

ASS. REC. BY:

Steve

REF:

CS (CTI 21003989/E9F3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD: ☒ TP / ☐ WS / ☐ YP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To Inspect Vehicle No: YM 7416Z

at Workshop m/s JIT Keong Trading Co

of _____

Insured: YP 9227Z

Policy No. DMCVSNW00059992002

Claims No. SNM21D201702C02

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: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: YM 7416Z Yr Regn: 16/10/07

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

Truck / Trailer or

Make: Mitsubishi FE83 c.t. 2977

Colour: White A/C: Insured / Std / NI / N

Sp. Reading: 678503 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: FE83BE6SP0E7 FE83BEA10299

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 / R/Rim or

Tyre Size: F: 7.00 R16

R: _____

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

TOYO / YOKO or Westlake

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 24/3/21

Rear

R/Bal. 4 mm

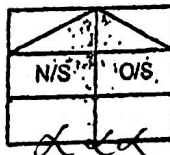
L/Bal. 4 mm

D.O.I. 30/3/21

Survey held at JIT Keong

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

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



| Date / Time | Action / Instruction |
|--------------------|---|
| | <u>MV-16K</u> |
| 8/4/2021 @ 10.31AM | REVISED IA TO CECILIA LOW VIA MERIMEN. |
| | Steve finalised L/S \$1800. 4 DAYS. (RED \$1450, 45%) |
| | |
| | |
| | |
| | |

Date/Time, File, Pass to?

8/4 TYPIST

Date/Time, File Return to?

☐ : Prell. Report
☐ : Final Report
Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

3/4 FORMS:

TP

Amount \$1800



日强贸易私人有限公司

JIT KEONG TRADING CO. PTE. LTD.

bizSAFE

No. 28 Bend Road, Singapore 829915 Tel: 6863 4186 Fax: 6861 3533

E-mail: jtk@jitkeong.com.sg

Date: 11 March 2021

To: China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road, Springleaf Tower
#16-00
Singapore 079909

Attn: Motor Claim Department Person in Charge
Tel: 6389 6111 Fax: 6222 1633
Your Ref No: YP9227Z

Steve (LKK)
8377 8813

WY AL
L/S
30/3/21, 11.30am
My IL SJ
4 days

Subject: Accident On 24-03-2021 @ 12:30hrs involving YM7416Z & YP9227Z along Jalan Buroh towards West Coast Road

Estimate Repair Bill For Vehicle No.: YM7416Z

Parts:

| S/n | Product Description | Qty | Unit Price | Amount S\$ |
|-----------|--------------------------------|--------|------------|--------------------|
| 1 | R/H Lamp (Rear) / OR | 1 pc | \$ 115.00 | \$ 115.00 |
| 2 | L/H Lamp (Rear) / OR | 1 pc | \$ 115.00 | \$ 115.00 |
| 3 | Tail Stepboard / OR (warranty) | 1 pc | \$ 220.00 | \$ 220.00 |
| 4 | Rear Lower Step / BT | 1 unit | \$ 280.00 | \$ 280.00 |
| 5 | Rear Underrun Bumper / BT | 1 unit | \$ 850.00 | \$ 850.00 |
| 6 | Rear Underrun Bracket / BT | 2 pcs | \$ 110.00 | \$ 220.00 |
| SUB-TOTAL | | | | \$ 1,800.00 |
| Gst 7% | | | | \$ 126.00 |
| | | | | \$ 1,926.00 |

Labour & Equipment use charge:

| S/n | Product Description | Qty | Unit Price | Amount S\$ |
|-----------|---|-------|------------|--------------------|
| 1 | Labour To Remove Damage Parts, Cut, Weld & Replace To The Same. | 1 job | \$ 950.00 | \$ 950.00 |
| 2 | Wiring Repair / Rectify | 1 job | \$ 150.00 | \$ 150.00 |
| 3 | Spray Painting to the affected parts | 1 job | \$ 350.00 | \$ 350.00 |
| SUB-TOTAL | | | | \$ 1,450.00 |
| Gst 7% | | | | \$ 101.50 |
| | | | | \$ 1,551.50 |

Parts \$ 1,926.00
Labour \$ 1,551.50
TOTAL \$ 3,477.50

Note: The above estimate does not include any hidden damage parts that is are not visible at the time of inspection. Any damage found after dismantling, we will advise you accordingly.

Remark: Contact Person: Michael Yeoh (Hp: 9679 4211) / Sunny Yeoh (Hp: 9662 1626)

JIT KEONG TRADING CO. PTE LTD

Authorized Signature

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey & re-evaluate the damage
- To display damaged parts & equipment involved
- Parts prices are subject to market fluctuation
- This party agrees to accept "Without Prejudice" basis
- No ill effects to the insured's "cover"
- Supplemental claims must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer

Signature:

Date:

SS1F213P0003 / SNG AH TEE MOTOR & PANEL SERVICE PTE LTD
ENTRY DATE & TIME: 25/03/2021 14:32 (SGT)
SUBMITTED BY: JOYCE TAN
VERSION: 1 (25/03/2021 14:32 (SGT))

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 Authorized 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. This report will be forwarded by the insurer to 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 insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

DATE AND TIME OF ACCIDENT STATEMENT

| | |
|---------------------------------|------------------------|
| Date of Submission | 25/03/2021 14:32 (SGT) |
| Date of Accident | 24/03/2021 17:50 (SGT) |
| Exact Location of Accident | Jln Buroh, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM7416Z

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | JIT KEONG TRADING CO PTE. LTD. |
| Company Reg No | 2XXXXX335M |
| Email Address | rental@jitkeong.com.sg |
| Mobile Phone No | (Phone) +65-68634186 |
| Alternative Phone No | (Office) +65-68634186 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Fe83be6srdea |
| 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 |
| Transmission | Manual |
| CC | 2977 |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | P2353362 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------|
| Name of Driver | PITCHAI RAJKUMAR |
| NRIC No | GXXXX837L |

| | |
|--|------------------------|
| Date Of Birth | 20/05/1990 |
| Occupation | Outdoor |
| Date Of Driving Pass | 21/09/2016 |
| Driving experience | 4 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-84032497 |
| Alt. Phone Number | - |
| Email Address | rental@hitkaong.com.sg |
| Address | 5 JLN PAPAN 5 #15-03 |
| Address complement | - |
| Postcode | 619396 |
| 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) | 7 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 2

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 3

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 4

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 5

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 6

| | |
|--------|---------|
| Name | UNKNOWN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

WITNESS STATEMENT OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY

| | |
|---|--------------------|
| Vehicle Registration Number | YP9227Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| 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

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 Assured Driver.
3. Information provided must be as accurate and complete as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to refuse to pay claims.
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 to 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 compliance 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.:

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

B-499772

Refer to attachment

Policy No. 8819 Ver. No. 1174162
Insured

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

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

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

SKETCH PLAN #3

On the 24th March 2021 at about 5.50pm I was travelling along Jalan Buroh towards West Coast Road driving vehicle YM7416Z. When I approach near Penjuru flyover I have slowed down as the vehicle in front was also slowing down and suddenly the vehicle behind YP9227Z collided into the rear of my lorry. The rear of my vehicle is damaged. No one was injured.