

ASS. REC. BY:

Steve

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
X	X

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: XO 4205U Yr Regn: 16/6/10

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

☒ Truck / Trailer orMake: Hino FSIETKA c.c. 12913Colour: White A/C: Insured / Std / NI / NASp. Reading: 250638 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JH0FSIETK XXX 12974Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 295/80R7.5R: 1☒ SS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 18/4/20 D.O.I. 28/4/20Survey held at MS Car AutoDes. 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

MV-100K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.I. (\$) _____

Repair Estimate

MS Car Auto Pte Ltd

8 Kaki Bukit Ave 4 #01-07 Premier@Kaki Bukit Singapore 415875

Office: (65) 6385 1838 Email: mscarautopl@gmail.com

Make/Model: HINO FS1ETKA

Engine/Chassis No.: JHDFS1ETKXXX12074

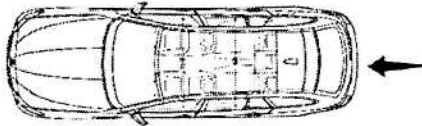
Date of accident:

Damaged area: Rear

Date: 20/04/2020

Claim Type: TP

VRN: XD4205U



List items				
S/N	Parts description	QTY	UNIT PRICE	AMOUNT
1	Rear cargo gate X BT	1	\$ 1,897.00	\$ 1,897.00
2	Rear cargo gate hinge lower X BT	2	\$ 68.00	\$ 136.00
3	Rear cargo gate stopper X	4	\$ 63.00	\$ 252.00
4	Rear cargo gate stopper bracket X	2	\$ 153.00	\$ 306.00
5	Rear cargo gate lower panel X BT R	1	\$ 958.00	\$ 958.00
6	Tail lamp panel / BT	2/1	\$ 383.00	\$ 766.00
7	Tail lamp / BT (LH)	2/1	\$ 573.00	\$ 1,146.00
8	Rear licence plate lamp / BT	1	\$ 177.00	\$ 177.00
9	Reverse lamp X	2	\$ 350.00	\$ 700.00
10	Rear cargo gate lock X	2	\$ 586.00	\$ 1,172.00
11	Rear spare tyre carrier X	1	\$ 486.00	\$ 486.00
12	Rear cargo gate lower rivet X	4	\$ 134.00	\$ 536.00
13	Rear cargo gate lock holder X	2	\$ 276.00	\$ 552.00
14	Rear cargo gate lower member X BT R	1	\$ 1,714.00	\$ 1,714.00
15	Rear cargo gate lower member hook X	4	\$ 158.00	\$ 632.00
16	Exhaust silencer X	1	\$ 782.00	\$ 782.00
17	Exhaust hanger X	1	\$ 66.00	\$ 66.00
18	Rear floor panel / BT	1	\$ 1,487.00	\$ 1,487.00
19	Rear crash bar bracket / BT	2	\$ 397.00	\$ 794.00
20	Rear licence plate base panel / BT	1	\$ 979.00	\$ 979.00
21	Rear crash bar / BT	1	\$ 1,909.00	\$ 1,909.00
22	Rear tool box / BT	1	\$ 3,900.00	\$ 3,900.00
23	Rear tool box bracket / BT	2	\$ 600.00	\$ 1,200.00
24	Crane control box assy X	1	\$ 6,500.00	\$ 6,500.00
25	Crane control panel X	1	\$ 12,000.00	\$ 12,000.00
26	Front hydraulic support arm assy X ?	2	\$ 24,500.00	\$ 49,000.00
27	Front hydraulic support arm base ?	2	\$ 850.00	\$ 1,700.00
28	Rear hydraulic support arm assy ?	2	\$ 26,500.00	\$ 53,000.00
29	Rear hydraulic support arm base ?	2	\$ 850.00	\$ 1,700.00
Subtotal				\$ 146,447.00
List discount				25.00%
Total				\$ 109,835.25

Repair Estimate

Special nett items					
No.	Parts description	QTY	UNIT PRICE	AMOUNT	
1	Rear number plate / BT	1	\$ 55.00	\$ 55.00	35
2	Rear number plate lamp bulb X	1	\$ 15.00	\$ 15.00	
3	Rear cargo gate "60km/h" sticker / NCL	1	\$ 15.00	\$ 15.00	
4	Spare tyre X	1	\$ 580.00	\$ 580.00	
5	Rear cargo gate company sticker / NCL	1	\$ 1,200.00	\$ 1,200.00	200
6	Rear cargo gate lower member "PALFINGER" stickers / NCL	2	\$ 180.00	\$ 360.00	110
7	Front hydraulic support arm assy oil seal	8	\$ 320.00	\$ 2,560.00	
8	Rear hydraulic support arm assy oil seal	8	\$ 320.00	\$ 2,560.00	
9	Front hydraulic support arm assy oil	1	\$ 1,100.00	\$ 1,100.00	
10	Rear hydraulic support arm assy oil	1	\$ 1,100.00	\$ 1,100.00	
11	Sundries / NCL	1	\$ 100.00	\$ 100.00	30
Total				\$ 9,645.00	

Labour				
No.	Description	Work unit	Amount	
1	To dismantle / renew accident damaged portion. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	20	\$ 4,000.00	2000
2	To disconnect rear wire harness of electrical components to facilitate repairs, reconnect and check functions including taillamp lightings.	2	\$ 400.00	50
3	To remove and replace, straighten and readjust exhaust pipe.	0.5	\$ 100.00	X
4	To align, remove & install front and rear hydraulic support arms and to conduct base alignment.	5	\$ 1,000.00	?
5	Supply spray paint material and necessary items to respray tailgate, tools box, crane control box, floor panel and other affected area / panel.	20	\$ 4,000.00	500
6	To rust proof all affected portions after repair.	1	\$ 200.00	30
Total labour			\$ 9,700.00	

Estimate Grand Total	\$ 129,180.25
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Stew (LKK)
8322 8813

ML NCL
28/4/20, 11.00am

10 dys

L/S

My ALSy

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	20/04/2020 18:56
Date Of Accident	18/04/2020 12:00
Exact Location Of Accident	ALONG GATEWAY AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4205U
Insured/Policyholder	
Name Of Registered Owner	S-LITE EVENT SUPPORT PTE LTD
Co Reg No	2XXXXX893H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83118366
Alternative Phone No	OFFICE-83118366

Vehicle Particulars

Manufacturer	HINO
Model	FS1ETKA-12.9 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z-19/VC05/003283-001
Cover Note Number	

Driver

Name of Driver	ARUMUGAM MATHIYALAGAN
NRIC No	GXXXX890Q
Date Of Birth	09/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83118366
Fax Number	
Contact Number	OTHERS-83118366
Email Address	NOEMAIL

Address -
 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 2
 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) 2
 Passenger 1 NAME: : HOSSAIN BILLAL JEWEL
 GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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 11

Vehicle Registration Number SKW2158P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 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

Approximate Age	ARUMUGAM MATHIYALAGAN
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	XD4205U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	HOSSAIN BILLAL JEWEL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	XD4205U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 insured 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 insurers) 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
- for complying with requirements under any regulations, laws or court orders.



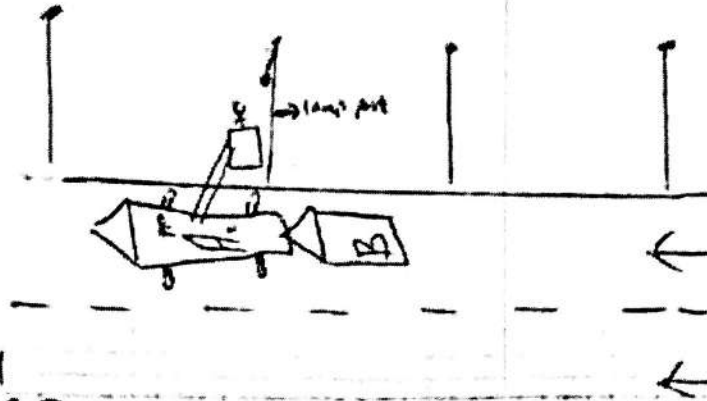
Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN



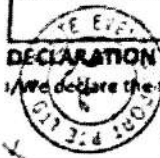
A) XD 4205U

B) SKW 2158 P

Gateway Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

During the weekend date 3 Times I was parked at the side of the road as we are parked & had a flag at the back first. While my worker was on the lifting elevator hanging the flag we felt a really strong impact from the back. We were hit by Car B. Both my worker scramble and I suffered injuries from the very strong impact. In addition, my Hydro dynamic system was damaged from the impact.



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

Policyholder's Signature
Date & Time

A. Madhuplagan
Driver's Signature
(if driver is not the policyholder)
Date & Time

20/04/2020
Reporting Centre Person's Signature
Name
NRIC/FIN NO