

ASS. REC. BY:

REF:

A/G / 21000993/kv

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:

5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

CB 70086 Yr Regn: 09, 12

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

Truck / Traller or

Make:

Toyota Hiace c.c. 2982

Colour:

Silver A/C: Insured / Std / NI / NA

Sp. Reading

482578 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFST22P 100013823

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.A.

Survey held at

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 5

Resurvey No. of Trlp: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format: Merimen

Lump Sum / I.B.I: (\$ LS \$2900

2) 8/2/21-Typist

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 Submission | 18/01/2021 13:38 (SGT) |
| Date of Accident | 15/01/2021 12:30 (SGT) |
| Exact Location of Accident | Serangoon North Ave 3, Singapore |
| Additional Location Information | SERANGOON NORTH AVENUE 3 TOWARDS SERANGOON NORTH AVENUE 4 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | CB7008L |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | MEI LIAN TRANSPORT SERVICES |
| Company Reg No | 5XXXX798A |
| Email Address | mlts_256@yahoo.com.sg |
| Mobile Phone No | (Phone) +65-96653796 |
| Alternative Phone No | (Office) +65-96653796 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5109154775-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | ZEE KOK HENG |
| NRIC No | SXXXX801Z |
| Date Of Birth | 18/08/1959 |



| | |
|--|--|
| Occupation | Outdoor |
| Date Of Driving Pass | 19/12/1984 |
| Driving experience | 36 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-96653796 |
| Alt. Phone Number | - |
| Email Address | mlts_256@yahoo.com.sg |
| Address | APT BLOCK 228 BISHAN STREET 23 #07-651 |
| Address complement | - |
| Postcode | 570228 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

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 the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bishan Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005529999 |
| Alt. Police Station Phone No | (Fax) +65-65561905 |
| Police Station Address | 20 Bishan Street 23 Singapore 579757 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED ; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED 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 | SDZ9555Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |

| | |
|---|-------------------------------------|
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | REFER TO ATTACHED AND POLICE REPORT |
| Details of property damaged in accident | REFER TO ATTACHED AND POLICE REPORT |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--|
| Name of injured person | ZEE KOK HENG |
| Address | APT BLOCK 228 BISHAN STREET 23 #07-651 |
| Address Complement | - |
| Post Code | 570228 |
| Approximate Age Years Old | 61 |
| Injuries Sustained | REFER TO POLICE REPORT AND ATTACHED |
| Injured person in which vehicle? | CB7008L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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 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. 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:

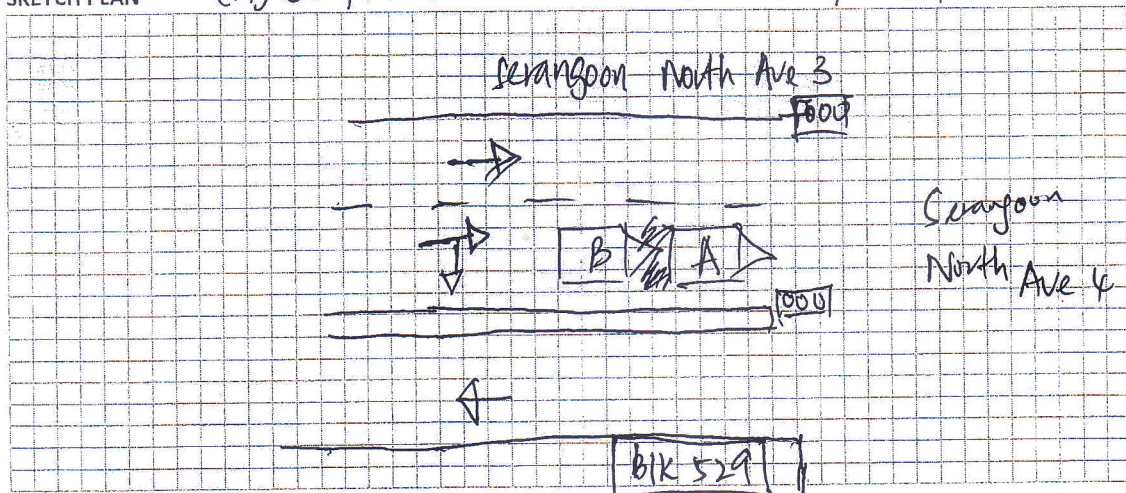
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

STAPPM SketchPlanForm_V2

SKETCH PLAN

(A) CB7008L

(B) SDZ 9555Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/1/2021 at 12:30pm. I was driving my vehicle (A) CB7008L along Serangoon North Ave 3. The traffic was red I move slowly and stop. Suddenly, the vehicle (B) SDZ 9555Y cannot stop in time and hit my vehicle rear portion.

Kindly send my BIA report to me and my workshop Yee Auto pte ltd yeeautoptrt@gmail.com

DECLARATION

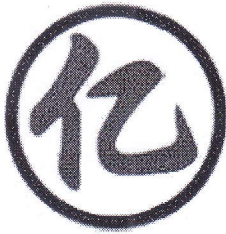
I/We declare that the foregoing particulars are true in every respect.



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.:



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopteltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16

Singapore 079120

Estimate No: ES2100008

Date: 23 Jan 2021

Policy No:

Veh Reg No: CB7008L

Make/Model: TOYOTA HIACE
HIROOF AUTO 14
SEATER

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 15/01/2021

TP Veh Reg No: SDZ9555Y

Not Notified

*1/1/2021 @ 2900h
Recovery After Paim*

3 days

Chassis No: JTFST22P100013823

Engine No: 1KD2196179

Reg. Date: 12/09/2012

Estimate Repair Cost to Vehicle No :CB7008L

| Description | U/Price | Quantity | List Price | Amount |
|--|----------|----------|--------------------|--------------|
| | | | <u>S\$</u> | <u>S\$</u> |
| Net Price | | | | |
| 1 REAR BOOT LID STICKER 'EMERGENCY DOOR' | 125.00 | 1 PC | <i>na</i> 125.00 | X |
| 2 REAR BOOT LID STICKER 'PULL TO OPEN' | 20.00 | 1 PC | <i>na</i> 20.00 | X |
| 3 REAR NUMBER PLATE | 60.00 | 1 PC | <i>na</i> 60.00 | X |
| 4 REAR WINDSCREEN SEALANT | 60.00 | 1 PC | <i>na</i> 60.00 | <i>40.00</i> |
| 5 REVERSE SENSORS | 100.00 | 4 PCS | <i>na</i> 400.00 | X |
| 6 SPEED LIMIT STICKER '70KM/H' | 20.00 | 1 PC | <i>na</i> 20.00 | <i>12.50</i> |
| | | | 685.00 | 685.00 |
| Spare Parts | | | | |
| 7 REAR BUMPER <i>517.20</i> | 559.50 | 1 PC | <i>na</i> 559.50 | ✓ |
| 8 REAR BUMPER BRACKET - LH | 44.85 | 1 PC | <i>na</i> 44.85 | ✓ |
| 9 REAR BUMPER BRACKET - RH | 44.85 | 1 PC | <i>na</i> 44.85 | ✓ |
| 10 REAR BUMPER CLIPS | 50.00 | 1 SET | <i>na</i> 50.00 | ✓ |
| 11 REAR BUMPER SIDE RETAINER - LH | 86.50 | 1 PC | <i>na</i> 86.50 | X |
| 12 REAR BUMPER SIDE RETAINER - RH | 86.50 | 1 PC | <i>na</i> 86.50 | X |
| 13 REAR END PANEL - INNER | 415.95 | 1 PC | <i>na</i> 415.95 | X |
| 14 REAR END PANEL - OUTER | 415.95 | 1 PC | <i>na</i> 415.95 | ✓ |
| 15 REAR END PANEL TOP GARNISH | 185.10 | 1 PC | <i>na</i> 185.10 | X |
| 16 REAR TAILGATE | 1,982.90 | 1 PC | <i>na</i> 1,982.90 | ✓ |
| 17 REAR TAILGATE CARDBOARD | 380.00 | 1 PC | <i>na</i> 380.00 | X |
| 18 REAR TAILGATE CARDBOARD CLIPS | 80.00 | 1 SET | <i>na</i> 80.00 | X |
| 19 REAR TAILGATE EMBLEM 'LOGO' <i>61.10</i> | 99.60 | 1 PC | <i>na</i> 99.60 | ✓ |
| 20 REAR TAILGATE LOCK | 318.15 | 1 PC | <i>na</i> 318.15 | X |
| 21 REAR TAILGATE NUMBER PLATE TOP GARNISH | 328.10 | 1 PC | <i>na</i> 328.10 | X |
| 22 REAR TAILGATE REVERSE CAMERA | 350.00 | 1 PC | <i>na</i> 350.00 | X |
| 23 REAR TAILGATE WEATHERSTRIP | 267.30 | 1 PC | <i>na</i> 267.30 | X |
| 24 REAR TAILLAMP - LH | 329.60 | 1 PC | <i>na</i> 329.60 | X |
| 25 REAR TAILLAMP - RH | 329.60 | 1 PC | <i>na</i> 329.60 | X |
| 26 REAR WINDSCREEN INNER SEAL <i>258</i> | 155.00 | 1 PC | <i>na</i> 155.00 | X |
| | | | 6,509.45 | 6,509.45 |
| Labour | | | | |
| 27 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY. | 1,400.00 | 1 JOB | 1,400.00 | <i>600h</i> |
| 28 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION. | 1,500.00 | 1 JOB | 1,500.00 | <i>400h</i> |



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopteltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16
Singapore 079120

ATTN: Motor Claim Department

Your Ref No: -
Claim Type: Third Party
Accident Date: 15/01/2021
TP Veh Reg No: SDZ9555Y

Estimate No: ES2100008
Date: 23 Jan 2021
Policy No:
Veh Reg No: CB7008L
Make/Model: TOYOTA HIACE
HIROOF AUTO 14
SEATER
Chassis No: JTFST22P100013823
Engine No: 1KD2196179
Reg. Date: 12/09/2012

Estimate Repair Cost to Vehicle No :CB7008L

| Description | U/Price | Quantity | List Price | Amount |
|---|---------|----------|----------------------|--------------|
| | | | SS | SS |
| 29 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL. | 150.00 | 1 JOB | 150.00 | 60/- |
| 30 TO REMOVE/REFIX REAR WINDSCREEN TO FACILITATE REPAIRS. | 250.00 | 1 JOB | 250.00 | 120/- |
| 31 TO REMOVE/TRANSFER TAILGATE COMPONENTS. | 120.00 | 1 JOB | 120.00 | 60/- |
| 32 TO CHECK WIRING FUNCTIONS. | 50.00 | 1 JOB | 50.00 | 15/- |
| | | | 3,470.00 | 3,470.00 |
| | | | Total | SS 10,664.45 |
| | | | Add GST @ 7% | 746.51 |
| | | | Total Amount Payable | SS 11,410.96 |

TOTAL: SINGAPORE DOLLAR ELEVEN THOUSAND FOUR HUNDRED TEN AND CENTS NINETY SIX ONLY

For Yee Auto Pte Ltd

AUTHORISED SIGNATURE

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: