

ASS. REC. BY:

Stell

REF:

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD ☒ TR / WS / TP RES / OD-RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

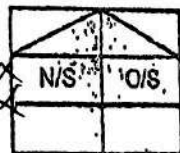
Excess: _____

(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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

GBH 158 M

Yr Regn: _____

27/12/17

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

Truck / Trailer or

Make: _____

Nissan Cabstar

c.c. 2953

Colour: _____

Silver

A/C: Insured / Std / NI / N

Sp. Reading _____

99547

T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: _____

JAI / SC2F242 086 0899

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

195R15C

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

4

mm

R/Bal. _____

4

mm

L/Bal. _____

4

mm

L/Bal. _____

4

mm

D.O.A. _____

12/10/29

D.O.I. _____

2/3/21

Survey held at _____

Efficient Major

Des. of Damages: Fnt / Rear / O/S / ☒ N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV- 48K

Date/Time, File, Pass 1/2



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____



: Site Insp (\$



: Interview (\$



: Tech. Invs (%)



: Visual and (%)

Survey Fee: _____

Transportation: _____

Photos _____

Others _____

TOTAL

APPROVED:

Signature / Date

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

VEHICLE NO : GBH158M

MAKE & MODEL : NISSAN CABSTAR

CHASSIS NO : JN1SC2F24Z0860899

DATE : 16 OCT 2020

CLAIM TYPE : TP CLAIM

D.O.A : 12 OCT 2020

TO : CHINA TAIPING SINGAPORE INSURANCE PTE LTD

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT LIST PRICE	TOTAL LIST PRICE
1	1	LH FRONT DOOR X		\$ 1,872.00	\$ 1,872.00
2	1	LH FRONT TYRE INNER SHIELD REAR X		\$ 372.00	\$ 372.00
3	1	LH SIDE GATE X R C		\$ 2,600.60	\$ 2,600.60
4	1	LH SIDE GATE LOWER BRACKET X R		\$ 34.70	\$ 34.70
5	5	LH SIDE GATE HINGE X		\$ 188.10	\$ 940.50
6	1	AIR CLEANER BOX X		\$ 1,005.60	\$ 1,005.60
7	2	LH REAR TYRE FRONT & RR FENDER X		\$ 168.60	\$ 337.20
8	2	LH SIDE GATE LOWER BRACKET RUBBER X / MIS		\$ 37.50	\$ 75.00
				\$ 6,279.10	\$ 7,237.60

TOTAL PRICE	\$ 7,237.60
LESS 10%	\$ 723.76
SUB TOTAL PRICE	\$ 6,513.84

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NETT	TOTAL S/NETT
1	1	BATTERY X		\$ 200.00	\$ 200.00
2	1	LH SIDE GATE CHECKER PLATE X		\$ 750.00	\$ 750.00
3	1	LH FRT DOOR CO. REG. STICKER X		\$ 30.00	\$ 30.00
4	1	LH REAR TYRE X		\$ 100.00	\$ 100.00
TOTAL S/NETT				\$ 1,080.00	\$ 1,080.00

Labour Charges

1	To panel beat & align LH SIDE Portion, remove & replace damaged parts.	\$ 1,000.00	500
2	To apply anti rust coat and Tuff Kote repaired areas.	\$ 100.00	30
3	To check and rectify lighting & wiring.	\$ 50.00	30
4	To remove and transfer door components.	\$ 100.00	X
5	To Spray painting for LH Side Gate, Frt Dr LH, Fender LH frt & RR Portions & affec	\$ 1,000.00	500

TOTAL LABOUR

\$ 2,250.00

Total Cost of Repairs

\$ 9,843.84

(Total parts + Total S/Nett + Total Labour Cost)

Stem (LKK)

2/3/21, 11.00 am

WIL P/L

4 days

1/2 P/P

My AL sy

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
- Legal modification(s) is allowed
- Secondary item(s) must be resurveyed and
- 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	13/10/2020 18:05
Date Of Accident	12/10/2020 17:25
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS CHANGI AIRPORT T1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH158M
Insured/Policyholder	
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No	2XXXXX635R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84975011
Alternative Phone No	OFFICE-62840827

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D19MFL0005549
Cover Note Number	

Driver

Name of Driver	SUBRAMANIAN KATHIRAVAN
Passport No/FIN	GXXXX005N
Date Of Birth	02/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2009
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84975011
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 1 SUNVIEW ROAD #08-64
ECOTECH @ SUNVIEW
Postcode 627615
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
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? NO
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) 10

Passenger 1
NAME: : STAFF
GENDER: : MALE

Passenger 2
NAME: : STAFF
GENDER: : MALE

Passenger 3
NAME: : STAFF
GENDER: : MALE

Passenger 4
NAME: : STAFF
GENDER: : MALE

Passenger 5
NAME: : STAFF
GENDER: : MALE

Passenger 6
NAME: : STAFF
GENDER: : MALE

Passenger 7
NAME: : STAFF
GENDER: : MALE

Passenger 8
NAME: : STAFF
GENDER: : MALE

Passenger 9
NAME: : STAFF
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

ROCHOR NEIGHBOURHOOD POLICE CENTRE

ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE

TEL NO: 1800-2949999 - FAX NO: 63918583

NO

Circumstances of Accident

ON 12/10/20 @ 1725HRS, I WAS TRAVELLING IN MY LORRY (VEH A) ALONG AIRPORT BOULEVARD TOWARDS CHANGI AIRPORT TERMINAL 1. THERE WERE TOTAL 9 PASSENGERS IN MY LORRY. AT THAT POINT IN TIME, I WAS TRAVELLING IN LANE 4, SUDDENLY A CAR (VEH B) DASHED OUT FROM THE SIDE ROAD AND COLLIDED INTO MY LORRY. NO ONE WAS INJURED. THAT'S ALL.

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 SJD8316Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MALE CHINESE IN 30S

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage RIGHT SIDE OF THE CAR

No. Of Passenger (Including Driver) 1

Sketch Plan

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:

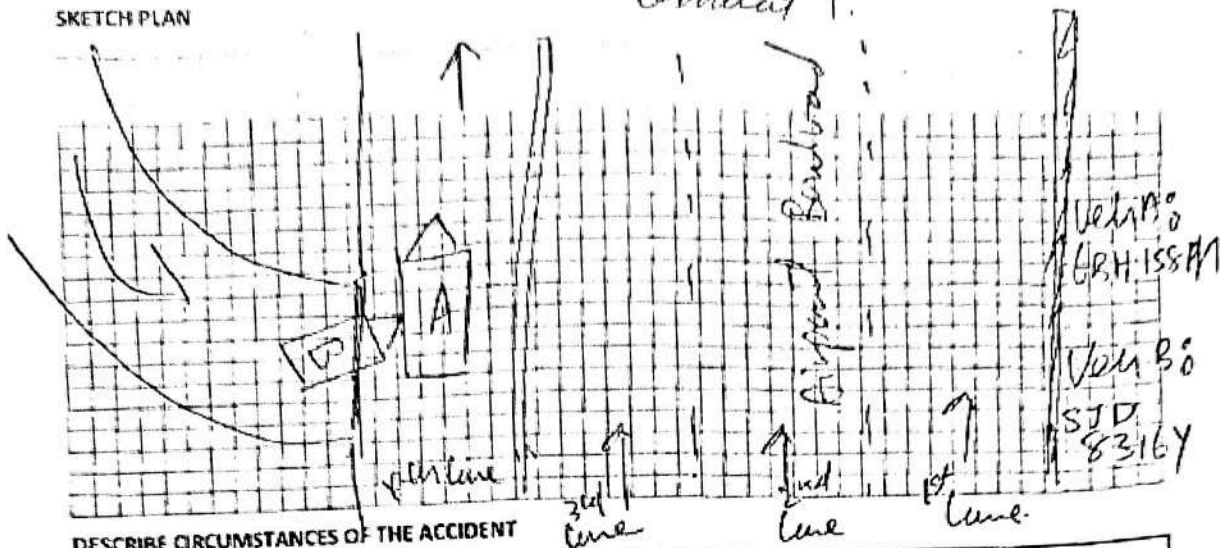
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/10/20
@ 1645hrs

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

Sketch Plan #2

towards Cheng Airport
Terminal 1.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/10/20 @ 1725hrs I was travelling in my lorry (Veh A) along Airport Boulevard towards Changi Airport Terminal 1. There was total 9 passengers in my lorry. At that point in time, I was travelling in lane 4, suddenly a car (Veh B) dash out from the side road and collided into my lorry. No one was injured that's all.

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: 12/10/

Date & Time: 13/10/20
① 1645hrs

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

NRIC/TIN No. *Jayce.*

Police Report


**SINGAPORE
POLICE FORCE**


T/20201013/2046

1 of 3

Report No T/20201013/2046

Police Station Of Origin
Rochor N P C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
13/10/2020 13:45

Video Report No

Station Diary No
61

Informant's Particulars

Name of Informant SUBRAMANIAN KATHIRAVAN			Address 1 Sunview Road #08-64 SINGAPORE 627615	
ID Type / ID No FIN NO / G7579005N			Contact No Home/Office Mobile 84975011	
Nationality INDIAN			Email	
Sex: Male	Age: 48	Date of Birth 02/06/1972	Type of Informant Driver	
Race: Indian			Language	Institution / School Name
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/10/2020 17:25	Type of Location: T-Junction
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBH158M	Lorry				Slightly Damaged	9
SJD8316Y	Car				Totally Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20201013/2046

2 of 3

Report No. T/20201013/2046

CONTINUATION OF REPORT

Driver			
Name	SUBRAMANIAN KATHIRAVAN		ID No. G7579005N
Related Vehicle	NIL		Contact No. 84975011
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/10/2020 at about 1725hrs, I was driving my lorry (GBH158M) along ECP towards Airport Blvd. Subsequently, a car (SJD8316Y) was about to exit from my hand side left side. His car then collided into my lorry. Nobody was injured. No police attended to the incident. I am lodging this report to claim insurance.

The damages that I sustained from my lorry:

- 1) Dent and scratches on the left body of my lorry.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20201013/2046

3 of 3

Report No T/20201013/2046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A/
Sgt 2 LEE JUN LIANG, KENNETH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Authentication Stamp
NP168

Sgt 2 LEE JUN LIANG

Signature Of Informant:

Date/Time:
13/10/2020 13:45

Classification Of Case: