

ASS. REC. BY:

Steve

REF:

CC4/LPC20909554/993

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:

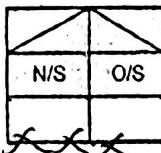
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



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:

YN 5192B

Yr Regn:

16/6/14

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

Truck / Trailer or

Make:

Mitsubishi Canter

c.c

2998

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

14.7126

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FEB 71 EA 09/99

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/75R17.5

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

4/9/20

D.O.I.

8/9/20

Survey held at

Ken Fook Sing

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

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

Date / Time

Action / Instruction

MV-39K

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / U.C. /

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquater: 61 Defu Lane 12 Singapore 539147
Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428
E-mail: ryan@kanfs.net/ patricia@kanfs.net
Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883
Tel: (65) 6481 5150 Fax: (65) 6481 8683

8/9/20, 10.00 am

wil ppl

L/S

DATE : 07-09-2020

Ry AL Spj

6 days

Steve (LKK)

LONPAC INSURANCE BHD

300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555

VEHICLE NO. : YN5192B

ACCIDENT DATE : 04-09-2020 16:00

THIRD PARTY REF. : YM6866P

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE YN5192B MITSUBISHI CANTER FEB71ER4SDEC

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
SPECIAL NETT ITEMS			
1	1	TO FABRICATE REAR WOODEN CABIN ?	7800.00
2	1	TO SUPPLY & RENEW REAR WOODEN CAGINE REINFORCEMENT ?	2000.00
3	1	BEAMS REAR NO. PLATE	30.00
TOTAL (C)			9,830.00

LABOUR CHARGES

1	1	REMOVE & REFIX REAR WOODEN CABIN	400	580.00
2	1	TO CHECK WIRING SYSTEM	30	50.00
3	1	REMOVE ALL NECESSARY AFFECTED PARTS FOR REPAIRS, WELD/CUT, PANEL BE- ATING & RENEW PARTS, STRAIGHT CHASSIS FRAME	1200	1580.00
4	1	SPRAY PAINTING		850.00
TOTAL (D)				3,060.00
ESTIMATE TOTAL				12,890.00

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:

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	05/09/2020 12:47
Date Of Accident	04/09/2020 16:00
Exact Location Of Accident	AYE NEAR CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5192B
Insured/Policyholder	
Name Of Registered Owner	CHIP SOON ALUMINIUM PTE LTD
Co Reg No	1XXXXX660E
Email Address	SALES@CHIPSOON.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91891667
Vehicle Particulars	
Manufacturer	MAZDA
Model	CANTER FEB71ER4SDEC
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070085563
Cover Note Number	16/06/2020 TO 15/06/2021
Driver	
Name of Driver	ZHANG CHEN
NRIC No	GXXXX909R
Date Of Birth	01/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2009
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88665254
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

23 KAKI BUKIT CRES, SINGAPORE 416254

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 - 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?

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 with attach.

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 YM6866P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ISLAM MOHAMMAD JOHIRUL

NRIC/Passport Number

Contact Number 84125453

Address

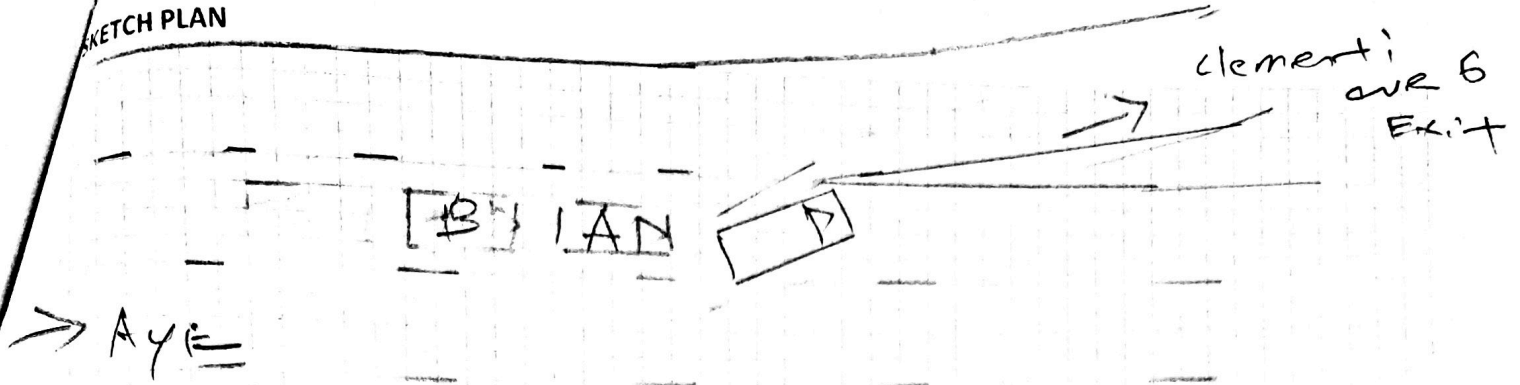
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLAN



A = YN5192E

B = YM6866P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


(While travelling along aye approaching near to clementi ave 6 exit. There was a car stopped suddenly, and after left and causing me to e-brake. I managed to react in time and did not hit him. Next moment, I felt an impact from my rear and realized we were hit by a lorry YM6866P.

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:

5/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: