

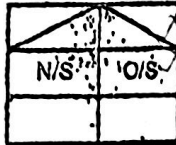
ASS. REC. BY: Steve~~CS/EG121005971/Eqc~~

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: XB 8687X
 at Workshop m/s CONVINCE AUTO
 ul _____
 Insured: YP 9554D
 Policy No. _____
 Claims No. CDMCG21000929
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 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: XB 8687X Yr Regn: 25/3/04
 Type: M.Car / M.Cycle / Bus / Van / Carry / Taxi / Prime Mover /
 Truck / Trailer or 12068
 Make: 15024 CX 250L c.c. 1500
 Colour: Blue A/C: Insured / Std / NI / N
 Sp. Reading 657306 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: JAL CX250LY3000005
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Locked / Burnt or
 Brake: In order / Jammed / Locked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 295/80R225
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front R/Bal. 4 mm R/Bal. 4 mm
 U/Bal. 4 mm U/Bal. 4 mm
 D.O.A. 16/5/21 D.O.I. 19/5/21
 Survey held at Convince Auto
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
F1 R1
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
20/5/2021 @ 2.54pm	Revised to ERGO via Merimen
	Steve finalised LS \$3700. 5 days. (Red \$2724 17.42%)

File/Time, File, Pass to?

02/06 Typist

File/Time, File Return to?

☐ : Prel. Report☐ : Final ReportDays Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Provision

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Weekend (\$ _____)Work Order: MER-TPWork Order / 3700



M/S: ERGO INSURANCE PTE LTD
 8 Temasek Boulevard
 #04-01 Suntec Tower Three
 Singapore 038988

Tel: 6829 9199 **Fax:** 6829 9247

Attn: Motor Claim Department

97576667
 Jain

ESTIMATE

GST Regn No. : 200516575H

Co .Regn No. : 200516575H

Estimate No : E2105001

Date : 17/05/2021

Accident Date : 16/05/2021

Claim No : TP Claim

Policy No .: DMCVSNW00040872104

Chassis No .: JALCXZ50LY3000005

Year : 2004

Make & Model : Isuzu CXZ50L

Vehicle No.: XB8687X

S/No	Description	Qty	Unit Price	Amount
List Item :				
1	Front Door Lower Protector RH / MIS	1	\$ 456.00	\$ 456.00
2	Front Door Lower Protector Inner Bracket RH / OR	1	\$ 182.40	\$ 182.40
3	Front Door Lower Inner Garnish RH / OR	1	\$ 482.60	\$ 482.60
4	Front Door Signal Lamp RH / MIS	1	\$ 163.80	\$ 163.80
5	Front Door Outer Handle RH / CRH	1	\$ 293.80	\$ 293.80
6	Front Wheel Arch Garnish RH / CRH	1	\$ 351.20	\$ 351.20
7	Front Wheel Mudflap RH / OR	1	\$ 521.60	\$ 521.60
8	Rear Cabin Panel Lower Protector RH / MIS	1	\$ 468.20	\$ 468.20
9	Rear Cabin Panel Lower Protector Garnish RH / MIS	1	\$ 231.50	\$ 231.50
10	Rear Cabin Panel Lower Protector Bracket RH / OT	1	\$ 283.50	\$ 283.50
11	Side Mirror Arm RH / OT	1	\$ 359.00	\$ 359.00
12	Side Mirror RH / MIS	1	\$ 196.60	\$ 196.60
				\$ 3,990.20
- List Item Discount 15%				\$ 598.53
				\$ 3,391.67
Special Nett Item :				
1	Front Door Lower Protector Clip RH / PK	15	\$ 4.50	\$ 67.50
2	Rear Cabin Panel Lower Protector Clip RH / PK	10	\$ 4.50	\$ 45.00
3	Front Door Company Logo RH / PK	1	\$ 180.00	\$ 180.00
				\$ 292.50

CONVINCE AUTO PTE LTD

176 Sin Ming Drive #04-04 Sin Ming Autocare Singapore 575721

Tel: +65 6556 1131 Fax: +65 6553 1131 Email: convinceapl@convinceauto.com.sg



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8 Temasek Boulevard
#04-01 Suntec Tower Three
Singapore 038988

Tel: 6829 9199 Fax: 6829 9247

Attn: Motor Claim Department

ESTIMATE

GST Regn No.: 200516575H

Co. Regn No.: 200516575H

Estimate No.: E2105001

Date: 17/05/2021

Accident Date: 16/05/2021

Claim No.: TP Claim

Policy No.: DMCVSNW00040872104

Chassis No.: JALCXZ50LY3000005

Year: 2004

Make & Model: Isuzu CXZ50L

Vehicle No.: XB8687X

S/No	Description	Qty	Unit Price	Amount
1	Labour: To Repair Panel Beating, Cut, Welding & Straighten Damaged parts And Replace Above Parts On Damaged Area.	1	\$ 1,000.00	\$ ⁷⁵⁰ 1,000.00
2	To Spray Painting Affected Area.	1	\$ 1,200.00	\$ ⁶⁰⁰ 1,200.00
3	To Apply Anti-Rust	1	\$ 120.00	\$ ³⁰ 120.00
4	To Check Wiring Function	1	\$ 120.00	\$ ³⁰ 120.00
5	To Remove & Refix Front Door Board RH For Replace Front Outer Handle RH	1	\$ 150.00	\$ ⁵⁰ 150.00
6	To Remove & Refix Cabin Upholstery	1	\$ 150.00	\$ ⁵⁰ 150.00
Labour Item:				\$ 2,740.00
TOTAL:				\$ 6,424.17
GST 7%:				\$ 449.69
Total Amount:				\$ 6,873.86

CONVINCE AUTO PTE LTD

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:

CONVINCE AUTO PTE LTD

176 Sin Ming Drive #04-04 Sin Ming Autocare Singapore 575721

Tel: +65 6556 1131 Fax: +65 6553 1131 Email: convinceapl@convinceauto.com.sg

SD08215H0001 / Ding Auto Pte Ltd
ENTRY DATE & TIME: 17/05/2021 13:01 (SGT)
SUBMITTED BY: Henry
VERSION: 1 (17/05/2021 13:01 (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 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	17/05/2021 13:01 (SGT)
Date of Accident	16/05/2021 09:10 (SGT)
Exact Location of Accident	Toh Tuck, Singapore
Additional Location Information	AT PIE TOH TUCK FLYOVER (28.5KM) TOWARD TUAS.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XB8687X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TKB C-E CONTRACTOR PTE LTD
Company Reg No	1XXXXX003M
Email Address	ADMIN@TKBGROUP.COM
Mobile Phone No	(Phone) +65-62535422
Alternative Phone No	(Office) +65-62535422

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cxz50k
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	Tanker
Transmission	Manual
CC	12068

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00040872104
Cover Note Number	-

DRIVER

Name of Driver	CHEMPAKAM PILLAI SENTHIL KUMAR
Passport No/FIN	GXXXX671M

Date Of Birth	27/05/1977
Occupation	Outdoor
Date Of Driving Pass	01/06/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88168129
Alt. Phone Number	-
Email Address	ADMIN@TKBGROUP.COM
Address	3 PEMIMPIN DRIVE #05-04 LIP HING INDUSTRIAL BUILDING SINGAPORE
Address complement	-
Postcode	576147
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	Side Swipe
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

PLEASE REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number	YP9554D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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

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 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:

CS

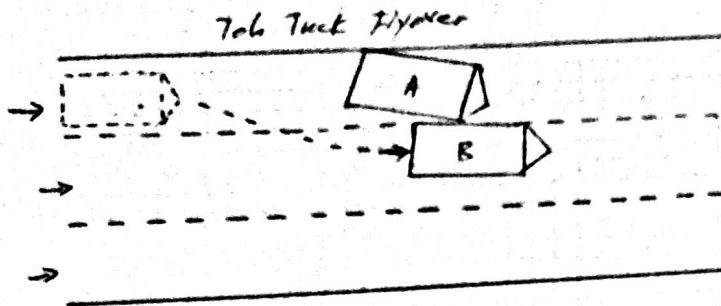
Driver's Signature
(if driver is not the policyholder)
Date & Time:

slay



Reporting Centre/Insurer's Signature
Name:
NRIC/PIN No.:

SKETCH PLAN



A) XB 0687X

B) YP 9554D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/15/2021 about 09:10, I was driving at my vehicle A (XB 0687X) at Teh Tuck Flyover as my company has work schedule. When we reached the work location, my vehicle was stopped & stationary on lane 3 for my men to put road safety cone for work purpose. About 10 mins later, the vehicle B (YP 9554D) driving with fast speeding and hit onto front right side of my vehicle.

DECLARATION

If we declare, the particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

