

ASS. REC. BY: TaufikhREF: CS/CT1 21002665/T1253

ASSIGNMENT

TRD4549Z

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: XE 3875L / TRD 4549Zat Workshop m/s WAH HONG

of _____

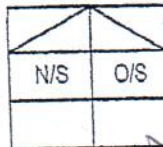
Insured: SJV 5988HPolicy No. DMPCSNW00011072100Claims No. SNM21D201011C02

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: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Melvin

Vehicle: IN / OUT

Veh No: XE 3875L Yr Regn: 28/12/2017

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

Truck / Trailer or

Make: MAN TGS 18.360 4X2 BLS c.c. 10518Colour white A/C: Insured / Std / NI / NASp. Reading 871653 T/Radio: Insured / Std / NI / NAEng/No: 50549160154920C/No: WMA06SZZ5JM766976

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: M/I / S/Rim / STD A/Rim orTyre Size: F: 295/80R22.5R: 2 - (D)

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8/8 mmL/Bal. 8 mmL/Bal. 8/8 mm

D.O.A.

D.O.I. 1/3/21 P/WSurvey held at Wah Hong

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

23/03/21 @ 5.54PM REVISED IA TO KAH LEONG VIA MERIMEN.

15/04/21 Taufikh finalised with Melvin final fig \$4275, 4 days. (Red \$3290, 43%)

(No Lump Sum)

Date/Time, File Pass to?

☐ : Preli. Report

1) 24/05 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (%)Report Format: MER-TPLump Sum / L.B.H. (F) 4275

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WAH HONG MOTORS & CREDIT PTE LTD

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg
(199806235M)

Vehicle No. TRD4549Z ZENITH 27KL ALU DIESEL TANKER TRAILER

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| S/N | DESCRIPTION | REPAIRER'S ESTIMATE (\$\$) | SURVEYOR'S ADJUSTMENT |
|-------------------------|---|----------------------------|-----------------------|
| | LABOUR | | |
| 1 | To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components | 1000.00 | 600 |
| 2 | To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired (including caution wording & signal) | 1000.00 | 500 |
| 3 | To perform defilling of fuel & degassing and Tank Degassing Safety check | 800.00 | ? 400 photo |
| 4 | To remove and re-fix wiring system at accident damaged area and check all electrical & component for proper function | 400.00 | 40 |
| 5 | To perform anti-rust treatment on affected areas | 200.00 | 30 |
| Labour Total : | | 3400.00 | |
| TOTAL (PARTS & LABOUR): | | 7565.00 | |

Tanpin 17495749

WP 1/3/21 @ 1120

Resum new parts before paint

* To check pricing

Tanpin @ 11hant.com

4 days

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 115D |
| Vehicle Details | |
| Vehicle No.: | TRD4549Z |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 28 Feb 2021 |
| Vehicle Make: | ZENITH |
| Vehicle Model: | 27KL ALU DIESEL TANKER TRAILER |
| Primary Colour: | White |
| Manufacturing Year: | 2017 |
| Engine No.: | - |
| Chassis No.: | ZP170040 |
| Maximum Power Output: | - |
| Open Market Value: | \$30,000.00 |
| Original Registration Date: | 03 Jan 2018 |
| First Registration Date: | 03 Jan 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$0.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Rebate Amount: | \$0.00 |
| Total Rebate Amount: | \$0.00 |

The information contained herein is correct as at 26 Feb 2021

OK

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 | 22/02/2021 13:28 (SGT) |
| Date of Accident | 21/02/2021 11:55 (SGT) |
| Exact Location of Accident | Near 1 Clementi Loop, Singapore 129808 |
| Additional Location Information | CLEMENTI AVE 6 TOWARDS PIE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | XE3875L / TRD4549Z |
|-----------------------------|--------------------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | WATT WAH PETROLEUM HAULAGE PTE LTD |
| Company Reg No | 1XXXXX115D |
| Email Address | SEBASTIANCHUA@WATTWAHGROUP.COM |
| Mobile Phone No | (Phone) +65-68632033 |
| Alternative Phone No | (Office) +65-68632033 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Man |
| Model | Tgs |
| 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 | QBE |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | 8-V0025357-MVA-R001 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | HON HOCK NYEN |
| NRIC No | SXXXX495A |
| Date Of Birth | 07/02/1967 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 25/08/1988 |
| Driving experience | 32 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97845496 |
| Alt. Phone Number | - |
| Email Address | SEBASTIANCHUA@WATTWAHGROUP.COM |
| Address | 469 CHOA CHU KANG AVE 3 |
| Address complement | #11-99 |
| Postcode | 680469 |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJV5988H |
| Vehicle Manufacturer | Mercedes |
| Vehicle Model | E250 |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-83633228 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |

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.
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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 21/04/21 AT ABOUT 11.55 AM I WAS DRIVING MY COMPANY VEHICLE
 XE320SL / TAD 45492 ALONG CLEMENTI RD. TOWARDS PLE. SUDDENLY
 A VEHICLE SIN 5428H BANKI MU COMPANY TANKER FROM THE REAR TAILGATE
 A PAPER WILL BE PROVIDED. I BRAKE AND STOP MY VEHICLE. I ALIGHT AND
 CHECK PASSENGER WAS INJURED. NO ONE WAS ALIGHT AT THE POINT OF TIME WE
 EXCHANGED PARTICULAR AND LEFT THE ACCIDENT SITE

Declaration

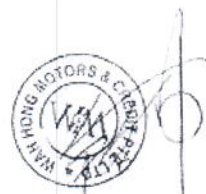
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel