

ASS. REC. BY:

Steve

CS/CTI 21004522/EF43

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

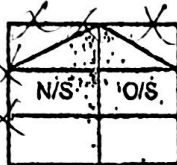
Sum Insured: _____ Excess: _____

(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 Rpt: _____ 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:

YP 1719Z

Yr Regn:

29/3/16

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

Truck / Trailer or

Make:

Mitsubishi

Fuso

FR62

c.c. 7545

Colour:

White

A/C: Insured / Std / NI / N

Sp. Reading

N/A

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

FR62 FMA 39990

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:

315/80R12.5

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.

29/3/21

D.O.I.

9/4/21

Survey held at

AAK Logistics

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

MR-60K

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (%)



: Weekend (%)

30% Formed:

ump Sum / L.F. / %

AAK LOGISTICS SERVICES PTE LTD

Blk 153 Bukit Batok Street 11 #03-292 Singapore 650153

Tel: (65) 6665 0190 Fax: (65) 6561 9509

E-mail: admin@aakls.com

Company Registration No.: 201325787M

GST Reg. No.: 201325787M



bizSAFE₄

Quotation

TO:

China Taiping Insurance (S) Pte Ltd - Claims Dept

3 Anson Rd,

#16-00 Springleaf Tower

Singapore 079909

DATE: 01-Apr-21

TERMS: 30 Days

PAGE NO.: Page 1 of 1

S.N	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT (\$)
Own Damage Repair : YP1719Z DOA: 29/03/21					
1	CABIN ASSY / DO ?		1	\$30,000.00	\$ 30,000.00
2	CABIN SUPPORT ASSY		1	\$3,000.00	\$ 3,000.00
3	DASHBOARD ASSY		1	\$2,000.00	\$ 2,000.00
4	BOX PANEL LH / BR GR		5 /	\$300.00	\$ 1,500.00
5	LABOUR TO DISMANTLE/REPLACE ABOVE-MENTIONED PARTS, PANEL BEATING & SPRAYPAINTING				3000 \$4,000.00
REMARKS : ABOVE-MENTIONED IS LUMPSUM REPAIR ESTIMATE					
Steve (LKK) 8322 8813 OO-NM AL EXGRS - \$800 L/S My AL 15 days 9/4/21, 1.30pm					
E. & O. E.				SUB-TOTAL	\$40,500.00
SGD: FORTY-THREE THOUSAND THREE HUNDRED THIRTY-FIVE AND CENTS ZERO ONLY.				7% GST	\$2,835.00
				TOTAL	\$43,335.00

Note:

Cheque should be crossed and make payable to "AAK Logistics Services Pte. Ltd.".

Accepted and Confirmed by

AAK LOGISTICS SERVICES PTE LTD

Company Chop & Signature

Authorised Signature

LKK Auto Consultants hence notify the Repairer of the following:

• To resurvey before/after spray painting
• To resurvey 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:

Peijuan

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 31/03/2021 12:36 (SGT)
Date of Accident 29/03/2021 15:10 (SGT)
Exact Location of Accident Pioneer, Singapore
Additional Location Information ALONG PIONEER ROAD AT T-JUNCTION OF SHIPYARD ROAD
Country/State of Loss Singapore

VEHICLE DETAILS OF OWN VEHICLE

Vehicle Registration Number YP1719Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AAK LOGISTICS SERVICES PTE LTD
Company Reg No 2XXXXXX787M
Email Address JANSON_CHAN@AAKLS.COM
Mobile Phone No (Phone) +65-81827255
Alternative Phone No +65-81827255

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 7545

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00038642100
Cover Note Number -

DRIVER

Name of Driver DANIALA BIN JUMAIDI
NRIC No SXXXX218I

Date Of Birth 07/09/1991
 Occupation Outdoor
 Date Of Driving Pass 11/10/2015
 Driving experience 5 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96321301
 Alt. Phone Number -
 Email Address DANIALAJUMAIDI@GMAIL.COM
 Address BLK 310 TAMPINES ST 32 #02-126
 Address complement -
 Postcode 520310
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Paid Driver
 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 Raining
 Road Surface Wet

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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name RAZAK
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN & POLICE REPORT ATTACHED.

** THE VEHICLE HAVE TOW TO INSURED WORKSHOP, NEVER DRIVE TO REPORTING CENTER**

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

Vehicle Registration Number UNKNOWN

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
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

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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:

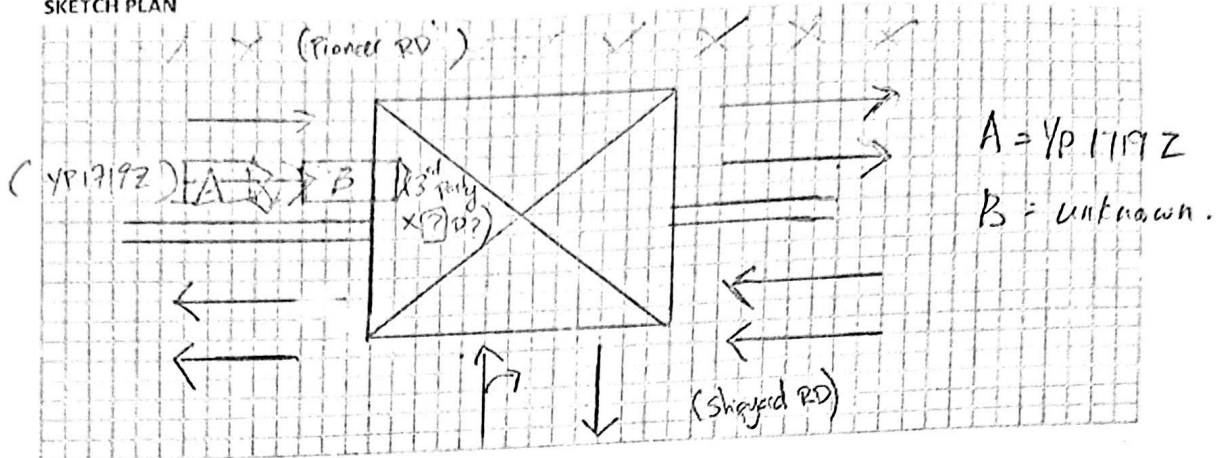
[Signature] / 31/07/2021
11:30 hrs

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



[Signature]
Baby.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1510hrs on 29th March 2021, I am travelling along Pioneer RD towards Pioneer Cres near the junction of Shinged RD, I collided head to rear with a XD??? vehicle (recycling tank, maybe Red or Green). I was behind XD??? travelling straight on green light at a speed of around 50km/h. It was raining heavily and the road surface was wet, XD??? stop abruptly and not a gradual slow down, just after the junction's stop line, the driver didn't signal his intentions to turn right hence I was caught by surprise with a very limited time to react. I am caught I set my vehicle behind XD??? before collision, I immediately jam brake after I saw his brake light appear as the road condition was wet, I couldn't avoid the collision. XD??? drove off after the collision without stopping. I am a driver with AAK Logistics Services Pte Ltd. At the time of accident, I was doing a delivery job carrying 10 pallets of medical equipments and products. The pallets are properly arrange and secure, but due to the collision, some of the products were damaged. I am doing this report for insurance claim purposes. There was no serious injury.

* The vehicle tow to insured workshop. Newer driver to reporting center.

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.: