraham Rodriguez of Sedgwick Date/Time: 15/10/2019 @ 2:10pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: YN1469E Insured: Public liability PSA 47C

at Workshop m/s GoldBell Tel: 649 4 2897

of 89 Snoko Road

Policy No: _____ Claim No: 511046575327 / ARE

Sum Insured: _____ Excess: _____

Make of Veh: _____ (Client's Record) D.O.A. 12/10/19

CA / REV / REP. / REV 24 HRS np H.O.D. Endorsement: _____

Date/Time: 3:50pm @ 15/10/19 Person Contacted: Issac Vehicle-IN (OUT)

Date/Time	Action/Instruction
	Estimate <input checked="" type="checkbox"/> Insp: <u>8 final Ave 18</u> Contact: <u>6863 9595</u>
	<u>YN1469E-NA/INC16014096/ka</u> D.O.A: 21/7/2016
<u>6/1/2020</u>	Submit preli report- Note: <u>\$14K (Est) LTA: \$ 2174 NV: \$ 11,826</u>

ASS. REC. BY: *Rahul*

REF:

196N

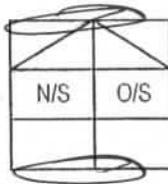
COE EXPIRY: 2020/SEP

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP / WS / TP RES / OD RES / EVA / INV / MV)
 To Inspect Vehicle No: YN 1469E
 at Workshop m/s SIN SHENG
 of 8, THYS AVE / 8
 Insured: ADJUSTERS
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: YN 1469E Yr Regn: 2010 / SEP
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: MITSUBISHI FE83BE0SRDEA c.c. 2977
 Colour: WHITE A/C: Insured / Std / NI / NA
 Sp. Reading: - T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FE83BEA 20370
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: S Inorder / Jammed / Leaked / Burnt or _____
 Modi: NIP / S/Rim / STD A/Rim or _____

Tyre Size: F: 7.00R16LT
 R: 185R15C
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Asstone
 Front Rear
 R/Bal. 7 mm R/Bal. 6/6 mm
 L/Bal. 7 mm L/Bal. 6/6 mm
 D.O.A. 12/10/19 D.O.I. 30/12/19
 Survey held at SIN SHENG
 Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: 14K
 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>Repair limit 11K</u>
RECEIVED 06 JAN 2020	

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) 6/1 - typist
 Report Format: _____
 Lump Sum / L.B.: _____

Days Of Repair: 10
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Wheel end (\$) _____

Survey Fee:	<u>20x15=300</u> <u>170+300</u>
Transportation:	<u>50</u>
Photos	<u>130</u>
Others <u>OSP</u>	<u>80</u>
TOTAL	<u>730</u>

Veron Chen (LKKAuto)

From: Rajadurai, Abraham <Abraham.Rajadurai@sg.sedgwick.com>
Sent: Monday, 6 January 2020 12:30 PM
To: Veron Chen (LKKAuto); Admin-D (LKKAuto); Bryan Ang (LKKAuto);
taufiq@calllade.com
Cc: Yeo, Jackson Peck Hong; D Rozario, Abigail
Subject: RE: Accident Involving YN1469E & PSA417C Inside Pasir Panjang Terminal Berth 11
on 12/10/2019

Dear Veron,

Our reference number is 511046275327/ARI.

Best Regards

Abraham Rajadurai | Loss Adjuster

Sedgwick Singapore Pte. Ltd.

30 Cecil Street | Level 12 Prudential Tower | Singapore 049712

MOBILE +65 9185 9187

EMAIL abraham.rajadurai@sg.sedgwick.com

sedgwick.com | Caring counts®



*(**Note: Please be advised that Cunningham Lindsey worldwide is rebranded as Sedgwick. Hence our Singapore Office has been re-named as Sedgwick Singapore Pte. Ltd. While our brand name has been changed, we continue to provide professional adjusting services as before & our commitment to you remains steadfast.)*

From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Friday, 3 January 2020 2:07 PM
To: Rajadurai, Abraham <Abraham.Rajadurai@sg.sedgwick.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>;
Bryan Ang (LKKAuto) <bryanang@lkkauto.com>; taufiq@calllade.com
Cc: Yeo, Jackson Peck Hong <Jackson.Yeo@sg.sedgwick.com>; D Rozario, Abigail
<Abigail.DRozario@sg.sedgwick.com>
Subject: RE: Accident Involving YN1469E & PSA417C Inside Pasir Panjang Terminal Berth 11 on 12/10/2019

Dear Abe,

Kindly provides us your ref. number.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Rajadurai, Abraham <Abraham.Rajadurai@sg.sedgwick.com>
Sent: Sunday, 29 December 2019 9:56 AM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; Bryan Ang (LKKAuto) <bryanang@lkkauto.com>;
taufiq@calllade.com
Cc: Yeo, Jackson Peck Hong <Jackson.Yeo@sg.sedgwick.com>; D Rozario, Abigail
<Abigail.DRozario@sg.sedgwick.com>
Subject: Fwd: Accident Involving YN1469E & PSA417C Inside Pasir Panjang Terminal Berth 11 on 12/10/2019

Dear Nivitha,

Reference is made to the email from Mr Taufiq below.

Please contact the necessary party and keep us updated on the time and date of the survey.

Best Regards,
Abe

Get [Outlook for Android](#)

From: CLA - Mr Taufiq <taufiq@calllade.com>
Sent: Sunday, 29 December 2019, 09:24
To: sinsheng engineering services
Cc: Isaac Ng Cheng Long; Ethan Toh Xiao Xin; Jacqueline Han Kwee Ling; Eileen Ngan Yi Ling; Yeo, Jackson Peck Hong; Denon; Call Lade Admin - (C); Lee Han Meng; fahmi@calllade.com; william@calllade.com; Steven Soh; Admin-D (LKKAuto); Bryan Ang (LKKAuto); D Rozario, Abigail; Rajadurai, Abraham
Subject: Re: Accident Involving YN1469E & PSA417C Inside Pasir Panjang Terminal Berth 11 on 12/10/2019

Hi Pei Jin,

As spoken, we will arrange with our surveyor and keep you posted on the date for the joint inspection.

cc - Abraham Rajadurai and team

Thank you

Regards

On 27/12/2019 10:52 am, sinsheng engineering services wrote:

Hi Mr. Taufiq,

Please be informed that YN1469E at our premises and please arrange your surveyor for joint inspection.

Thanks

**** KINDLY NOTE THAT WE ARE ALLOCATED AT NO 8 TUAS AVE 18 (LEVEL 5), SINGAPORE 638892 WITH IMMEDIATE EFFECT ****

Thank You
Regards

Pei Jin

Sin Sheng Engineering Services
No 8 Tuas Ave 18
Singapore 638892
(Level 3_Office)
(Level 5_Workshop)
Tel: 6863 9595
Fax: 6863 6477

On Tue, 10 Dec 2019 at 09:21, Ethan Toh Xiao Xin <EthanTohXX@gbl.com.sg> wrote:

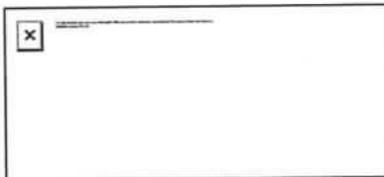
Dear Taufiq,

Well noted with thanks.

Dear Pei Jin,

For your follow up with Mr Jackson.

Regards.



Ethan Toh Xiao Xin | Goldbell Leasing Pte Ltd
Assistant, Operations Admin (FIM)

DID: +65 6494 2942 | Tel: +65 6861 0007 | Fax: +65 6807 0431 |
Mobile: +65 9348 4218 |



From: CLA - Mr Taufiq <taufiq@calllade.com>

Sent: Monday, 9 December 2019 10:54 PM

To: Ethan Toh Xiao Xin <EthanTohXX@gbl.com.sg>; sinsheng engineering services <sinsheng1981@gmail.com>

Cc: Isaac Ng Cheng Long <IsaacNgCL@gbl.com.sg>; Jacqueline Han Kwee Ling <JacquelineHanKL@gbl.com.sg>; Eileen Ngan Yi Ling <EileenNganYL@gbl.com.sg>; Yeo, Jackson Peck Hong <Jackson.Yeo@sg.sedgwick.com>; Denon <denon@pensley.com.sg>; Call Lade Admin - (C) <admin@calllade.com>; Lee Han Meng <hmllee@calllade.com>; fahmi@calllade.com;

william@calllade.com; Steven Soh <bksoh@globalpsa.com>

Subject: Re: Accident Involving YN1469E & PSA417C Inside Pasir Panjang Terminal Berth 11 on 12/10/2019

Hi,

Appreciate if you could arrange for a Joint inspection to view the vehicle YN1469E with our surveyor (Jackson Yeo of Sedgwick) at your repairer's premises.

Mr Jackson Yeo of Sedgwick will be representing our Insurers from Lonpac.

Do update us on the date and time of the inspection.

cc - Jackson Yeo and Denon

Thank you

Best Regards

On 9/12/2019 3:23 pm, Ethan Toh Xiao Xin wrote:

Afternoon Taufiq,

As spoken, we refer to the accident involving our vehicle YN1469E and your PSA417C on 12/10/2019.

Sin Sheng Engineering is our authorised workshop, and will be handling this case.

Kindly provide us with your insurer's details.

Dear Pei Jin,

For your attention and action.

Thank you both.

Regards.

Ethan Toh Xiao Xin | Goldbell Leasing Pte Ltd
Assistant, Operations Admin (FIM)

DID: +65 6494 2942 | Tel: +65 6861 0007 | Fax: +65 6807 0431 |
Mobile: +65 9348 4218 |

Nivitha (LKK Auto)

From: Rajadurai, Abraham <Abraham.Rajadurai@sg.sedgwick.com>
Sent: Tuesday, 15 October 2019 2:10 PM
To: assignments@lkkauto.com
Cc: bryanang@lkkauto.com
Subject: New assignment on damage to YN 1649 E

Dear Bryan,

As discussed earlier today we have been appointed by Lonpac in regard to a vehicle damage incident. The truck in subject was involved in an accident at Pasir Panjang Terminal. The truck has been sent to Goldbell at Senoko pending repairs.

We seek your kind assistance to contact the leesees' representative, Mr Nathan Silvester at +65 85115531 of Ceva Logistics as soon as possible to arrange for the survey by latest tomorrow.

Please send us a copy of the report thereafter.

Best Regards

Abraham Rajadurai | Loss Adjuster

Sedgwick Singapore Pte. Ltd.

60 Anson Road | #13-01 Mapletree Anson | Singapore 079914

DIRECT +65 6958 6961 | MOBILE +65 9185 9187

EMAIL abraham.rajadurai@sg.sedgwick.com

sedgwick.com | Caring counts®



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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 196N

Vehicle Details

Vehicle No.: YN1469E
Vehicle to be Exported: Yes
Intended Deregistration Date: 31 Dec 2019
Vehicle Make: MITSUBISHI
Vehicle Model: FE83BEOSRDEA
Primary Colour: White
Manufacturing Year: 2010
Engine No.: 4M42A77491
Chassis No.: FE83BEA20370
Maximum Power Output: -
Open Market Value: \$32,605.00
Original Registration Date: 21 Sep 2010
First Registration Date: 21 Sep 2010
Transfer Count: 0
Actual ARF Paid: \$1,631.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 20 Sep 2020
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
QP Paid: \$30,112.00
COE Rebate Amount: \$2,174.00
Total Rebate Amount: \$2,174.00

The information contained herein is correct as at 18 Oct 2019

OK

14,000
- 2174

11,826

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.

31/10/19 - E-to Isaac - COE expires on
Sept 2020
Can't claim / total loss

ACCIDENT STATEMENT

Date Of Report 15/10/2019 17:10
Date Of Accident 12/10/2019 06:20
Exact Location Of Accident INSIDE PASIR PANJANG TERMINAL BERTH 11
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN1469E
Insured/Policyholder
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Co Reg No 199001196N
Email Address ISAACNGCL@GOLDBELLCORP.COM
Mobile Phone No
Alternative Phone No OFFICE-64942888

Vehicle Particulars

Manufacturer MITSUBISHI
Model FE83BEOSRDEA
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL
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 29131844
Cover Note Number

Driver

Name of Driver THANUKODI SELVAM
Work Permit No G6740926X
Date Of Birth 16/09/1988
Occupation OUTDOOR
Date Of Driving Pass 04/10/2011
Driving Experience 8 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-84049432
Fax Number
Contact Number
EMail Address SELVAPRIYAN162@GMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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

I was driving inside of PASIR PANJANG TERMINAL NEAR BERTH 11 SUDDENLY VEHICLE AHEAD OF ME WAS BRAKING AND I ALSO SLOWED DOWN SUDDENLY THIRD PARTY VEHICLE COLLIDED ONTO MY VEHICLE REAR AND MY VEHICLE MOVED FORWARD AND COLLIDED ONTO THIRD PARTY REAR. CHAIN COLLISION OF 3 VEHICLES INVOLVED. Front PSA PORT VEHICLE NUMBER DON'T KNOW

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	PSA417C
Vehicle Make/Model/Colour	PORT VEHICLE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	PORT VEHICLE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	THANUKODI SELVAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YN1469E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER**
MOHAMED SAIFULLAH S/O SYED MASOOD

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.:

15 Oct 2019

Sketch Plan #2

SKETCH PLAN

Inside Pasir Pangang
Terminal Berse 11



Vehicle A: YN1469E

Vehicle B: PSA417C (port vehicle)

Vehicle C: (port vehicle Also
plate number Dof + known)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT

Large empty lined area for describing the circumstances of the accident.

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

VERIFY BY AJAX MARS (ARIC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature
Name:
REGISTRATION No.

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	15/10/2019 17:10
Date Of Accident	12/10/2019 06:20
Exact Location Of Accident	INSIDE PASIR PANJANG TERMINAL BERTH 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1469E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	ISAACNGCL@GOLDBELLCORP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64942888

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	29131844
Cover Note Number	

Driver

Name of Driver	THANUKODI SELVAM
Work Permit No	G6740926X
Date Of Birth	16/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84049432
Fax Number	
Contact Number	
EMail Address	SELVAPRIYAN162@GMAIL.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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If Yes, against whom?	

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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	PSA417C
Vehicle Make/Model/Colour	PORT VEHICLE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	PORT VEHICLE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	THANUKODI SELVAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YN1469E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 GI 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.



**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER**
MDHAMED SAIFULLAH S/O SYED MASOOD

Policyholder's Signature
Date & Time:

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

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

15 Oct 2019





SIN SHENG ENGINEERING SERVICES

NO 8, TUAS AVE 18,
 (Level 3), SINGAPORE 638892
 Tel No. : 6863-9595 Fax No. : 6863-6477
 E-Mail : sinsheng1981@gmail.com
 Buss. Reg. No. : 312029/00D

GOLDBELL LEASING PTE LTD
 59 SENOKO ROAD
 SINGAPORE 758123

Attention : Motor Claim Department
 Contact : 6861 0007 Fax No. : 6753 7780

Estimate : ES003040

Date : 27/12/2019
 Vehicle Num. : YN1469E
 Make/Model : MITSUBISHI FE 83-2010
 Chassis/Eng# : FE83BEA20370/4M42A77491
 Accident Date : 12/10/2019
 Claim No. :
 Reference : PSA417C
 Policy No. : 29131844

S/N	Quantity	Particular	Unit Price	Amount S\$
		NETT ITEMS :		
1.	1	CABIN ?		14,500.00
2.	1	CABIN BRACKET ?		950.00
3.	1	FRONT BUMPER <i>bt</i>		350.00
4.	1	NUMBER PLATE <i>bt</i>		20.00
5.	1	AIR BAG <i>net</i>		1,200.00
6.	2	SEAT BELT ?	600.00	1,200.00
7.	1	WOODEN BODY <i>ca</i>		8,500.00 <i>-?</i>
8.	6	U BOLT <i>bt</i>	120.00	720.00
9.	1	CABIN REAR BRACKET ?		850.00
		Nett Total S\$:		28,290.00
		10.00% Discount S\$:		2,829.00
				25,461.00
		LABOUR :		
		TO DISMANTLE/REPLACE CABIN	<i>600</i>	1,500.00
		TO CHECK WIRING	<i>200</i>	350.00
		TO SERVICE AIR-CON	<i>120</i>	150.00
		TO SPRAY PAINTING	<i>1200</i>	1,600.00

CONTINUE / ...

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 Accident Date : 12/10/2019
 Claim No. :
 Reference : PSA417C
 Policy No. : 29131844

S/N	Quantity	Particular	Unit Price	Amount SS
		TO DISMANTLE/REPLACE WOODEN BODY	200	1,200.00
		TO APPLY NEW LOGO	350	450.00
		TOWING CHARGES	70	100.00
		LOSS OF USE : 18 DAYS @ S\$150/DAY		
		Labour Total SS :		5,350.00

Handwritten signature
 21/12/2019

Handwritten signature
 Hp 90060068

10 days

L/S

30/12/19 @ 1600

Resurvey after repair

Total SS : 30,811.00

SIN SHENG ENGINEERING SERVICES

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:



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			
LONPAC INSURANCE BHD		Ref : CS/SGK19018266/R1vd3e2	
C/O : SEDGWICK SINGAPORE PTE. LTD 60 ANSON ROAD #13-01 MAPLETREE ANSON SINGAPORE 079914		Date : 06-01-2020	
Code : LPC2			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	PSA 417C	Veh. Inspected	YN 1469E
Policy No.		Coverage (\$)	0.00
Claim No.	511046275327/ARI	Excess (\$)	0.00
Assign From	ABRAHAM RAJADURAI	Assign Date	15/10/2019
2. Vehicle Particulars & Condition			
Make & Model	mitsubishi FE83BEOSRDEA	c.c	2977
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	FE83BEA20370	Colour	WHITE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	7.00 R16LT	AUSTONE	7 mm
L/H Front Tyre	7.00 R16LT	AUSTONE	7 mm
R/H Rear Tyre	185 R15 (D)	AUSTONE	6/6 mm
L/H Rear Tyre	185 R15 (D)	AUSTONE	6/6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/10/2019	Inspection Date	30/12/2019
Survey held at	8 TUAS AVE 18		
Repairer	SIN SHENG ENGINEERING SERVICES		
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:		10 Working Days	



LKK Auto Consultants Pte Ltd

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TEL: 6256 3561 FAX: 6256 4315

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 1469E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	CABIN (N)	* CHECK	14,500.00	-
1	CABIN BRACKET (N)	* CHECK	950.00	-
1	FRONT BUMPER (N)	BENT	350.00	350.00
1	NUMBER PLATE (N)	BENT	20.00	20.00
1	AIR BAG (N)	ACTIVATED	1,200.00	1,200.00
2	SEAT BELT @\$600.00 (N)	* CHECK	1,200.00	-
1	WOODEN BODY (N)	CRACKED	8,500.00	8,500.00
6	U BOLT @\$120.00 (N)	BENT	720.00	720.00
1	CABIN REAR BRACKET (N)	* CHECK	850.00	-
	LESS 10% DISCOUNT		-2,829.00	-1,079.00
			25,461.00	9,711.00
LABOUR				
	TO DISMANTLE / REPLACE CABIN.		1,500.00	600.00
	TO CHECK WIRING.		350.00	200.00
	TO SERVICE AIR-CON.		150.00	120.00
	TO SPRAY PAINTING.		1,600.00	1,200.00
	TO DISMANTLE / REPLACE WOODEN BODY.		1,200.00	700.00
	TO APPLY NEW LOGO.		450.00	350.00
	TOWING CHARGES.		100.00	70.00
			5,350.00	3,240.00
GRAND TOTAL			30,811.00	12,951.00
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$15,750.00 NETT)				12,951.00

Report Ref No. CS/SGK19018266/R1vd3e2

MARKET VALUE: \$14,000.00 (EST)-LTA REIMBURSEMENT VALUE: \$2,174.00=NETT VALUE: \$11,826.00

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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