

ASS. REC. BY: 6el.

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Cognopolitan

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:

\$ ~~8K~~ 81K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GRK6443J

Yr Regn:

07 Oct 2020

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

Truck / Trailer or

Make:

Capota Htace

C.C.

2982

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading:

19489

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ITPHTo2P608890451

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

Tyre Size:

F:

195R15

R:

17

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

02-03-21

Survey held at

w/sDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or12:30pm

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

Date / Time

Action / Instruction

02/3 Finalized \$500 with w/sred: 350; 41%

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$  
☐ : Interview (\$  
☐ : Tech. Insp (\$  
☐ : Final Insp (\$

Survey Fee:

Transportation:

3 + RS \$

Photos

Other:

Total:



## COSMOPOLITAN ENGRG. SERVICES PTE. LTD

4 LOYANG WALK SINGAPORE 508787 TEL: 65467728 (4 LINES) FAX: 65467729

Email: coslease@singnet.com.sg Website: www.cosmopolitan.com.sg

ROC: 198401891K GST Registration Number M2-0064923-X

Date: 1 March 2021

Our Ref: L012/2021

3rd Party Insurance

(Vehicle No: SKX6075M)

Dear Sir/Madam,

Accident involving GBK6443J & SKX6075M at Clementi Ave 4 Slip Road on 5 Jan 2021

Estimate Repair Cost for GBK6443J

| Item | Description                                       | Qty | U/Price | Amount |                   |
|------|---------------------------------------------------|-----|---------|--------|-------------------|
| 1    | Labour to knock dented Rear Door                  | 1   | 450.00  | 450.00 | 200<br>500<br>300 |
| 2    | Putty & Re-pray painting Rear Door after knocking | 1   | 400.00  | 400.00 |                   |
|      |                                                   |     |         | 850.00 |                   |
|      |                                                   |     |         | 59.50  |                   |
|      |                                                   |     |         | 909.50 |                   |

7% GST

3 Days.

Total: 500.

Guo Qiang - 82880282.

Guo Qiang@lkkauto.com

After repair photos.

02/3/2021.



**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:

# 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              | 06/01/2021 14:25 (SGT)   |
| Date of Accident                | 05/01/2021 10:30 (SGT)   |
| Exact Location of Accident      | Clementi, Singapore      |
| Additional Location Information | CLEMENTI AVE 4 SLIP ROAD |
| Country/State of Loss           | Singapore                |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBK6443J |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                                           |
|--------------------------|-------------------------------------------|
| Is company?              | Yes                                       |
| Name Of Registered Owner | COSMOPOLITAN ENGINEERING SERVICES PTE LTD |
| Company Reg No           | 1XXXXX891K                                |
| Email Address            | coslease@cosmopolitan.com.sg              |
| Mobile Phone No          | (Phone) +65-64413961                      |
| Alternative Phone No     | (Office) +65-64413961                     |

### 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 | QBE            |
| Type of Coverage          | Comprehensive  |
| Fleet Policy              | No             |
| Policy Number             | 8-V0026545-MVA |
| Cover Note Number         | -              |

### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | WEE GEM CHAI |
| NRIC No        | SXXXX607G    |
| Date Of Birth  | 13/12/1967   |
| Occupation     | Outdoor      |

|                                                              |                                  |
|--------------------------------------------------------------|----------------------------------|
| Date Of Driving Pass                                         | 29/01/1988                       |
| Driving experience                                           | 33 YEARS                         |
| Gender                                                       | Male                             |
| Mobile Number                                                | (Phone) +65-90214548             |
| Alt. Phone Number                                            | -                                |
| Email Address                                                | coslease@cosmopolitan.com.sg     |
| Address                                                      | BLK 119 BEDOK NORTH ROAD #12-207 |
| Address complement                                           | -                                |
| Postcode                                                     | 460119                           |
| Is the driver the policyholder?                              | No                               |
| If No, Relationship of the Driver with the Insured           | Hirer                            |
| 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

I STOP MY VEHICLE AT THE SLIP ROAD AS THERE WAS ONCOMING ON THE MAIN ROAD. SUDDENLY, VEHICLE B ON MY REAR CAME AND HIT ONTO VEHICLE REAR PORTION.

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 | SKX6075M              |
| Vehicle Manufacturer        | -                     |
| Vehicle Model               | -                     |
| Vehicle Variant             | -                     |
| Vehicle Colour              | -                     |
| Vehicle Category            | Private car           |
| Name of Driver              | KRISHNA SREERAMBHATLA |
| Contact Number              | (Phone) +65-88216809  |
| Address                     | -                     |
| Address complement          | -                     |
| Postcode                    | -                     |

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

-  
-  
VEHICLE B  
-

SKETCH PLAN

**IMPORTANT NOTICE**

- 1 Please report immediately 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 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

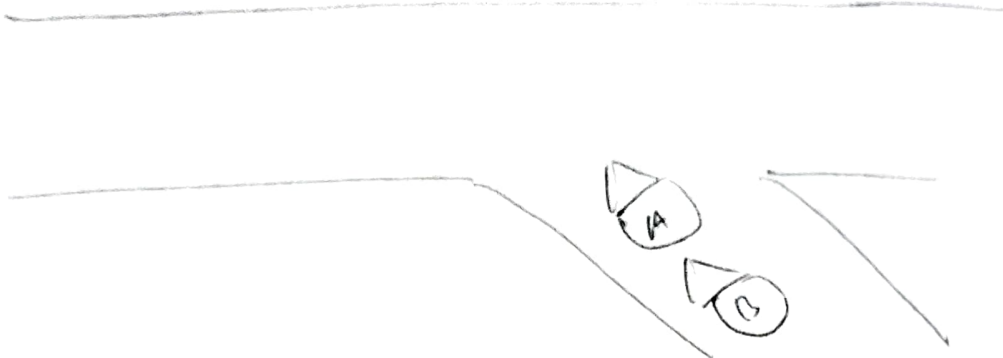
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 01/12/21  
6/1/21  
1/25/21

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

Reporting Centre Personnel's Signature  
Name  
NIC / PIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop my vehicle at the slip road as there was DN coming on the main road, suddenly vehicle B on my rear come and hit onto vehicle rear portion.

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