

ASS. REC. BY:

REF:

ES/MSG 71005537/KV

C

Kenneth

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:

07 days

Res.: Yes or No

Lum Sum:

T.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.A.

Survey held at

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

4/6 85390.35 Carfax (Red 3554.19, 405)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 7/6/21-Typist

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format: Merimen

Lump Sum / I.B.I: (\$ 5390.35)

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	03/05/2021 11:29 (SGT)
Date of Accident	01/05/2021 14:06 (SGT)
Exact Location of Accident	Marina Blvd, Singapore
Additional Location Information	MARINA BOULEVARD (SHEARS AVE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL809Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NEW PLUMBING SERVICES PTE LTD
Company Reg No	2XXXXX003D
Email Address	axxontoh@hotmail.com
Mobile Phone No	(Phone) +65-98537797
Alternative Phone No	+65-9837797

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
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121459064
Cover Note Number	-

DRIVER

Name of Driver	KESAVAN JEGAN
Work Permit No	GXXXX963K

Date Of Birth	16/07/1974
Occupation	Outdoor
Date Of Driving Pass	20/07/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90794427
Alt. Phone Number	-
Email Address	GUANMOTORWORKS@GMAIL.COM
Address	7030 NORTHSTAR @ AMK
Address complement	#05-07
Postcode	-
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 on collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ARUMUGAM SUDHAKAR
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?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP3810H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	YUZO YOSHINO
Work Permit No	GXXXX647P
Contact Number	(Phone) +65-93283070
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

A: BBL 8094

B: SLP 3810H

Sheares Ave

Marina Boulevard

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Marina Boulevard and turning towards Sheares Ave. Suddenly, there was an impact. I realised vehicle B: SLP 3810H had hit into my left portion of vehicle. Vehicle B had illegally drove straight instead of turning left. Owner of vehicle B had apologised.

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.:

SKETCH PLANIMPORTANT NOTICE

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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:



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

GIA/RAO SketchPlanForm_V3



Factory Japan 2019.0.2 : Toyota : Hiace : H200 Series : KDH200K
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-2°30'	-2°32'	-1°15' 0°15'
4°25'	4°25'	1°10' 2°40'
-0°14'	-0°14'	0°00' 0°10'
12°49'	12°51'	11°40' 13°10'
10°19'	10°19'	10°25' 13°25'

Camber
Caster
Toe
SAI

Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
0°02'	0°02'	-1°15' 0°15'
4°37'	4°37'	1°10' 2°40'
0°05'	0°05'	0°00' 0°10'
11°12'	11°12'	11°40' 13°10'
11°14'	11°14'	10°25' 13°25'

Front

Actual	Before	Specified Range
-2°32'	-2°33'	
-0°12'	-0°12'	
1°38'	1°39'	
-0°09'	-0°09'	0°00' 0°20'

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Rear : Left

Actual	Before	Specified Range
-1°08'	-1°08'	-1°00' 1°00'
0°11'	0°11'	-0°05' 0°05'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-0°48'	-0°48'	-1°00' 1°00'
0°01'	0°01'	-0°05' 0°05'

Rear

Actual	Before	Specified Range
-0°20'	-0°20'	
0°12'	0°12'	-0°10' 0°10'
0°05'	0°05'	
0mm	0mm	

Cross Camber
Total Toe
Thrust Angle
Axle Offset

源摩哆廠 GUAN MOTOR WORKS

Business Regn. No. 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

REPAIR ESTIMATE FOR GBL809Y

Not Authorised
Penny Begam
\$5390.35
Today

No.	Qty	List Items
1	1	LH door centre pillar
2	1	LH door centre pillar fuel lid
3	1	LH door centre pillar fuel cap
4	1	LH door centre pillar fuel neck
5	1	LH sliding door 1916-10
6	1	LH sliding door outer handle
7	1	LH sliding door lower roller
8	1	LH sliding door lower roller bracket
9	1	LH sliding door rubber
10	1	LH sliding door inner lock
11	1 set	LH sliding door inner board clips
12	1	LH rocker panel
13	1	Front LH wheel cover
14	1	Front LH wheel rim
15	1	Front LH top arm 566.40
16	1	Front LH lower arm
17	1	Front LH shock absorber
18	1	Front LH knuckle arm 496.95
19	1	Front LH wheel hub & bearing

R	\$	R	425.80	X
	\$	R	122.70	
	\$	R	80.70	X
	\$	R	371.80	X
	\$	R	1,916.10	✓
	\$	R	198.70	X
	\$	R	299.10	X
	\$	R	110.20	✓
	\$	R	399.45	X
	\$	R	398.70	X
	\$	R	60.00	✓
	\$	R	457.80	X
	\$	R	186.20	✓
	\$	R	400.20	X
	\$	R	566.40	✓
	\$	R	466.10	✓
	\$	R	124.20	✓
	\$	R	490.95	✓
	\$	R	210.95	✓
	\$		7,286.05	

Less 25% \$ 1,821.51
Total : \$ 5,464.54

Special Nett Items

20	1 set	LH sliding door glass sealant
21	1	Front LH tyre

\$	R	50.00	✓
\$	R	220.00	X
Total :	\$	270.00	

Labour

1	Labour Charges for remove/refit and replace damage part:	\$	1,200.00	✓
2	To putty and spray Spray Paintings charges.	\$	1,200.00	✓
3	To check wirings.	\$	40.00	✓
4	To remove, refit LH sliding door glass.	\$	140.00	✓
5	To remove, refit upholstery and attachments.	\$	120.00	✓
6	To remove, refit LH sliding door fittings.	\$	80.00	✓
7	To remove, refit front LH under carriages.	\$	250.00	✓
8	Computerise wheel alignment test.	\$	80.00	✓
9	To supply and apply anti rust treatment	\$	100.00	✓
Total :	\$	3,210.00		

Total Parts and Labour : \$ 8,944.54

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: