

ASS. REC. BY:

REF:

C121

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 Report:

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:

PC 1739R

Yr Regn:

10, 12

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

Truck / Trailer or

Make:

Toy Hiace

c.c

2982

Colour

White 1Rw

A/C:

Insured / Std / NI / NA

Sp. Reading

13P556

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JT1ST22P300013953

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:

F:

1P5R15X8

R:

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

TOYO / YOKO or

OHTSU

Front

Rear

R/Bal.

8

mm

R/Bal.

6

mm

L/Bal.

8

mm

L/Bal.

6

mm

D.O.A.

7/7/20

D.O.I.

4/8/2020

Survey held at

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

O/S Rear

The U/C / 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

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS. SI

Furnish

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

# ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06201

Vehicle Insured : SGX4780X  
Accident Date : 07-Jul-2020

Date : 29-Jul-2020

Our Ref : 020081 (CHINA) / CHAN

PAGE : 1

SINGAPORE RED CROSS SOCIETY  
15 PENANG LANE  
SINGAPORE RED CROSS  
Singapore 238486

*Not Authorized*  
*11 Days @?*  
*Put away After Paint*

*5 days*

## ESTIMATED COST OF REPAIR FOR TOYOTA HIACE 3.0 HIGH-ROOF PC1739R

- 1 pc O/s taillamp
- 1 pc O/s taillamp lower garnish
- 1 pc Lower garnish bracket
- 1 pc Rear bumper fascia
- 1 pc Rear o/s bumper side retainer
- 1 pc Rear o/s bumper side bracket
- 1 pc Rear o/s fender

GR 256.90 ✓  
R 84.60 X  
R 36.40 X  
GR 373.70 ✓  
R 31.80 X  
R 26.30 X  
R 3,211.80 ✓

4,021.50

Less 25% : 1,005.38

- 1 pc Rear o/s fender lettering
- 1 pc O/s fender glass sealant

3,016.12 ✓  
R 300.00 sn ✓  
R 180.00 sn *sn*

To remove roof lining, front and rear seats, trim board and carpet

To putty and spray replaced parts

To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts

To remove & refix o/s fender glass

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 is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

180.00 *12d*

800.00 *60d*

1,000.00 *70d*

200.00 *12d*

Acknowledged by Repairer

Signature:

Date:

Total : S\$ 5,676.12

Singapore Dollars Five Thousand Six Hundred and Seventy Six and Cents Twelve Only



## 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	08/07/2020 13:42
Date Of Accident	07/07/2020 16:20
Exact Location Of Accident	BLK 565 CHOA CHU KANG CRESCENT ST.52 PICKUP POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1739R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGAPORE RED CROSS SOCIETY
Co Reg No	SXXXXX370E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98303057
Alternative Phone No	OFFICE-66640500

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D GL HIGH-ROOF COMMUTER (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0013722-MVA-R004
Cover Note Number	

### Driver

Name of Driver	MOHAMED SALEH BIN SAIRI
NRIC No	SXXXX638C
Date Of Birth	20/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98303057
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 484 JURONG WEST AVENUE 1 #03-111  
Postcode 640484  
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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
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) 4

Passenger 1 NAME: : MOHD TAHIR  
GENDER: : MALE

Passenger 2 NAME: : NURUL SYAZWANI (DISABLE)  
GENDER: : FEMALE

Passenger 3 NAME: : NURAISHAH (DISABLE)  
GENDER: : FEMALE

#### 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 SKETCH PLAN ATTACHED

#### Attachment(s)

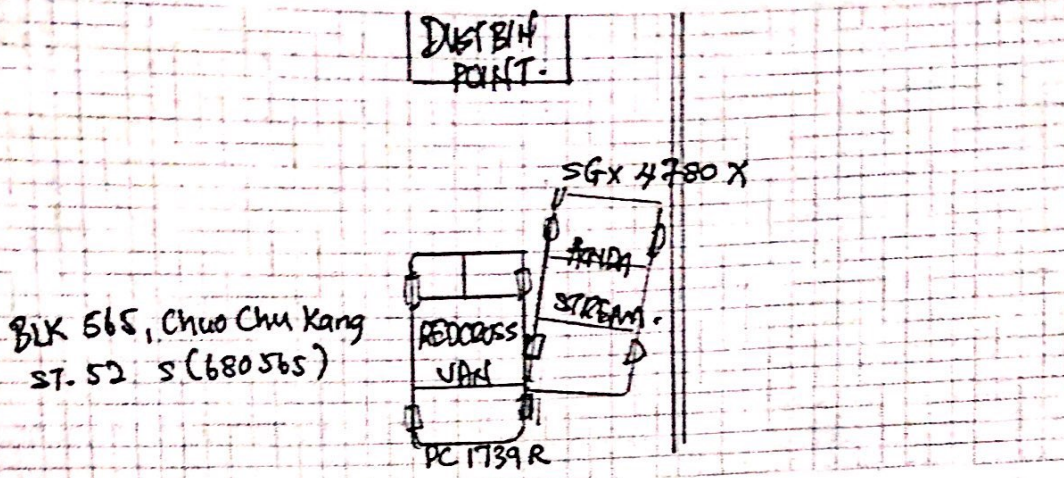
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX4780X  
Vehicle Make/Model/Colour HONDA STREAM  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver VIGNE  
NRIC/Passport Number SXXXX218E  
Contact Number 87278090



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7/07/2020  
 At about 1620 hrs. I, Mohd Salleh the driver and  
 Mohd. Tahir responder to Redcross Van, drop off client's resident  
 at 565 Chuo Chu Kang St. 52. 3 mins after the client  
 left the vehicle SGX 4780 X Honda Stream make a reverse  
 and hit the right side rear of the van. There is a dented  
 dented on the right side rear of the van. fah..

DECLARATION

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



fah

R.

8/7