

ASS. REC. BY: SteveREF: 11/11/PC 20011045/624

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 CO. OF INS. / IF RES. / OD RES. / EVA. / INV. / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: _____
 Policy No: Z20VC05005789
 Claims No: 20/20/20/VC05/023765
 Sum Insured: _____ Excess: 3900
 (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: _____

OAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 20 days Res.: Yes or No

Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YQ342C Yr Regn: 19/3/19
 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 / N
 Sp Reading: N/A T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: FES21EA39013
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rlm / STD A/Rlm or
 Tyre Size: F: _____ R: 195R15C
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. S mm R/Bal. S mm
 L/Bal. S mm L/Bal. S mm
 D.O.A. 11/10/20 D.O.I. 11/10/20
 Survey held at SME
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FRONT RIM
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MV-75KRepair advise 30K repair sum

27/10/20@6.01pm revert to Gerald Poh via Merimen.

28/10/20@9.14am Chew Beng Kee informed C/A via Merimen.

28/10/20@9.26am Informed Gary C/A on LS basis & ex:\$3900 by email.

01/12/20@5.35pm 2nd revert to Gerald Poh via Merimen & Email. (supplementary)

03/12/20@12.39pm Gerald informed C/A on supplementary by email.

03/12/20@2.20pm Informed Gary C/A on supplementary by email.

21/01/21@12.55pm Steve finalised with Ying LS \$38000, 20 days (Red \$20104.80, 35%)

NetTime, File Pass to?

☐ : Prel. Report

21/01 Typist

☐ : Final Report

NetTime, File Return to?

OD

Pop. Form:

Limit Sum / ALP / 12

38000

Days Of Repair: 20Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

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

SME MOTOR PTE LTD

1 Kaki Bukit Ave 6 #02-15, AutoBay @ Kaki Bukit, Singapore 417883

Tel: 6747 6106 (6 Lines) Fax: 6744 2368

Email: service@smemotor.com.sg Website: www.smemotor.com.sg

Co. & GST Reg. No: 201119451E

INSURER: Lonpac Insurance Bhd (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	20/LP/OD-410 (10)
Policy No:	Z20VC05005789	Date of Loss:	11/10/2020
Vehicle Reg. No.:	YQ342C	Driveable?	
Driver Age/Info:	28 / MALE	Party At Fault:	UNKNOWN
TP Injury Involved?	YES	Third Party Involved?	YES

Insured/Claimant: BSN TECH ENGINEERING PTE LTD

Driver: NATARAJAN PALANIRAJ

Make/Model: MITSUBISHI CANTER, 3.0 D
FEA01BR2SDEB (CBU) (M)

Vehicle Reg. Date: 19/03/2019

Vehicle Colour: WHITE

Engine No: 4P10D61955

Chassis No: FEB21EA30013

Odometer: 0 KM

Paint Type:

Total Loss? NO

Est. Duration of Repair 14
(day)

Remarks: VEHICLE IN.

Present Location: SME MOTOR PTE LTD (KAKI BUKIT)

COST OF CLAIMS	Amount
Parts	32,507.05
Miscellaneous Items	6,460.00
Labour	9,770.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	48,737.05
+ GST 7.00% (\$\$)	3,411.59
Nett Amount (\$\$)	52,148.64

This claim is handled by: CHIA PEI YING

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: (Last Synchronised 22 Oct 2020)
 Parts: N/A MITSUBISHI CANTER 3.0 D FEA01BR2SDEB (CBU) (M) (Model not available in database)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: SME Motor Pte Ltd/YQ342C/22/10/2020 16:19
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRT WINDSCREEN / OR	0.00	0.00	*680.00 F
2	1		*FRT WINDSCREEN RUBBER / TN	0.00	0.00	*165.00 F
3	1		*WIPER GARNISH ?	0.00	0.00	*210.00 F
4	1		*FRT RH CORNER PANEL / OR	0.00	0.00	*220.00 F
5	1		*RH SIDE MIRROR / OR	0.00	0.00	*70.00 F
6	1		*RH SIDE MIRROR BRACKET / OT	0.00	0.00	*180.00 F
7	1		*FRT GRILLE X	0.00	0.00	*460.00 F
8	6		*FRT GRILLE CLIP X	0.00	0.00	*18.00 F
9	1		*RH HEADLAMP / OR	0.00	0.00	*265.00 F
10	1		*RH SIGNAL LAMP / OR	0.00	0.00	*150.00 F
11	1		*RH SIDE LAMP / OR	0.00	0.00	*120.00 F
12	1		*FRT PANEL / DO	0.00	0.00	*450.00 F
13	1		*FRT PANEL FUSO EMBLEM / RC	0.00	0.00	*65.00 F
14	1		*FRT BUMPER / DO	0.00	0.00	*480.00 F
15	1		*FRT BUMPER CORNER GARNISH RH / MIS	0.00	0.00	*190.00 F
16	1		*RH DOOR / DO	0.00	0.00	*850.00 F
17	1		*RH DOOR GLASS / OR	0.00	0.00	*295.00 F
18	1		*RH DOOR HINGE (TOP) / OT	0.00	0.00	*95.00 F
19	1		*RH DOOR HINGE (LOWER) / OT	0.00	0.00	*95.00 F
20	1		*RH DOOR CHECKER X	0.00	0.00	*55.00 F
21	1		*RH DOOR LOCK / Jamb	0.00	0.00	*160.00 F
22	1		*RH DOOR OUTER MOULDING / OT	0.00	0.00	*95.00 F
23	1		*RH DOOR INNER TRIM BOARD / OR	0.00	0.00	*395.00 F
24	8		*RH DOOR INNER TRIM BOARD CLIP / RC	0.00	0.00	*24.00 F
25	1		*RH DOOR GLASS GEAR / OT	0.00	0.00	*260.00 F
26	1		*RH DOOR POWER WINDOW MOTOR / Jamb	0.00	0.00	*320.00 F
27	1		*RH DOOR GLASS CHANNEL / OT	0.00	0.00	*150.00 F
28	1		*RH DOOR OUTER HANDLE / CUT	0.00	0.00	*80.00 F
29	1		*RH DOOR INNER RUBBER / TN	0.00	0.00	*210.00 F
30	1		*RH DOOR PILLAR (OUTER) / DO	0.00	0.00	*750.00 F
31	1		*RH DOOR PILLAR (INNER) / DO	0.00	0.00	*580.00 F
32	1		*FLOOR PANEL ?	0.00	0.00	*1,100.00 F
33	1		*RH STEP GARNISH / OR	0.00	0.00	*210.00 F
34	1		*CABIN REAR PANEL / ?	0.00	0.00	*3,800.00 F
35	1		*AIR DUCT / CR4	0.00	0.00	*320.00 F
36	1		*AIR HOSE ?	0.00	0.00	*280.00 F
37	1		*AIR CLEANER BOX / OR	0.00	0.00	*620.00 F
38	1		*RADIATOR SPARE TANK / CR4	0.00	0.00	*120.00 F
39	1		*FRT RH INNER COWLING (FRT) / TN	0.00	0.00	*180.00 F
40	1		*FRT RH INNER COWLING (REAR) / OR	0.00	0.00	*120.00 F

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Qty	Part No.	Particulars	%Disc	%Depr	Amount
41	1	*RH WHEEL ARC GARNISH / <i>BR</i>	0 00	0 00	*125 00 F
42	1	*DASHBOARD / <i>BR</i>	0 00	0 00	*1,650 00 F
43	1	*FRT CABIN BRACKET (FRT) / <i>DT</i>	0 00	0 00	*395 00 F
44	2	*FRT CABIN BRACKET BUSH / <i>MC</i>	0 00	0 00	*360 00 F
45	1	*FRT CABIN REAR BRACKET ASSY / <i>DT</i>	0 00	0 00	*550 00 F
46	1	*FRT RH SHOCK ABSORBER / <i>DT</i>	0 00	0 00	*130 00 F
47	1	*FRT RH LOWER ARM / <i>DT</i>	0 00	0 00	*950 00 F
48	1	*FRT RH UPPER ARM / <i>BR</i>	0 00	0 00	*960 00 F
49	1	*FRT RH KNUCKLE ARM / <i>BR</i>	0 00	0 00	*1,100 00 F
50	1	*FRT RH KNUCKLE BEARING / <i>MC</i>	0 00	0 00	*50 00 F
51	1	*STEERING RACK ASSY / <i>?</i>	0 00	0 00	*3,200 00 F
52	1	*STEERING CROSSMEMBER / <i>DT</i>	0 00	0 00	*960 00 F
53	1	*FRT RH ABS SENSOR / <i>TN</i>	0 00	0 00	*420 00 F
54	1	*FRT RH BRAKE OIL HOSE / <i>TNI</i>	0 00	0 00	*130 00 F
55	1	*ROOF UNDERLINING / <i>CRV</i>	0 00	0 00	*1,250 00 F
56	1	*ROOF PANEL / <i>DN</i>	0 00	0 00	*1,150 00 F

F=Franchise part.

Sub Total (S\$)

28,267.00

+ Margin on L,N Items 15.00% (S\$)

4,240.05

Total Parts (S\$)

32,507.05

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Repairer Estimates

Estimates on Miscellaneous Items

No Qty Particulars

Miscellaneous Items

1	1	ERP BRACKET	nc	25.00
2	1	FRT RH RIM	BT	250.00
3	2	FRT TYRE	TAI (30% up price)	360.00
4	1	RADIATOR COOLANT	nc	25.00
5	1	REAR TAIL BOARD (FRT)	BT	1,500.00
6	1	REAR TAIL BOARD ALUMINIUM HOOD	DD	2,800.00
7	1	REAR TAIL BOARD REINFORCEMENT	BT	1,500.00
Sub Total (S\$)				6,460.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1	WIRE CHECKING	New	30.00	/
2	REMOVE & REFIX FRT WINDSCREEN	New	120.00	/
3	REMOVE & REFIX DASHBOARD & CROSSMEMBER	New	280.00	150
4	REMOVE & REFIX CUSHION AND SEATS	New	150.00	80
5	REMOVE & REFIX AIRCON AND GAS	New	100.00	/
6	REMOVE & REFIX ROOF UNDERLINING	New	180.00	80
7	REMOVE & REFIX CABIN REAR GLASS	New	60.00	40
8	REMOVE & REFIX ENGINE AND GEARBOX	New	400.00	300
9	REMOVE & REFIX EXHAUST	New	200.00	100
10	REMOVE & REFIX PETROL TANK	New	150.00	80
11	REMOVE & REFIX FRT UNDERCARRIAGE (WITH CROSSMEMBER AND RACK)	New	400.00	300
12	WHEEL ALIGNMENT	New	100.00	60
13	REMOVE & REFIX FRT CABIN	New	500.00	400
14	REMOVE & REFIX REAR TAIL BOARD ASSY	New	500.00	300
15	LABOUR CHARGE	New	3,600.00	2500
16	SPRAY PAINTING	New	3,000.00	1800

Gross Labour Cost (S\$)

9,770.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Steve CLKK) OD - Not Author
Excess - ?

23/10/20, 10.30 am

20 days

Ry AL sy

L/S

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 13/10/2020 12:43
Date Of Accident 11/10/2020 19:15
Exact Location Of Accident JUNC TUAS SOUTH AVE 3 & TUAS SOUTH AVE 7
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number YQ342C
Insured/Policyholder
Name Of Registered Owner BSN TECH ENGINEERING PTE LTD
Co Reg No 2XXXXX445N
Email Address NOEMAIL

Mobile Phone No
Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer MITSUBISHI
Model CANTER FEB21ER4SDEN (CBU)
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? YES

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number Z20VC05005789
Cover Note Number

Driver

Name of Driver NATARAJAN PALANIRAJ
Passport No/FIN GXXXX346W
Date Of Birth 10/07/1992
Occupation OUTDOOR
Date Of Driving Pass 22/05/2019
Driving Experience 1 YEAR AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81478161
Fax Number
Contact Number OFFICE-81478161
Email Address NOEMAIL

Address 9 LITTLE ROAD
#03-03
Postcode 536985
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 - CROSS JUNCTION
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) 3

Passenger 1

NAME: : KARUPPIAH PRABAKAGAN
GENDER: : MALE

Passenger 2

NAME: : HOSSAIN MONIER
GENDER: : MALE

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 PC841J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
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 NATARAJAN PALANIRAJ
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YQ342C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KARUPPIAH PRABAKAGAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YQ342C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name HOSSAIN MONIER
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? YQ342C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

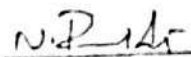
IMPORTANT NOTICE

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 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.

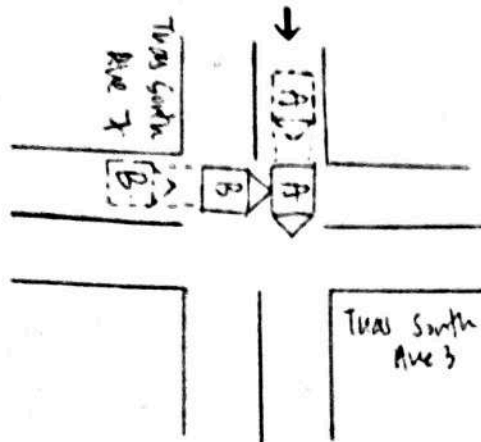

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



(A) YQ342C
(B) PC8413

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic light turned green and I proceed straight.

Suddenly vehicle B came from my right and hit onto the right portion of my lorry.

DECLARATION

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature: C. P. S. S. S.
Date & Time: 2014/04/04

Driver's Signature: N. P. S. S.
(If driver is not the policyholder)
Date & Time: 2014/04/04

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