

ASS. REC. BY: Stew

REF:

CS/CT/20008850/Etf3

## 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: \_\_\_\_\_ 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: YM 1080YYr Regn: 29/8/05Type: M.Car / M.Cycle / Bus / Van / Truck / Taxi / Prime Mover /

Truck / Trailer or

Make: Mitsubishi FE 63 c.c. 2977Colour: Red A/C: Insured / Std / NI / NASp. Reading: 43872 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: FE 639ET9SRDEGen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD / R/Rim orTyre Size: F: 7.00-16R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /TOYO / YOKO or 8

Front

Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 20/8/20 D.O.I. 25/8/20Survey held at Ryder

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

Front R/L

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

Date / Time Action / Instruction

MV-20K

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Rep. Formed:

Lump Sum / L.B. / C

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

# Ryder Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 AutoHub @ Kaki Bukit, Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277 Fax: 67468277

## ESTIMATE OF REPAIR

Veh# : YM1080Y

Model: MIT FUSO  
(29/8/2005)-(28/8/2025)

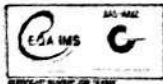
Accident Date : 20/8/2020

Location : SUNGEI KADUT STREET 1

3P: YP3549J (China taiping)

S/Nos	Qty	Description	List \$	S/Nett \$	Nett \$
1	1 pc	Front panel / <i>DD</i>	536.00	-	-
2	1 pc	Front o/s corner pannel / <i>DD</i>	213.50	-	-
3	4pcs	Front o/s corner pannel clips / <i>APC</i>	-	32.00	-
4	1 pc	Front o/s signal lamp / <i>CUT</i>	175.60	-	-
5	1 pc	Front advertisement / <i>APC</i>	-	150.00	<i>80</i>
Sub-Total:			925.10	182.00	0.00
			25%	0%	0%
After Less %:			693.83	182.00	0.00
<b>Labour</b>					
1		To dismantle, straighten & welding.	900.00	<i>600</i>	
2		To spray painting.	800.00	<i>400</i>	
3		To check wiring.	50.00	<i>30</i>	
4		To re-seal anti-rust.	50.00	<i>30</i>	
Sub-Total:			1,800.00		
Total:			2,675.83		
After Less 20%:			2,140.66		

Chan San Choon  
Director  
DipEng, AAE MIMI,MSAE(Aust)



bitSAFE AL 8778 1999  
24 hr accident call

Mobil 1



- 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 21/08/2020 16:23  
Date Of Accident 20/08/2020 08:00  
Exact Location Of Accident SUNGEI KADUT ST 1  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE:

Vehicle Registration Number YM1080Y  
**Insured/Policyholder**  
Name Of Registered Owner MO GUAN CONSTRUCTION ENGINEERING PTE LTD  
Co Reg No 1XXXXX469C  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-94476174  
Alternative Phone No OFFICE-94476174

### Vehicle Particulars

Manufacturer MITSUBISHI  
Model FE639ETOSRDE  
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage THIRD PARTY  
Fleet Policy NO  
Policy Number 5096650391-02  
Cover Note Number

### Driver

Name of Driver JEYAKUMAR RAMESHKUMAR  
Passport No/FIN GXXXX553K  
Date Of Birth 01/01/1982  
Occupation OUTDOOR  
Date Of Driving Pass 31/03/2005  
Driving Experience 15 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-94476174  
Fax Number  
Contact Number OFFICE-94476174  
Email Address NOEMAIL

Address 27 KRANJI WAY  
Postcode 739437

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) 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 STATEMENT.

#### 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 YP3549J

Vehicle Make/Model/Colour

#### Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

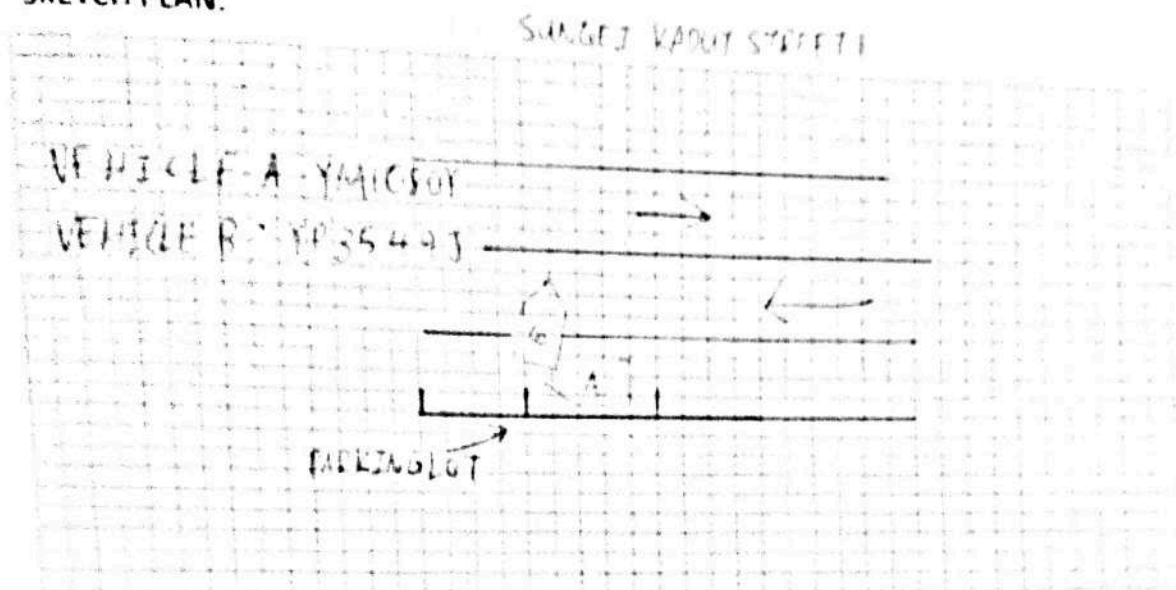
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan

## SKETCH PLAN:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I PARKED MY VEHICLE AT THE PARKING LOT ON THE SIDE OF THE ROAD WITH MY ENGINE SWITCHED OFF AND VEHICLE STATIONARY. VEHICLE B IN FRONT OF ME ATTEMPTED TO MAKE A THREE POINT TURN AND HIS REAR RIGHT PORTION HIT THE FRONT RIGHT PORTION OF MY VEHICLE.

## DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No.: