

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: GBG 4687G  
 at Workshop m/s 2.  
 of WC 9228M  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. M1101200 2102  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: GBG 4687G Yr Regn: 18/8/17  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or CA/  
 Make: SSANG YONG ACTION.c 1998  
 Colour: Grey A/C: Insured / Std / NI / NA  
 Sp. Reading: 173530 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KPADAIETSHM304165  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: 60k.  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : **Yes** or **No**  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : **Yes** or **No**  
 Est. Repairs: 4 days Res.: **Yes** or **No**  
 Lum Sum: 20 % 3 Val.: **Yes** or **No**  
 CA / REV / REP. / 24 HRS 2893  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: **IN / OUT**



Tyre Size: F: 225/75R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or nexen  
 Front \_\_\_\_\_ Rear 6  
 R/Bal. 6 mm R/Bal. \_\_\_\_\_ mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 28/1/21 D.O.I. 29/1/21  
 Survey held at \_\_\_\_\_  
 Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or  
LL  
 The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction
	<u>have video. LTA \$20046</u>
	<u>Bal byrs. 60k. Dep 9k.</u>
	<u>25/2/24 L/S \$6800 confirmed with Mr. (LTA \$12006, 64%)</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) 02/3/2014  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Days Of Repair: 4  
 Resurvey No. of Trip: 2  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 Report Format: TP  
 Lump Sum / I.B.I. (\$) 6800

FASTECH AUTO PTE LTD  
 BLK 1 KAKI BUKIT AVE 6  
 #01-48 AUTOBAY  
 SINGAPORE 417883

Submit to insurance.

Not Authorized  
 date  
 29/1/21  
 d/s \$6800 /  
 4 days.

VEHICLE No: GBG 4687G

1PC	BONNET	22/serf 1200	\$1,850.00 ✓
2PCS	BONNET HINGES @\$125.00	11	\$250.00 X
1PC	BONNET LOCK	su	\$215.00 X
1PC	FRONT GRILLE	torn 660	\$880.00 ✓
1PC	FRONT GRILLE LOGO	neu 85	\$105.00 ✓
1PC	FRONT GRILLE TOP CHROME MOULDING	one 155	\$455.00 ✓
1PC	FRONT BUMPER	Dis 1250	\$1,280.00 ✓
1PC	FRONT BUMPER CENTRE GARNISH	Dis 395	\$620.00 ✓
1PC	FRONT BUMPER CENTRE GRILLE	torn 150	\$320.00 ✓
1PC	FRONT BUMPER LICENCE GARNISH	Dis 80	\$150.00 ✓
1PC	FRONT BUMPER REINFORCEMENT	serf 499	\$980.00 ✓
1PC	FRONT BUMPER FOG LAMP N/S	one 405	\$425.00 ✓
1PC	FRONT BUMPER FOG LAMP COVER N/S	11	\$65.00 X
2PCS	FRONT BUMPER SIDE RETAINERS @\$85.00	11	\$170.00 X
1PC	FRONT SUPPORT PANEL	1	\$1,020.00 X
2PCS	HEADLAMPS @\$1800.00	one 1150x2=2300	\$3,600.00 ✓
1PC	AIR CON CONDENSER	11	\$1,125.00 X
1PC	INTER COOLER	11	\$1,480.00 X
1PC	FRONT LOWER PANEL	serf 620	\$820.00 ✓
1PC	WIPER WASHER TANK	11	\$266.00 X
			\$16,076.00

S.NETT

1PC	FRONT BUMPER LICENCE PLATE W/HOLDER	BAO	\$50.00 40
1SET	FRONT BUMPER CLIPS	neu	\$50.00 ✓
TO CHECK WIRING			\$50.00 20
TO SPRAY RUST PROOFING			\$80.00 50
TO REFILL AIR CON GAS			11 \$120.00 X
LABOUR FOR PANEL BEATING & REPLACED PARTS			\$880.00 600
TO PUTTY & SPRAY PAINTING			\$1,500.00 800
<b>TOTAL</b>			<b>\$18,806.00</b>

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:

7799  
 102  
 7019.1  
 8579.1

## 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 .....	28/01/2021 18:11 (SGT)
Date of Accident .....	28/01/2021 07:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BLK 293 CHOA CHU KANG AVENUE 3 CP
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBG4687G
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CHANG FU TRADING
Company Reg No .....	5XXXX289B
Email Address .....	jasonkcapl@gmail.com
Mobile Phone No .....	(Phone) +65-84984078
Alternative Phone No .....	+65-84984078

#### VEHICLE PARTICULARS

Manufacturer .....	Ssangyong
Model .....	SSANGYONG / ACTYON SPORTS D/CAB 2.0 5AT ABS D/AB 2WD
Variants .....	-
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 .....	5111538227-01
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	WANG JUN HONG
NRIC No .....	SXXXX149F
Date Of Birth .....	09/02/1997

Occupation .....	Outdoor
Date Of Driving Pass .....	29/01/2016
Driving experience .....	5 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-84984078
Alt. Phone Number .....	-
Email Address .....	jasonkcapl@gmail.com
Address .....	BLK 488D CHOA CHU KANG AVENUE 05 #07-183
Address complement .....	-
Postcode .....	684488
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Collided into Parked Vehicle
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER 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 .....	WC9228M
Vehicle Manufacturer .....	Terex
Vehicle Model .....	TEREX / DEMAG AC100/4L AUTO
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

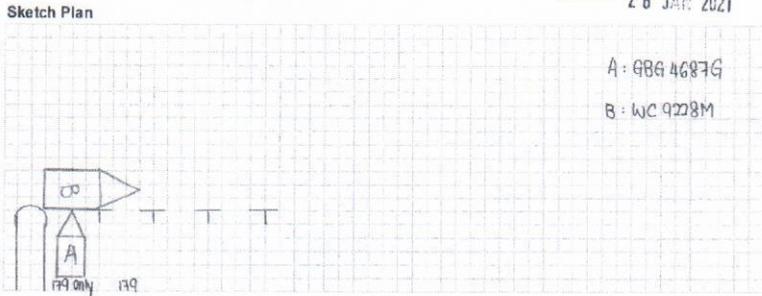
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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 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.
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.

长福贸易  
CHANG FU TRADING

*Signature*

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416657 Fax: 67492205  
Email: vac1h@vac.com.sg

Policyholder's Signature / Date & Time \_\_\_\_\_ Driver's Signature (if driver is not the policyholder) / Date & Time \_\_\_\_\_ Witnessed by Reporting Centre Personnel **28 JAN 2021**



**Describe Circumstances of the Accident**

On 28.01.2021 at about 07:45 am. My vehicle was parked at Blk 293, Choa Chu Kong Avenue 3 Carpark. When I retrieved my vehicle, it was stated that vehicle B (WC 9228M) has hit on my front portion.

**Declaration**

We declare the foregoing particulars are true in every respect.

长福贸易  
CHANG FU TRADING

*Signature*

IDAC KAKI BUNT (VAC)  
25 Kaki Bukit Ave 4 #02-02  
Singapore 415953  
Tel: 674 10697 Fax: 674 92305  
Email: vac@idac.com.sg

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

28 JAN 2021