

CS/SMO20005514/TISf3

ASS. REC. BY:

Tanglin

REF:

SMO

ASSIGNMENT

10E 2024, Aug

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

Bal. or Market Value: \$34K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YN 5735K Yr Regn: 2014, Aug

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

Truck / Trailer or Lorry with TMAMake: Mitsubishi Canter FE371 c.c. 2998Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 214263 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FE371GA00011Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/75R17.5R: n - (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or FallenFront RearR/Bal. 6 mm R/Bal. 6/6 mmL/Bal. 6 mm L/Bal. 6/6 mmD.O.A. _____ D.O.I. 4/5/20 @ 11amSurvey held at 14 Tampines Industrial Dr CMTDes. 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

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / B.B.I. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invs (\$ _____)☐ Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

CHYE THIAM MAINTENANCE PTE LTD
14 TAMPINES INDUSTRIAL DRIVE
SINGAPORE 528530

Attention : THE OWNER

Contact : 64819588 83518839

Estimate : ES006987

Date : 29/04/2020

Vehicle Num. : YN5735K

Make/Model : MITSUBISHI CANTER-2013

Chassis/Eng# : FEB71GA00011/4P10A90394

Accident Date : 29/04/2020

Claim No. :

Reference :

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
NETT ITEMS :				
1.	1	FRONT W/SCREEN	1,456.30	
2.	1	FRONT W/SCREEN RUBBER SEAL	451.50	
3.	1	FRONT MIRROR STAY R/H	375.60	
4.	1	SIDE MIRROR R/H	165.00	
5.	1	FRONT DOOR R/H	1,965.20	
6.	1	FRONT DOOR OUTER STRIP R/H	354.70	
7.	1	FRONT DOOR GLASS R/H	685.90	
8.	1	FRONT SIGNAL LAMP R/H	266.36	
9.	1	FRONT BUMPER	795.60	
10.	1	FRONT SIDE BOARD R/H	885.20	
11.	1	FRONT SIDE BOARD R/H RAILING	580.00	
12.	4	FRONT SIDE BOARD R/H HINGES	168.20	
13.	1	FRONT SIDE BOARD R/H SAFETY LOCK	296.40	
14.	1	REAR SIDE BOARD R/H	1,885.20	
15.	1	REAR SIDE BOARD R/H SAFETY LOCK	296.40	
16.	4	REAR SIDE BOARD R/H HINGES	168.20	
17.	1	TAIL BOARD	1,769.20	
18.	1	TAIL BOARD SAFETY LOCK R/H	296.40	
19.	1	REAR FLOOR BOARD	7,569.00	
20.	82	REAR CROSS MEMBER BAR	380.00	
21.	1	REAR END PANEL R/H	375.10	
Nett Total S\$:				23,954.66
10.00% Discount S\$:				2,395.47
				21,559.19
SPECIAL NETT ITEMS :				
1.	1	ERP BRACKET	38.00	

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:

CONTINUE / ...

Complete

COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

CHYE THIAM MAINTENANCE PTE LTD
14 TAMPINES INDUSTRIAL DRIVE
SINGAPORE 528530

Attention : THE OWNER
Contact : 64819588 83518839

Estimate : ES006987

Date : 29/04/2020
Vehicle Num. : YN5735K
Make/Model : MITSUBISHI CANTER-2013
Chassis/Eng# : FEB71GA00011/4P10A90394
Accident Date : 29/04/2020
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
2.	1	DOOR STICKER BLACK <i>company</i>	<i>new</i> - 25.00	
3.	1	FRONT DOOR COMPANY LETTERING STICKER R/H	<i>new</i> - 65.00	
4.	1	FRONT SIDE BOARD R/H ALUMINIUM PLATE	<i>bt</i> - 480.00	
5.	1	FRONT SIDE BOARD R/H COMPANY STICKER	<i>new</i> - 65.00	
6.	1	REAR SIDE BOARD R/H ALUMINIUM PLATE	<i>bt</i> - 480.00	
7.	1	REAR SIDE BOARD R/H WOODEN PLANK	<i>cur</i> - 650.20	
8.	1	TAIL BOARD CUSTOMIZE ALUMINIUM PLATE	<i>bt</i> - 480.00	
9.	1	8 PAX STICKER	<i>new</i> - 15.00	
10.	1	60 KM/H STICKER	<i>new</i> - 15.00	
11.	1	REAR FLOOR ALUMINUM PLATE	<i>bt</i> - 850.00	
Special Nett Total S\$:				3,163.20
LABOUR :				
TO SUPPLY AND INSTALL REAR CUSTOMIZE CANOPY			<i>1200</i>	1,850.00
REMOVE & INSTALL FRONT W/SCREEN			<i>120</i>	250.00
CHECK WIRING AND LIGHTING			<i>30</i>	120.00
REMOVE/REINSTALL REAR LOAD BED			<i>500</i>	750.00
REMOVE & REINSTALL REAR CROSS MEMBER				90.00
SPRAY PAINT DAMAGED AREA AFFECTED			<i>1300</i>	2,500.00
RUST PROOFING TREATMENT			<i>100</i>	180.00
REMOVE & INSTALL REAR BED CUSTOMIZE ALUMINIUM PLATES OF TAIL, SIDE BOTH R/H.			<i>60</i>	90.00
TO CUT OFF REAR END PANEL, REAR BED MEMBER, REAR BED UNDER CROSS MEMBER FRAMES, KNOCK AND STRAIGHTEN REAR BED FLOOR PANEL, CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS			<i>1800</i>	3,900.00
Labour Total S\$:				9,730.00

SingDollars : Thirty-Four Thousand Four Hundred Fifty-Two & Cents Thirty-Nine Only

Total S\$: 34,452.39

COMPLETE VMS PTE LTD

This is only an estimate based on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

Tauhin 97495749
4/5/20 @ 1030
-wp-
**To check repair limit-*
lumpsum
Resumy after repair
13 days
tauhin@kluanto.com

Complete

COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

CHYE THIAM MAINTENANCE PTE LTD
14 TAMPINES INDUSTRIAL DRIVE
SINGAPORE 528530

Attention : THE OWNER
Contact : 64819588 83518839

Estimate : ES006988

Date : 29/04/2020
Vehicle Num. : YN5735K
Make/Model : MITSUBISHI CANTER-2013
Chassis/Eng# : FEB71GA00011/4P10A90394
Accident Date : 29/04/2020
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

1.		LIST ITEMS :		
2.		TRUCK MONTED ATTENUATOR 350DX ENERGY		
3.		ABSORPTION SYSTEM (MEET NCHRP 350 TL2		
		CRITERIA) C/W HYDRAULIC LIFT UP		

List TotalS\$:

LABOUR :
CHANGE TAIL LAMP AND CHECK WIRING
LABOUR CHARGE TO REMOVE AND INSTALL TMA
TO SUPPLY AND CHANGE REFLECTIVE STICKERS

Labour Total S\$:

60' 250.00
800 3,000.00
400 1,600.00
4,850.00

Taufik 97495749
WP 4/5/20 @ 1630

Lumpsum
Resurvey after repair
05 days

taufik @ lkkauto.com

SingDollars Forty-Six Thousand Eight Hundred Fifty Only

Total S\$: 46,850.00

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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	29/04/2020 16:52
Date Of Accident	29/04/2020 14:00
Exact Location Of Accident	AYE TOWARDS JURONG BEFORE WEST COAST WAY EXIT
Country, State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5735K
Insured/Policyholder	
Name Of Registered Owner	CHYE THIAM MAINTENANCE PTE LTD
Co Reg No	1XXXXX700E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91079158

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER LORRY
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108281586-01
Cover Note Number	

Driver

Name of Driver	PAN ONN SOON
NRIC No	SXXXX273F
Date Of Birth	01/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91079158
Fax Number	
Contact Number	OFFICE-91079158
EMail Address	NOEMAIL

Address APT BLK 301 TAMPINES STREET 32
#10-30 SINGAPORE
Postcode 520301
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
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) 5
Passenger 1
NAME: : SWEE TIAN HEONG
GENDER: : MALE
Passenger 2
NAME: : LIM AIK CHUAN
GENDER: : MALE
Passenger 3
NAME: : YEO KHOON WHATT
GENDER: : MALE
Passenger 4
NAME: : CHIA BOON TEE
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

REFER TO 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 Witness 1

Name
Phone Number MR LIM
Email Address 83518839

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YN3137A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZAIPULBAHRI BIN DOLLAH
NRIC/Passport Number	SXXXX868I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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.

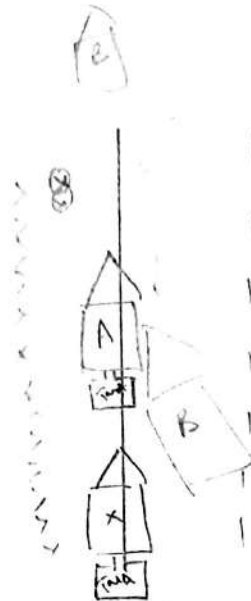

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

Sketch Plan #2 Pg. 1

SKETCH PLAN



A = VN5735K
B = VN 3137A
X = YL3579C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/4/2020 at about 2pm, I was driving my vehicle A mounted with the TMA, VN5735K doing litter picking. As my vehicle was slowly moving to pick up litter by my side suddenly felt a very big impact at the rear right and subsequently vehicle B had moved past me and stop in front of my vehicle A. I came down and found that vehicle B had hit onto my vehicle A. We exchange particulars and I am filing this for ~~report~~ insurance claim purpose. I wish to state that my colleague which was following behind my vehicle A was supporting my vehicle with a TMA and he witnessed the whole incident.

There is 3 person in the back of my truck which may need medical attention as they don't feel well after the accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

Hela

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

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