

ASSIGNMENT

C/OE July 2023.

From: _____ Date: _____

Veh No: YN 4083P Yr Regn: July 2013

Estimated Cost: _____

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or _____

To Inspect Vehicle No: _____

Make: Bu2u HHR85 C.C. 2999

at Workshop m/s _____

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

of _____

Sp.Reading: 252388 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: 455 1372543

Policy No. _____

C/No: JAAHR85HD7100325

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or _____

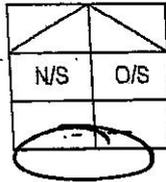
Make of Veh: _____

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

(Policy Condition)

Tyre Size: F: 195 / 85 R16
R: 195 / 70 R15 (double)

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



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

TOYO / YOKO or _____

Bal. or Market Value: _____

Front Wostake Rear Roadstone

IDAC Accident Report _____ Consistent? : Yes or No

R/Bal. 5 mm R/Bal. 5/5 mm

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

L/Bal. 5 mm L/Bal. 5/5 mm

Est. Repairs: 6 days Res.: Yes or No

D.O.A. 03/11/2020 D.O.I. 06/11/2020

Lum Sum: 20 % 3 Val.: Yes or No

Survey held at JWG AMK

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Rear

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

Date / Time	Action / Instruction
	<u>Chine Taping GBD 87842</u>
	<u>MV 24K</u>
	<u>LIA 15K</u>
	<u>NL 9K.</u>
<u>29/12/2020</u>	<u>Insured 2/5 7400/- with 6 days of rep</u> <u>(\$28,393.06 Red - 79%)</u>

Date/Time, File Pass to?

29/12/20

1) Typist

Date/Time, File Return to?

2)

: Prel. Report

: Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

S+RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.H: (\$ 7,400/- L/S)

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	04/11/2020 14:47
Date Of Accident	03/11/2020 19:20
Exact Location Of Accident	SLE TOWARDS BKE BEFORE MANDAI ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4083P
Insured/Policyholder	
Name Of Registered Owner	WEE TEE TONG CHEMICALS PTE LTD
Co Reg No	1XXXXX279N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94657226
Alternative Phone No	OFFICE-94657226
Vehicle Particulars	
Manufacturer	ISUZU
Model	NNR85UH4A-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00050102005
Cover Note Number	
Driver	
Name of Driver	WANG HONGBO
Passport No/FIN	GXXXX042T
Date Of Birth	04/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94657226
Fax Number	
Contact Number	OFFICE-94657226
Email Address	NOEMAIL

Address 7 GAMBAS CRESCENT
#01-30

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 COLLISION - HEAD TO REAR

Weather Conditions AFTER RAIN

Road Surface WET

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: : LIN TAO
GENDER: : MALE

Passenger 2 NAME: : LIN JINFENG
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

PLEASE REFER TO SKETCH PLAN

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 GBD8784Z

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)

DETAILS OF INJURED PERSON 1

Name **WANG HONGBO**
Approximate Age
Injuries Sustain **SLIGHT INJURY**
Injured person in which vehicle? **YN4083P**
Were seat belts worn? **YES**
Was this injured conveyed to hospital by ambulance? **NO**
Address
Postcode

DETAILS OF INJURED PERSON 2

Name **LIN TAO**
Approximate Age
Injuries Sustain **SLIGHT INJURY**
Injured person in which vehicle? **YN4083P**
Were seat belts worn? **YES**
Was this injured conveyed to hospital by ambulance? **NO**
Address
Postcode

DETAILS OF INJURED PERSON 3

Name **LIN JINFENG**
Approximate Age
Injuries Sustain **SLIGHT INJURY**
Injured person in which vehicle? **YN4083P**
Were seat belts worn? **YES**
Was this injured conveyed to hospital by ambulance? **NO**
Address
Postcode

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 Authorized 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 regulate 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. Relevant evidence 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 Ministry 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 situated 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, regulatory, 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:

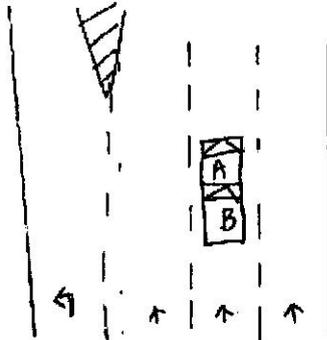
Reporting Centre Personnel's Signature
Name:
NRIC/PIH No.:

Sketch Plan #2

SKETCH PLAN

SLE Towards BKE Before Mandai Road Exit

Vehicle A: YN4083P
 Vehicle B: GBD B7842



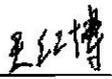
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

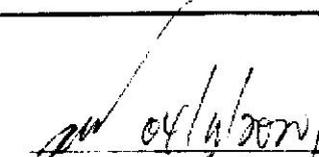
On the stated date & time, I, vehicle A (YN4083P) was travelling straight along the stated location on lane 2. Suddenly, I felt a huge impact from my rear portion of my vehicle. I realised vehicle B (GBD B7842) was collided onto the rear portion of my vehicle causing damages.

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.:

JWG INTERNATIONAL PTE. LTD.

10, ANG MO KIO IND PARK 2A, #03-08 AMK AUTOPOINT, SINGAPORE 568047

H/P: 8299 6103 | FAX: 6909 9592

E-Mail: jwg.claims@yahoo.com

To: CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Att: Motor Claims Dept

ACCIDENT INVOLVING GBD8784Z [YOUR INSURED] & YN4083P [OUR CLIENT]
ON 03/11/2020.

ESTIMATED REPAIR COSTS FOR YN4083P

<u>QTY</u>	<u>PARTS</u>	<u>AMOUNT</u>
2PCS	TAIL LAMP LH / RH @ \$418.95 EACH <i>NI</i>	\$ 837.90
1PC	TAIL LAMP WIRE HARNESS <i>NI</i>	\$ 1,194.50
1PC	TOW HOOK <i>NI</i>	\$ 206.50
1PC	REAR NO. PLATE LAMP <i>broken</i>	\$ 119.48
1PC	FRONT WINDSCREEN <i>Crack</i>	\$ 1,895.39
1PC	FRONT WINDSCREEN MOULDING <i>Nic</i>	\$ 306.89

1897.25

1612.66

PARTS SUM: \$ 4,650.66

PARTS LESS 15%: \$ 697.60

PARTS TOTAL: \$ 3,953.06

LABOUR & SPECIAL NETT ITEMS

*	TO SUPPLY REAR DOOR LH / RH @ \$2,800.00 EACH <i>Dental 58%</i>	\$ 5,600.00	
*	TO SUPPLY 4 PCS REAR DOOR HINGES <i>NI</i>	\$ 400.00	X
*	TO SUPPLY '60KM' STICKER <i>Nic</i>	\$ 100.00	20/-
*	TO SUPPLY REAR NO. PLATE <i>Nic</i>	\$ 80.00	15/-
*	TO SUPPLY REAR CHASSIS CENTER PLATE <i>St</i>	\$ 500.00	✓
*	TO SUPPLY REAR WOODEN END PANEL <i>Crack/broken</i>	\$ 1,000.00	✓
*	TO SUPPLY REAR DOOR ADVERTISEMENT STICKER <i>Nic</i>	\$ 2,000.00	✓
*	TO SUPPLY 2PCS REAR DOOR INNER WOODEN PLANK <i>NI</i>	\$ 2,000.00	X
*	TO SUPPLY 2PCS REAR DOOR LOCK <i>Et / Dam</i>	\$ 600.00	✓
*	TO SUPPLY 2PCS REAR DOOR CATCH <i>Nic</i>	\$ 400.00	X
*	TO SUPPLY REAR DECK <i>NI</i>	\$ 10,000.00	X
*	TO SUPPLY FRONT WINDSCREEN SEALANT <i>Nic</i>	\$ 100.00	40/-
*	TO SUPPLY FRONT WINDSCREEN DAMPING SEAL <i>Nic NI</i>	\$ 30.00	1400/-
*	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	\$ 3,000.00	1400/-
*	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS <i>800.00</i>	\$ 3,000.00	300/-
*	TO SUPPLY REAR REINFORCEMENT BAR <i>\$1400.00 broken</i>		✓
*	TO SUPPLY REAR REINFORCEMENT BRACKET LH & RH <i>\$600.00 St</i>		✓ 300.00
*	TO SUPPLY SCREW 8 PCS <i>50.00 \$800.00 Nic / NI destroyed</i>		✓

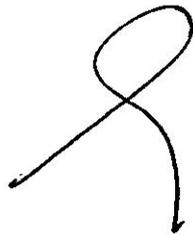
- * TO TUFF COAT DAMAGED AREAS \$ 300.00 NW
- * TO RNR FRONT WINDSCREEN TO FACILITATE REPAIRS \$ 150.00 120/-
- * TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS 2020.00 \$ 200.00 44
- * TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS \$ 300.00 NW

LABOUR & S/N TOTAL: \$ 29,760.00

GRAND TOTAL ESTIMATED REPAIR COSTS (NON-INCLUSIVE OF 7% GST): ~~\$ 33,713.06~~
35,793.06

06/11/2020 @ 1715hr
 Not Author
 2/3mm 6 days.
 I mean
 LKK Auto

9257.66
 2/s 7400/-



Check Part prices.

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: