

ASS. REC. BY: Sun Pin

REF:

CC 3/11/2001/305/pq3**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
XXXXXX	

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: GBF 9635 D Yr Regn: 03/05/2017

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

Truck / Trailer or \_\_\_\_\_

Make: Toyota Hiace Van. C.C. 2982Colour: White. A/C: Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

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

C/No: JTH JTFHT02 P000215907

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

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

Tyre Size: F: 195 R15R: 195 R15

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

TOYO / YOKO or Lingam

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 16/10/2020. D.O.I. 22/10/2020Survey held at MG Cap.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: 50,000PV: 32,458NV: 17,542

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / B.B. ( )

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

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	949D
<b>Vehicle Details</b>	
Vehicle No.:	GBF9635D
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1KD2684425
Chassis No.:	JTFHT02P000215907
Maximum Power Output:	-
Open Market Value:	\$27,952.00
Original Registration Date:	03 May 2017
First Registration Date:	03 May 2017
Transfer Count:	0
Actual ARF Paid:	\$1,398.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	02 May 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$49,810.00
COE Rebate Amount:	\$32,458.00
<b>Total Rebate Amount:</b>	<b>\$32,458.00</b>

The information contained herein is correct as at 26 Oct 2020

OK

## 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	17/10/2020 12:41
Date Of Accident	16/10/2020 16:05
Exact Location Of Accident	100 JALAN SULTAN LOADING & UNLOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9635D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNITED PARCEL SERVICE SINGAPORE PTE LTD
Co Reg No	1XXXXX949D
Email Address	MEZUWAN@UPS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87988016

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5 DR MANUAL
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	THIRD PARTY
Fleet Policy	YES
Policy Number	999993858
Cover Note Number	02/01/2020 TO 01/01/2021

### Driver

Name of Driver	SHAMSUDIN MOHD CHIN
NRIC No	GXXXX355U
Date Of Birth	01/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2013
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87988016
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 22 CHANGI SOUTH AVENUE 2, #06-00, UPS HOUSE, SINGAPORE 486064

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 COLLIDED INTO PROPERTY  
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? YES  
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

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 SGH5520H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SHAMSUDIN MOHD CHIN

Approximate Age	
Injuries Sustain	TRUECARE CLINIC - 1DAYS MC
Injured person in which vehicle?	GBF9635D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

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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:



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

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

Please find attached

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please find attached.

### DECLARATION

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



Policyholder's Signature  
Date & Time:

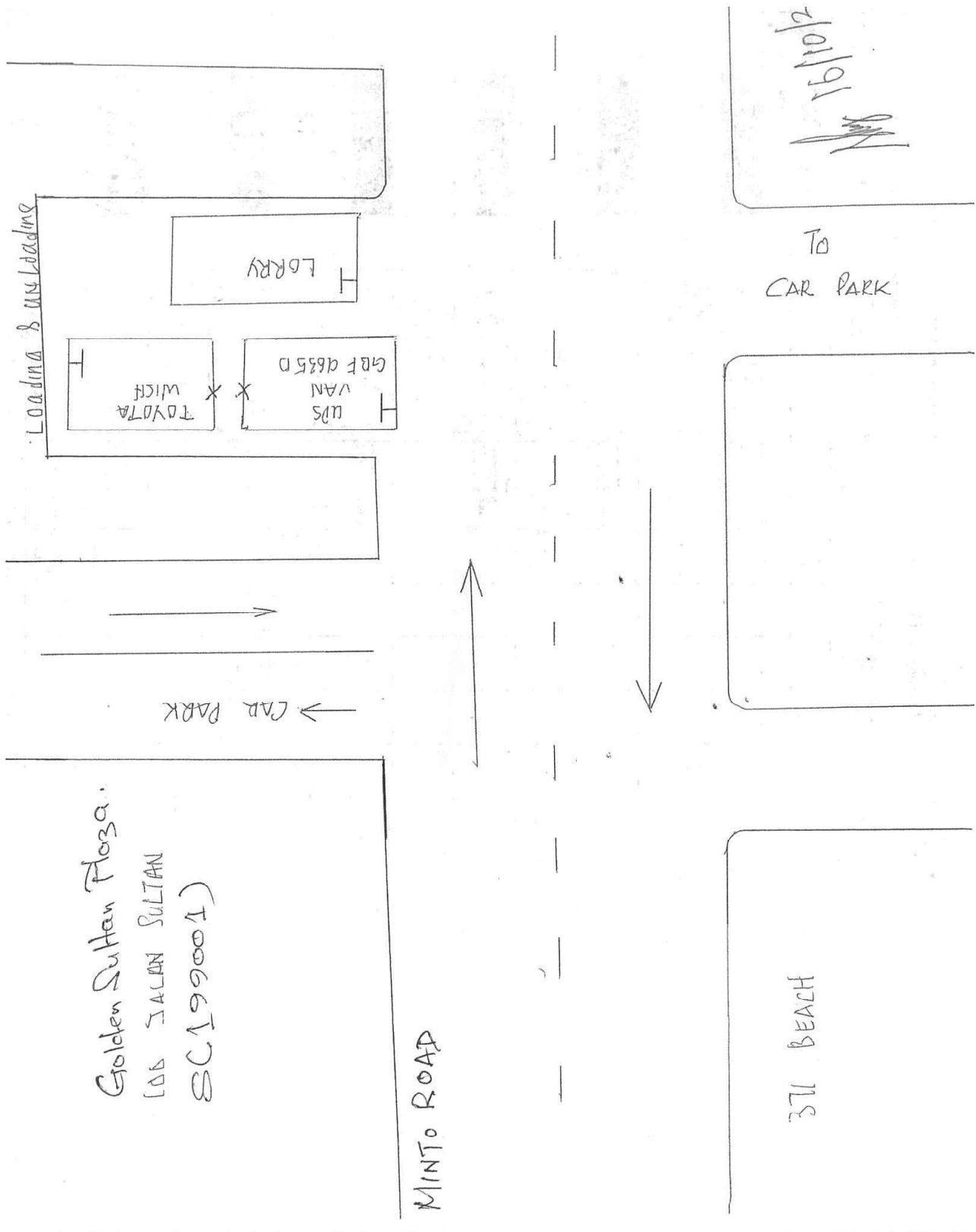
*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

Accident Sketch Plan Pg. 1

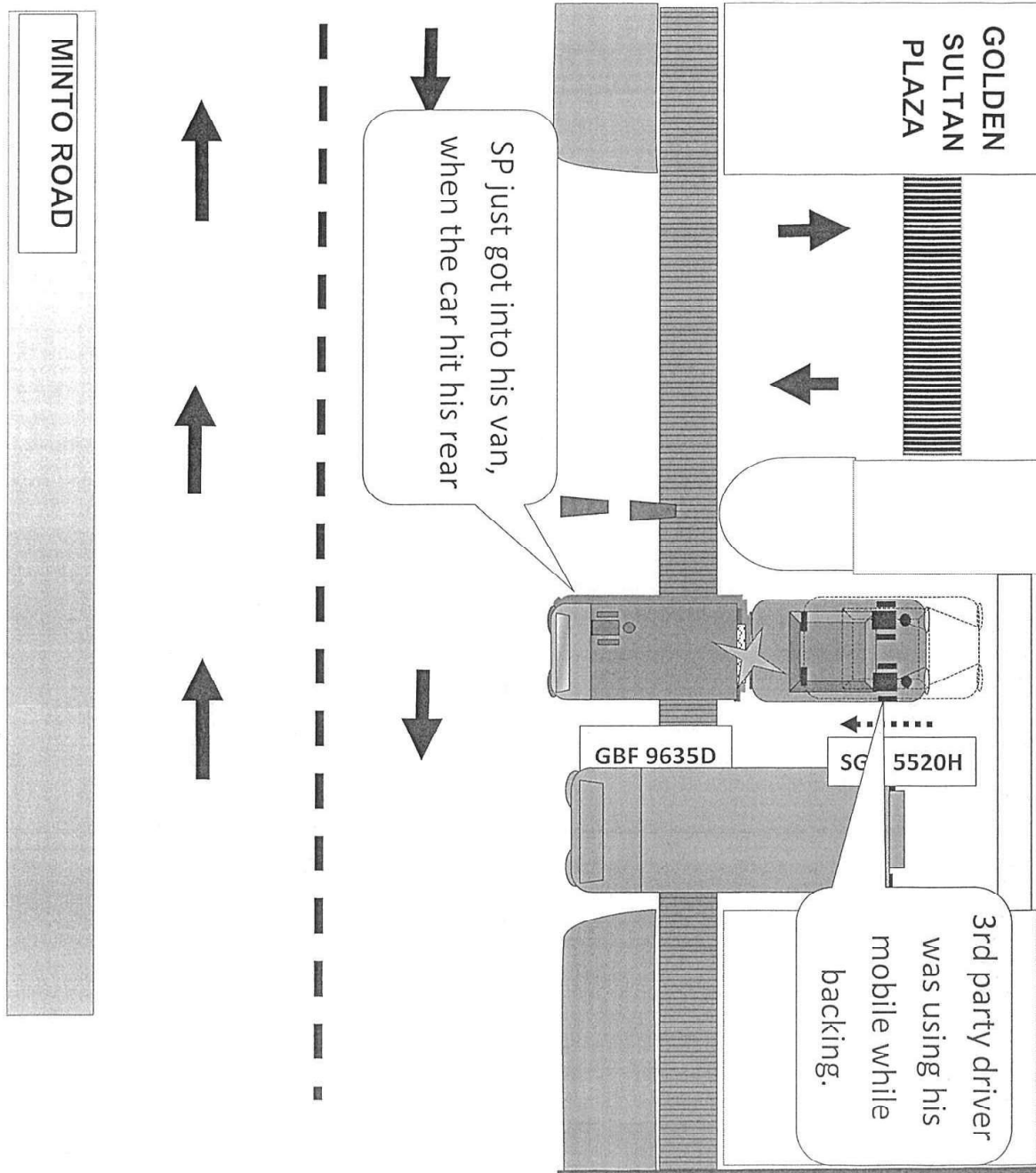




ON 16<sup>th</sup> OCT 2020 at about 1605hrs, I back my vehicle at 100 Jalan Sultan loading/unloading bag to the rear of the Saloon car SGH5520H. ALL of the parking lots was Full and the security guard instructed me to parked it there beside the lorry. After I parked my vehicle, I put to neutral, pulled handbrake and switch off my vehicle, I get down From my vehicle and proceed to the rear of my vehicle to allocate the parcel that Supposed to deliver on the area. the owner of the vehicle SGH 5520H Came back and Infomed me that he is going out. So I went up to my vehicle to shift. Before I even start my vehicle, I heard a loud bang behind my vehicle. I get down to check and I Saw SGH 5520H reverse and nit on my vehicle. I go over to the driver and the driver told me he was distracted by his phone to make a call while reversing. there after 3rd party driver refuse to Exchange Particular, they wanted to do private settlement, but was rejected by me, and Contacted Supervisor chris at 1610hrs. Superrvisor Ian and Ezuwan went down

at about 1720hrs to investigate and take over the vehicle. there was no injury involved and no electronic device used by me

 16/10/20



## Estimation

Sun Pin (Lkh)  
22/10/2020  
TPurthol prajuh

Date:

2020/10/20

Vehicle:

GBF9635D

Make / Model

TOYOTA HIACE

Chassis No.

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:

No.	Description	Unit	Unit Price	Amount
	Parts Replacement:			
1	TAILGATE / DO	1	\$2,035.20	\$ 2,035.20
2	TAILGATE LOCK / Tam	1	\$ 287.10	\$ 287.10
3	TAILGATE WEATHERSTRIP / CUT	1	\$ 448.00	\$ 159.00
4	TAILGATE OUTER GARNISH X SVC	1	\$ 448.60	\$ 448.60
5	TAILGATE LOGO X SVC	1	\$ 45.00	\$ 45.00
6	TAILGATE WINDSCREEN MOULDING / NE	1	\$ 157.00	\$ 157.00
7	TAILLAMP RH / CRA	1/2	\$ 389.40	\$ 778.80
8	TAILLAMP LOWER GARNISH RH / DOP	1/2	\$ 128.70	\$ 257.40
9	REAR BUMPER / CRM	1	\$ 651.00	\$ 651.00
10	REAR BUMPER SIDE RETAINER / NEC	2	\$ 48.00	\$ 96.00
11	REAR BUMPER BRACKET X	2	\$ 44.00	\$ 88.00
12	REAR END PANEL OUTER X R	1	\$ 412.00	\$ 412.00
13	REAR END PANEL INNER X R	1	\$1,104.70	\$ 1,104.70
14	REAR FLOOR PANEL X R	1	\$1,940.50	\$ 1,940.50
15	REAR SPARE TYRE BRACKET X	1	\$ 312.00	\$ 312.00
16	REAR EXHAUST PIPE X	1	\$ 589.60	\$ 589.60
				\$ 9,361.90
			Less 25%	\$ 2,340.48
			Total	\$ 7,021.43
	S/Nett items:			
1	REAR REVERSE SENSOR / short	1 SET	\$ 250.00	\$ 250.00
2	REAR FLOOR PANEL ALUMINIUM PLATE X	1	\$ 800.00	\$ 800.00
3	TAILGATE COMPANY STICKER SET / NEC	1	\$ 500.00	\$ 500.00
4	TAILGATE STICKER '70KM' / NEC	1	\$ 20.00	\$ 20.00
5	TAILGATE ALUMINIUM TRIM / DO	1	\$ 400.00	\$ 400.00
6	TAILGATE WINDSCREEN SEALANT / NEC	1	\$ 80.00	\$ 80.00
7	REAR BUMPER CLIP / NEC	1 SET	\$ 80.00	\$ 80.00
8	REAR END PANEL GARNISH CLIP X	1 SET	\$ 30.00	\$ 30.00
9	FLOOR PANEL SEALANT X	1	\$ 50.00	\$ 50.00
10	END PANEL SEALANT X	1	\$ 50.00	\$ 50.00
11	MISCELLANEOUS X	1	\$ 200.00	\$ 200.00
				\$ 2,460.00
	Labour to:			
1	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
2	TO REMOVE AND REFIT REVERSE SENSOR	1	\$ 150.00	\$ 150.00
3	REMOVE AND REFIX TAILGATE MECHANISM	1	\$ 120.00	\$ 120.00
5	REMOVE AND REFIX EXHAUST SYSTEM	1	\$ 200.00	\$ 200.00
6	CHECK AND TEST FOR WATER LEAKAGE	1	\$ 50.00	\$ 50.00
7	REMOVE AND REFIX REAR WINDSCREEN GLASS	1	\$ 120.00	\$ 120.00
8	REMOVE AND REFIX FLOOR PANEL ALUMINIUM	1	\$ 120.00	\$ 120.00
9	TO RESPRAY UNDERCOATING	1	\$ 100.00	\$ 100.00
10	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 120.00	\$ 120.00
11	SPRAY PAINTING ON AFFECTED AREAS	1	\$1,000.00	\$ 600.00
12	PANEL BEATING ON AFFECTED AREAS	1	\$1,200.00	\$ 1,200.00
				\$ 2,860.00
Repair day 4 days L/S After paint photo			Parts Replacement Amount	\$ 9,481.43
			Total Amount for Labour	\$ 2,860.00
			Total Amount	\$12,341.43

