

ASS. REC. BY:

REF:

C72/ 2000 7448/KVf3

C

Kenneth

## 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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01

days

Res.:

Yes or No

Lum Sum:

1.8.1 %

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

YP 5229U

Yr Regn:

11, 16

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

Truck / Trailer or

Make:

Mit Cante

c.c

2998

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

39788

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FEB21EA 20786

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Yoku 195/85R15

R: B.S

(D)

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8 8

mm

L/Bal.

9

mm

L/Bal.

8 8

mm

D.O.A.

22/6/20

D.O.A.

29/7/2020

Survey held at

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

O/S Rm body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

3/8 8961.33 Car Rental (Red 624.56, 3990)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

5/8 - typist

Days Of Repair:

1

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

Merimen

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

961.33

## 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	22/06/2020 17:57
Date Of Accident	22/06/2020 08:10
Exact Location Of Accident	ALONG LEEDON HEIGHTS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5229U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DA VINCI COLLECTION PTE LTD
Co Reg No	1XXXXX494D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63836333
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER3SDEB (M)
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 300190974 MKC
Cover Note Number	

### Driver

Name of Driver	LOW THIAM SENG
Passport No/FIN	FXXXX099M
Date Of Birth	14/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98172563
Fax Number	
Contact Number	
Email Address	NOEMAIL

8444 9134  
Chew

Address NIL  
 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 - MAJOR/MINOR RD  
 Weather Conditions DRIZZLING  
 Road Surface WET

#### 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) 2  
 Passenger 1 NAME: : NOT APPLICABLE  
 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

ON 22/06/2020 AT AROUND 8:10AM, I WAS DRIVING MY LORRY ON LEEDON HEIGHTS TOWARDS FARRER RD. AS I WAS PASSING THE JUNCTION OF LEEDON HEIGHTS WITH A SIDE ROAD FROM LEEDON GREEN, VEHICLE B DROVE OUT ON MY RIGHT WITHOUT STOPPING. I TRY TO BRAKE AND STOP MY LORRY TO AVOID GETTING HIT. BUT COULDN'T AND VEHICLE B COLLIDED INTO MY LORRY. MY LORRY SUSTAINED RIGHT SIDE DAMAGES. NO ONE WAS INJURED.

#### 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 SMJ7854A  
 Vehicle Make/Model/Colour MERCEDES / GLC250 / WHITE  
 Details Of Properties VEH B  
 Vehicle Category PRIVATE CAR  
 Name of Driver XIAO LIANG  
 NRIC/Passport Number  
 Contact Number 91799906 / 81117318  
 Address  
 Postcode  
 Insurance Company Name

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


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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:

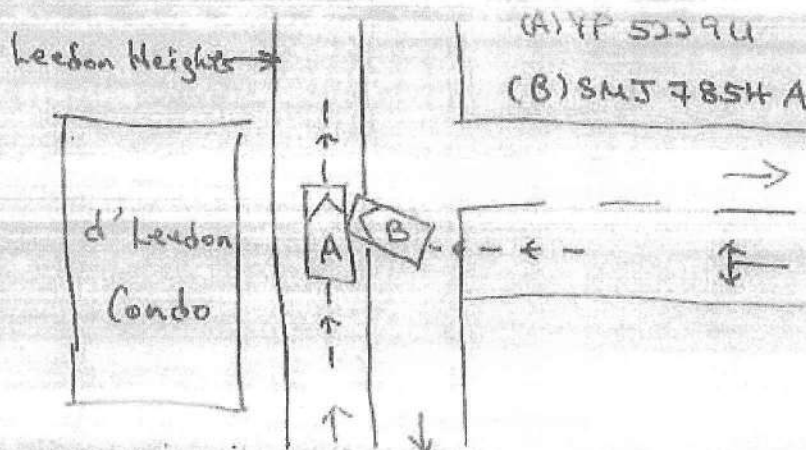
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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: 22/06/2020  
4.35 p.m.

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

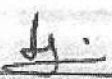
On 22/06/2020 at around 8.10 am, I was driving my lorry (Veh. A YP 5229 U) on Leedon Heights towards Farrer Road. As I was passing the junction of Leedon Heights with a side road from Leedon Green, Veh. B (SMJ 7854 A) drove out on my right without stopping. I try to brake and stop my lorry to avoid getting hit. But couldn't and Veh. B collided into my lorry. My lorry sustained right side damages. No one was injured.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

 22/06/2020 4.35p.m.  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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





**ESTEEM  
PERFORMANCE**

## ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio Industrial Park 2, #01-259/01-251, Singapore 569536.

Tel : 6484 1221

Fax : 6484 7829

385 Sin Ming Drive (Inside Vicom) Singapore 575718.

Tel : 6753 2112

Fax : 6451 0394

Co. Reg No. : 200005485N

GST Reg No. : 20-0005485-N

### Repair Estimates

YP 5229 U

*Not Authorized*

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:

Parts	(a) Cost / List Price Items	\$	<b>1,095.10</b>
	Plus/Less 10%	\$	<b>109.51</b>
	<b>Total of Cost / List</b>	\$	<b>985.59</b>
	(b) Nett Price Items		
	Less		
	<b>Total of Nett Item</b>		
	(c) Special Nett Items		
<b>Total Parts Cost</b>			
Labour		\$	<b>600.00</b>
<b>Total</b>		\$	<b>1,585.59</b>

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Kenneth

Company : LKK

Survey conducted on : 29/7/20 at \_\_\_\_\_

### Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 01 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : Sc Date: 29/7/20



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## Spare Parts

Vehicle No. :

**YP 5229 U**

Submit By :

**Carmen Lim**

Make & Model :

**mitsubishi canter**

Year Manufacture :

**2016**

Chassis No. :

**FEB21EA20786**

Engine No. :

**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Air cleaner box	1	\$1,095.10		✓
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.



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Co. Reg. No. : 200005485N

GST Reg. No. : 20-0005485-N

Vehicle No. : **YP 5229 U**

YP 5229 U

Submit By : Carmen Lim

**Carmen Lim**

Make & Model : MITSUBISHI CANTER

MITSUBISHI CANTER

Year of Manufacture : 2016

2016

Feb 60

Def

*Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.*