

ASS. REC. BY: Steve

REF: CTI CS/CTI20006255/Eqf3

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. DMPCSN30156219033
 Claims No. SNM20D202057/C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GBB 9156R Yr Regn: 20/9/19
 Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Hiace c.c. 2982
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 222518 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTF H1702 P30 00610 01
 Gen. Cond: Good / (Fair) / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195 R15C
 R: _____
 BS (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / (YOKO) or _____
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 4/6/20 D.O.I. 10/6/20
 Survey held at My car (crashed)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear LH
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(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: 5 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>MV - 3500</u>
	<u>PV - 841</u>
	<u>NV - 2659</u>
<u>11/06/20 @ 12.52pm</u>	<u>revised to Tan Kah Leong via Merimen</u>
	<u>Steve finalised LS \$2050, 5 days. (Red \$1807.41, 47%)</u>

Date/Time, File Pass to? : Preli. Report
 1) 18/06 Typist : Final Report
 Date/Time, File Return to?

Days Of Repair: 5
 Resurvey No. of Trip: 1

2) _____
 Report Format: MER-TP
 Lump Sum ~~Est.~~ (\$) 2050

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Survey Fee:	
Transportation:	
_____ 3 + RS, SI	
Photos	
Others	
TOTAL	



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934

HP: 98888885

Steve (LKK) *WL RL* Estimation
10/6/20, 10:30 am
5 dys, L/S
By AL SJ

Date: 9/6/2020

Vehicle: GBB9156R

Make / Model: TOYOTA HIACE

Chassis No: JTFHT02P30-0061001

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	LH REAR FENDER / <i>DD</i>	1	\$ 1,120.10	\$ 1,120.10
2	LH REAR TAILLAMP / <i>CV</i>	1	\$ 277.20	\$ 277.20
3	LH REAR TAILLAMP LOWER APRON PANEL <i>X</i>	1	\$ 322.60	\$ 322.60
4	LH REAR TAILLAMP LOWER APRON PANEL CLIPS <i>X</i>	<i>M</i> 2	\$ 5.89	\$ 11.78
5	REAR BUMPER / <i>CV</i>	1	\$ 399.20	\$ 399.20
6	LH REAR BUMPER SIDE RETAINER / <i>TR</i>	1	\$ 46.70	\$ 46.70
7	LH REAR FENDER AIR VENT <i>X</i>	1	\$ 112.30	\$ 112.30
8	LH FRONT RIM <i>X</i>	1	\$ 256.80	\$ 256.80
				\$ 2,289.88
				Less 25%
				\$ 572.47
				Total
				\$ 1,717.41
S/Nett items:				
1	REAR BUMPER CLIP / <i>RPC</i>	1 SET	\$ 80.00	\$ 80.00
2	REAR END PANEL GARNISH CLIP <i>X</i>	1 SET	\$ 30.00	\$ 30.00
3	FLOOR PANEL SEALANT <i>X</i>	1	\$ 50.00	\$ 50.00
4	END PANEL SEALANT <i>X</i>	1	\$ 50.00	\$ 50.00
5	MISCELLANEOUS <i>X</i>	1	\$ 200.00	\$ 200.00
				\$ 410.00
Labour to:				
1	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
2	TO RESPRAY UNDERCOATING	1	\$ 100.00	\$ 100.00
3	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 150.00	\$ 150.00
4	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 600.00	\$ 600.00
5	PANEL BEATING ON AFFECTED AREAS	1	\$ 800.00	\$ 800.00
				\$ 1,730.00
			Parts Replacement Amount	\$ 2,127.41
			Total Amount for Labour	\$ 1,730.00
			Total Amount	\$ 3,857.41

30

30

30

350

600

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 willful 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 05/06/2020 10:07
Date Of Accident 04/06/2020 15:15
Exact Location Of Accident 82 TELOK BLANGAH DR
Country State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB9156R
Insured/Policyholder
Name Of Registered Owner UNITED PARCEL SERVICES SINGAPORE PTE LTD
Co Reg No 1XXXXX949D
Email Address MEZUWAN@UPS.COM
Mobile Phone No
Alternative Phone No OFFICE-87988016

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE
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? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage THIRD PARTY
Fleet Policy YES
Policy Number 100748422
Cover Note Number

Driver

Name of Driver DING WEI CHAO
Passport No/FIN GXXXX997U
Date Of Birth 23/11/1985
Occupation OUTDOOR
Date Of Driving Pass 24/02/2014
Driving Experience 6 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96959583
Fax Number
Contact Number
Email Address NOEMAIL

Address BEDOK NORTH ST 3 BLK 531 #01-700
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY
 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?
 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 ATTACHED REPORT

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 SJR7364R
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ANANNYA CHAKRAVARTY
 NRIC/Passport Number SXXXX813D
 Contact Number 96491340
 Address NA
 Postcode NA
 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:

Ding Wei Chao

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



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

refer to attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

我的名字叫丁伟超 UPS 员工号是 15687R 在 2020年6月4日下午 15:00 左右
 时经我驾驶 (G8B915R) 货车去第5组 集合地点 (S2 TELOK BANGAH DRIVE S10002)
 我到的时候 CAR PARK 里已经停满了车辆 我就停在远离车道的空位。
 并打开双闪 在我进去搬东西的时候 一辆小车 (SJR 7364R) 在停车的时候
 不小心刮到了我的车子尾部 在我去过去的时候 一位女工叫住我并
 告诉我她不小心刮到了我的车 然后我们给车子拍了照片 互拍了
 证件 全部做完 我把所有资料发给了主管 Jonathan 大概在 4:16 分完
 毕 我就在原地等待主管过来到现场调查。

MY NAME IS DING WEI CHAO, UPS EMPLOYEE ID 15687R ON 4 JUNE 2020 AFTERNOON
 1500 HRS. I DROVE UPS PACKAGE VAN (G8B915R) TO GROUP 5 TM MEETING POINT
 (LOCATION S2 TELOK BANGAH DRIVE S10002). THE CAR PARK WAS ALREADY FULL WHEN
 I WAS ARRIVED THEREFORE I PARKED AT AN EMPTY SPACE AWAY FROM OTHER TRAFFIC, WITH
 MY HAZARD LIGHT TURNED ON. WHEN I WAS SORTING PACKAGES A PASSENGER CAR (SJR7364R)
 SCRATCHED MY VEHICLE HIT BACK PANEL WHEN SHE WAS PARKING. THEN WE EXCHANGED
 PARTICULARS AND TOOK PHOTOS OF THE SCENE AND LICENSE. I HAVE ALSO SENT THE PHOTOS
 TO MY SUPERVISOR JONATHAN AROUND 1610 HRS. THEN MY SUPERVISOR CAME AND PICKED
 UP THE VEHICLE FOR INVESTIGATION.

TRANSLATED BY: IAN

DECLARATION

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


 Singapore
 Policyholder's Signature
 Date & Time


 Ding Wei Chao
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time 5/6/2020
 10:00


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