

ASS. REC. BY:

REF: C72/19019310/K

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s AE Auto

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

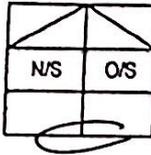
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: WC 5815U Yr Regn: 01, 13

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

Truck / Traller or Coach & Mixe

Make: Isuzu CYH52S c.c

Colour: M.H. Colou A/C: Insured / Std / NI / NA

Sp. Reading: 264529 T/Radio: Insured / Std / NI / NA

Eng No: \_\_\_\_\_

C/No: JALCYH52S C7000380

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil S/Rlm / STD A/Rlm or

Tyre Size: Golden wing 295/80R22.5

R: Ecopia (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MICTORTSU / PIR / SU (M)

TOYO / YOKO or

Front

R/Bal: 7 3 mm

L/Bal: 7 3 mm

D.O.A. 25/10/19

Survey held at \_\_\_\_\_

Rear

R/Bal: 99 99 mm

L/Bal: 99 99 mm

D.O.I. 5/8/2020

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

: Prell. Report

1) \_\_\_\_\_  
Date/Time, File Return to?

: Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

2) \_\_\_\_\_

Add Fee:  : Site Insp (\$ )

: Interview (\$ )

: Tech Invs (\$ )

: Weekend (\$ )

S - R.S. SI

Fees

Others

Report Format :

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

TOTAL

Tel: 04555034, 04591030  
Fax: 64591698

Date : 04/08/2020

QUOTATION -THIRD PARTY CLAIM

CHINA TAIPING INSURANCE ( SINGAPORE ) PTE LTD

Attn: Motor Claim Department . Officer In Charge

Accident on : 25/10/2019

Claim : Third Party Claim  
Veh. No : WC 5815 U  
Model : ISUZU CYH52  
Insured Ins: NTUC INCOME

QTY	PARTICULARS	AMOUNT	SURVEYOR
	Your Insurer Vehicle No : GBJ 7004 S		
1	TAILLAMP LH		
1	TAILLAMP BRACKET LH	\$ 590.00	X
		\$ 420.00	X
	Less 15%	\$ 1,010.00	
		\$ 151.50	
	<b>S/NETT</b>	<b>\$ 858.50</b>	
1	REAR GUTTER TOP		
1	REAR GUTTER DRAINAGE BOTTOM	\$ 2,500.00	—
1	REAR GUTTER GEAR ASSY	\$ 3,000.00	—
1	REAR LH BUCKLE	\$ 5,800.00	?
1SET	REAR LH BUCKLE BOLT & NUT	\$ 1,850.00	?
1	REAR LH BUCKLE BRACKET	\$ 250.00	—
1	REAR SAFETY BAR	\$ 385.00	X
1	REAR SAFETY BAR LH BRACKET	\$ 5,500.00	✓
1	REAR LH STEP PANEL ASSY	\$ 900.00	X
		\$ 2,300.00	X
	<b>TOTL S/NETT :</b>	<b>\$ 22,485.00</b>	
	<b>TOTAL PARTS :</b>	<b>\$ 23,343.50</b>	

AE AUTO PTE LTD  
 160, Sin Ming Drive  
 Sin Ming Auto City #06-01  
 Singapore 575722  
 Tel: 64535654, 64591630  
 Fax: 64591698

QTY	LABOUR	AMOUNT	SURVEYOR
	Balance b/f	\$ 23,343.50	
	Labour charges to do cutting, welding align adjust, replace repair on rear accident affected area.	\$ 1,400.00	801
	To do anti rust	\$ 120.00	601
	To do rear body chassis body alignment <i>nn</i>	\$ 350.00	X
	To do spray painting on rear accident affected area	\$ 1,400.00	701
	TOTAL LABOUR :	\$ 3,270.00	
	TOTLA PARTS & LABOUR :	\$ 26,613.50	

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:

## 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	25/10/2019 16:46
Date Of Accident	25/10/2019 13:15
Exact Location Of Accident	STILL ROAD NEAR LOR H TELOK KURAU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC5815U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAK ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	201006478R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90674198
Alternative Phone No	OFFICE-90674198
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	CYH52S
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104409426-01 (COMP)
Cover Note Number	
<b>Driver</b>	
Name of Driver	PANDIYAN NAGARAJAN
NRIC No	G6817208Q
Date Of Birth	12/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83001243
Fax Number	
Contact Number	OTHERS-83001243
E-Mail Address	NOEMAIL

Address BLK 9003 #04-152 TAMPINES STREET 93 TAMPINES INDUSTRIAL PARK  
A  
Postcode 528837  
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 2  
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**

REFER TO STATEMENT ATTACHED.

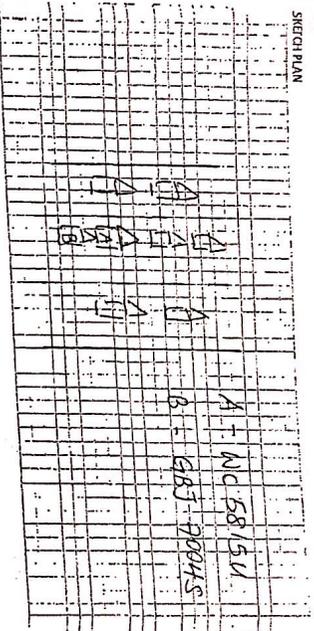
**Attachment(s)**

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 GBJ7004S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver LEON LEE ZHENG WEI  
NRIC/Passport Number S9539127C  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

SKETCH PLAN



STATEMENT OF THE ACCIDENT

ON 25/10/19 at about 1316, I was travelling along  
still paid, the vehicle in front of me stop, I also  
stop but GBS 7004S unable to brake on time and  
knock onto the rear of my vehicle.  
Attached scene photos.  
NO ONE WAS INJURED.

25 OCT 2019

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

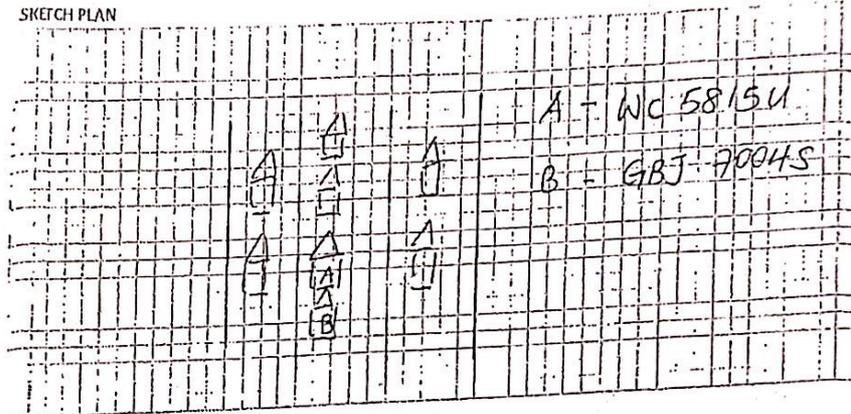
Police Officer's Signature: [Signature]  
Date & Time: [Blank]

Driver's Signature: [Signature]  
Date & Time: [Blank]

Reporting Centre Personnel Name: [Blank]  
NIC/PIV No.: [Blank]

Reporting Centre Personnel Signature: [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

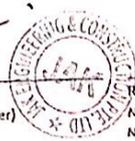
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knock onto the rear of my vehicle.  
Attached scene photos.  
NO one was injured.

25 OCT 2019

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.: