

ASS. REC. BY:

REF:

102/200130861Kr

Kenneth

## 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. \_\_\_\_\_

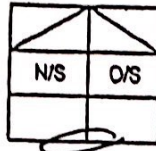
Claims No. \_\_\_\_\_

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: 8

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 3-4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: PC5128C Yr Regn: 08, 16

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

Truck / Trailer or A) AmbulanceMake: Toy Hiace c.o. 2982Colour: White / Red A/C: Insured / Std / NI / NASp. Reading: 72516 T/Radio: Insured / Std / NI / NA

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

C/No: JTIFST22P000028670Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 195R15X8

R: \_\_\_\_\_

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

TOYO / YOKO or 0177Su

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 24/11/20Survey held at 2/12/2020Des. 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

Date/Time, File Pass 107

☐ : Prel. Report

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

1)

☐ : Final Report

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

Date/Time, File Return 107

2)

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ - RS. \$

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$)

# ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06289

Vehicle Insured : SHA9439J  
Accident Date : 24-Nov-2020

Date : 25-Nov-2020

Our Ref : 020168 (FIRST) / CHAN

PAGE : 1

SINGAPORE RED CROSS SOCIETY  
15 PENANG LANE  
SINGAPORE RED CROSS  
Singapore 238486

*Not Authorised*

*11 Rm &  
Permy After Pain*

## ESTIMATED COST OF REPAIR FOR TOYOTA HIACE 3.0 HIGH ROOF PC5128C

- 1 pc Tail gate
- 1 pc Tail gate outer garnish
- 1 pc Tail gate inner lock
- 1 pc Rear bumper fascia
- 4 pcs Rear bumper clip
- 1 pc Rear end panel -outer
- 1 pc Rear end panel -inner

*B1* 2,162.10 *✓*  
*sn* 119.20 *X*  
*R* 249.60 *X*  
*sn* 354.60 *✓*  
*@ S\$ 4.10* *sn* 16.40 *✓*  
*R* 371.30 *X*  
*R* 1,143.70 *X*  
  
4,416.90  
Less 25% : 1,104.22

- 1 pc Rear bumper reverse sensor(4pc
- 1 pc Rear w/s glass sealant
- 1 pc Tail gate 60km/h sticker
- 1 pc Tail gate lettering

*CM3* 3,312.68 *3mm ✓*  
*sn* 400.00 *sn*  
*sn* 40.00 *sn*  
*sn* 15.00 *sn*  
*sn* 200.00 *sn*

To remove & refix rear windscreen glass and conduct water leak test.

*120l*  
150.00

To apply undersealing

*sn* 30.00 *X*

To putty and spray replaced parts

400.00 *200l*

To remove, cut-out damaged parts, panel beating, welding, align, refix and to renew above parts

400.00 *300l*

Total : S\$ 5,007.68

Singapore Dollars Five Thousand and Seven Cents Sixty Eight Only

LKK Auto Consultants hence notify

and 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             | 25/11/2020 13:12                          |
| Date Of Accident           | 24/11/2020 15:00                          |
| Exact Location Of Accident | SINGRAN DRIVE BEFORE MOULMEIN RD JUNCTION |
| Country/State of Loss      | SINGAPORE                                 |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | PC5128C                     |
| Insured/Policyholder        |                             |
| Name Of Registered Owner    | SINGAPORE RED CROSS SOCIETY |
| Co Reg No                   | SXXXXX370E                  |
| Email Address               | SURINA.SALIM@REDCROSS.SG    |
| Mobile Phone No             | (LOCAL) +65-88935244        |
| Alternative Phone No        | OFFICE-66640682             |

### Vehicle Particulars

|  |  |
|--|--|
| Manufacturer   | TOYOTA                                   |
| Model  | HIACE-3.0 D HIGH ROOF COMMUTER TURBO (A) |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE                             |
| 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 | QBE INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                     |
| Fleet Policy              | YES                               |
| Policy Number             | 8-V0013722-MVA-R004               |
| Cover Note Number         |                                   |

### Driver

|                      |                                       |
|----------------------|---------------------------------------|
| Name of Driver       | CHANDRA MOORTHY S/O SINNIH PAKKRISAMY |
| NRIC No              | SXXXX732G                             |
| Date Of Birth        | 07/01/1968                            |
| Occupation           | OUTDOOR                               |
| Date Of Driving Pass | 09/05/1988                            |
| Driving Experience   | 32 YEARS AND 6 MONTHS                 |
| Gender               | MALE                                  |
| Mobile Number        | (LOCAL) +65-88935244                  |
| Fax Number           |                                       |
| Contact Number       |                                       |
| Email Address        | SURINA.SALIM@REDCROSS.SG              |



Address BLK 474 ANG MO KIO AVENUE 10 #02-838  
Postcode 560474  
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 TO SKETCH PLAN ATTACHED

#### Attachment(s)

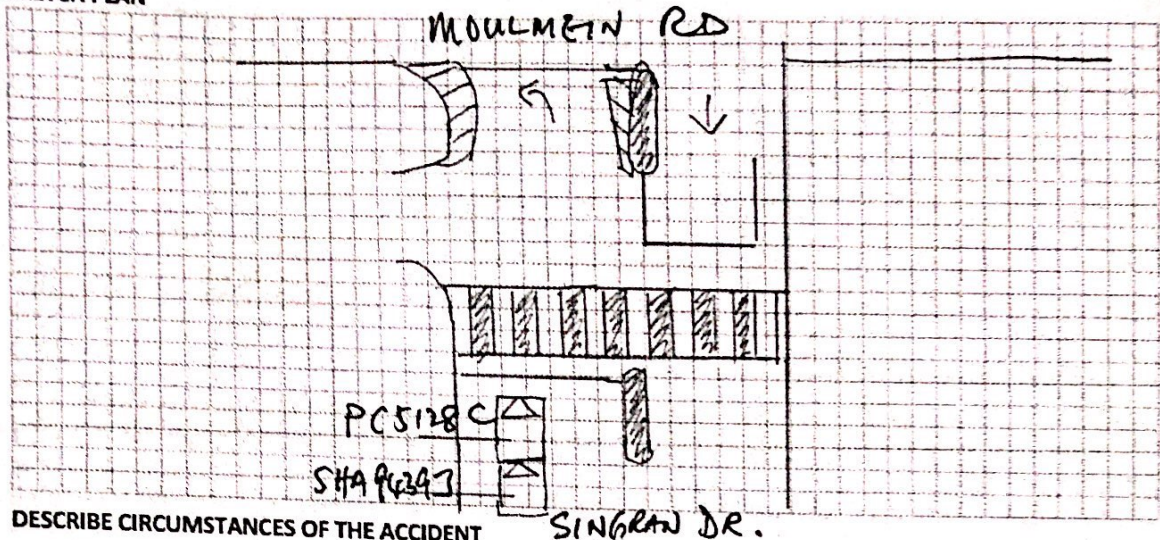
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9439J  
Vehicle Make/Model/Colour TOYOTA CITYCAB  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver TAN TIONG GIAP  
NRIC/Passport Number SXXXX539C  
Contact Number 91139711  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24-11-20 AT ABOUT 3 P.M AFTER DROPPING OFF PATIENT AT TISH AND  
 HEADING BACK TO HQ, ALONG SINGHAN DRIVE, I STOPPED FOR  
 PEDESTRIAN TO CROSS ZEBRA CROSSING AND WHILE WAITING FOR  
 PEDESTRIAN TO CROSS A TAXI HIT ON THE BACK OF MY  
 VEHICLE PC 5128 C, NO INJURIES BUT SOME DAMAGE ON THE VEHICLE

TAXI DRIVER NAME: TAN TIONG GIAP

TAXI NUMBER: SHA 9439J (CITYCAR)

HP NUMBER: 91139711

## DECLARATION

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

MOHAMMAD KAMAL  
 Transport Coordinator  
 Community Resilience

Singapore Red Cross Society  
 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.:

SGRASC Sketch Plan Form, X3