

cs/msg20009400/Rlyf3

24 Jul 2015

Veh No: XE817A (TRD1055) Nr Regn: 1

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

Truck / Trailer or

Make:                      C.C. 12742

Colour WHITE A/C: Insured / Std / NI / NA

Sp. Reading — T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: — YS2P4X20005377946

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Knoder~~ / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 295/80R22.5

R: 2- 10

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

TOYO/YOKO or . G17 ~~22A~~

Front Rear

R/Bal.	8	mm	R/Bal.	8/8	mm
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U/Bal.	8	mm	U/Bal.	8/8	mm
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D.O.A. 31/08/2020 D.O.I. 04/09/2020

Survey held at 2, REFINERY RD

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

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

LUMP SUM \$4000, 5DAYS RED:12955:76%

☐: Prel. Report

Days Of Repair: 5

☐ : Final Report

Resurvey No. of Trip:

Survey Fee:

Transportation:

11 Photos

Others

TOTAL

☐: Interview (\$

□	: Tech. Invs (\$
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☐: Weekend (\$

## ESTIMATE

785586

## ESTIMATE

Our Ref: AC2020047/TP/XE817A-31.08.2020

Vehicle number: XE817A / TRD1035J

Vehicle Made & Model: TRAILER

Items	Qty	Special Nett Items	Amount \$
1	1 set	Trailer crane rear bumper structure assy <i>bt</i>	6,500.00
2	<i>2/1pc</i>	Trailer crane twist locks - L/R @ 450 <i>bt (RH)</i>	900.00
3	1	Trailer crane crossmember - CTR <i>Repair</i>	1,500.00
4	1	Tailer hitches goosenecks 5th wheels	2,800.00
5	2	Twistlock housings - L/R @ 280	560.00
6	<i>2/1pc</i>	Taillamps - L/R @ 320 <i>cm (RH)</i>	640.00
7	<i>2/1pc</i>	Taillamp housings - L/R @ 260 <i>(RH) bt</i>	520.00
8	<i>2/1pc</i>	Reflectors - L/R @ 55 <i>cm (RH)</i>	110.00
9	1	Reflector marking - CTR <i>new</i>	180.00
10	2	Twistlock housing bolt & Locknut @ 120	240.00
11	1	50 KM/H sign <i>new</i>	25.00
12	1 set	Reverse buzzer <i>X</i>	250.00
Total Special Nett			14,225.00

### Labour charges

13	To check rear electrical wiring	80.00 <i>40</i>
14	To respray undercoating	200.00 <i>100</i>
15	To respray painting and etc	850.00 <i>600</i>
16	Panel beating, cut, weld remove & replacing above parts	1,500.00 <i>700</i>
Total Labour		2,730.00

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$

16,955.00

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:

*Repair*  
*Hp 90010068*  
*5 days - L/S*  
*09/04/2020 P*  
*1620*  
*Resy after repair*

## 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	31/08/2020 17:01
Date Of Accident	31/08/2020 07:35
Exact Location Of Accident	JALAN BUROH(JURONG PORT RD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE817A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KL RESOURCES PTE LTD
Co Reg No	2XXXXX707W
Email Address	KL@KL-LOGISTICS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87870020

### Vehicle Particulars

Manufacturer	SCANIA
Model	P400LA4X2MSZ
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMFG20004507
Cover Note Number	

### Driver

Name of Driver	SUBRAMANIAN JAYAKUMAR
NRIC No	GXXXXX050T
Date Of Birth	27/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2012
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87870020
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NA  
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 COLLISION - HEAD TO REAR  
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) 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

I XE817A was driving along Jalan buroh towards the roundabout on the 3rd lane, as approaching the roundabout the vehicle ahead was stationary so move my vehicle slowly and came to a stationary position. Suddenly I felt an hard impact coming from my rear vehicle and discovered that the 3rd party XD1661G had collided onto my rear vehicle. I manage to take some photos and exchange particulars with the 3rd party no injuries was involved at the scene and there was police officers that came to the scene

### Attachment(s)

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

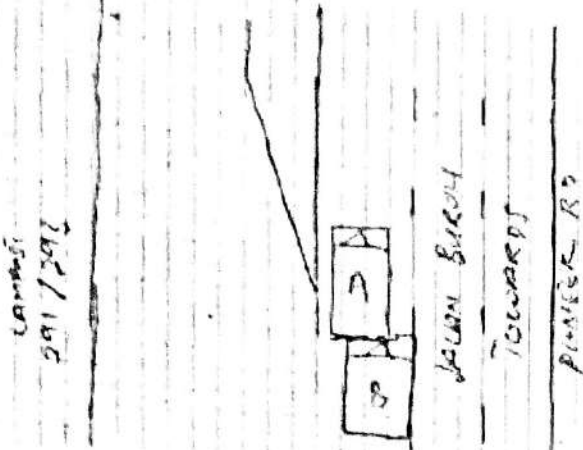
### DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number XD1661E  
Vehicle Make/Model/Colour MITSUBISHI / FP51JDR4RDEA  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver CHEN WANLI  
NRIC/Passport Number GXXXX909M  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



# Sketch Plan #2

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

## 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

VERIFY BY AJAX MARS (ARC) REPORTING OFFIC  
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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

## Sketch Plan Pg. 1

### SKETCH PLAN

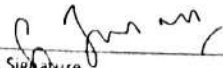
#### IMPORTANT NOTICE

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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:

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MUHAMMAD SUMARDI BIN MOHD AFFANDI  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: