

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / 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: 855k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBF 746811 Yr Regn: 02, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or AMake: Toyota c.c. 2882Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 115224 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KD14201 5023825Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 1P5R 15X8

R: _____

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 10/6/21 D.O.I. 15/6/2021

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

Date/Time, File Pass to?

☐ : Prell. Report1) _____
Date/Time, File Return to?☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Fines

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

HWA SENG SPRAY PAINTING PTE LD

160 Sin Ming Drive

#05-11 Sin Ming Autocity

SINGAPORE 575722

(COMPANY REGISTRATION NO.: 202017045G)

TEL : 64533100

62669932

Date of Accident :
10/06/2021

QD Claim

Policy No : 7210006124

Not Authorized

Returning B6 paint & day

ESTIMATE REPAIRR COSTS TO TOYOTA HIACE REG. NO. : GBF 7468 H

\$

1pc	Bonnet		R 756.60	✓
1pc	Logo Emblem		R 66.20	✓
2pcs	Bonnet Hinges	(\$48.90/pc)	R 97.80	X
1pc	Front Grille : Top		191.50	?
1pc	Front Grille : Lower		Not/br 330.80	✓
1pc	Front Grille : Inner		491.10	?
1pc	Front Bumper		Br/Red 487.10	✓
2pcs	Headlamp	(\$948.70/pc)	1897.40	?
1pc	Front Bumper Reinforcement		304.40	?
1pc	Support Panel		R 283.10	X
1pc	Bonnet Lock		R 77.50	X
1pc	Air Con Condenser		1216.10	?
1pc	Front Bumper Towing Cover		E 26.20	X
1pc	Front Bumper Lower Grille		cm 154.30	✓
1pc	Side Fog lamp Cover		R 62.40	X
1pc	Front Bumper Retainer		R 193.10	X
1pc	Front Bumper Brace Panel		R 56.70	X

6692.30

Less : 25%

1673.08

5019.22

LABOUR & MISC CHARGES

Panel Knocking

500.00 400

Spray Painting

500.00 450

Wire Checking

50.00 20

Vacuum & Top Up Air Con Gas

150.00 ?

Number Plate with Casing

Not 70.00 455N

TOTAL

6289.22

HWA SENG SPRAY PAINTING 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:

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 -
Date of Accident 10/06/2021 15:30 (SGT)
Exact Location of Accident Balestier Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF7468H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SKS United Pte Ltd
Company Reg No 2XXXXXX258W
Email Address sksunitied@singnet.com.sg
Mobile Phone No (Phone) +65-90237468
Alternative Phone No +65-90237468

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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210006124
Cover Note Number -

DRIVER

Name of Driver Appunathan Jeevanandham
Passport No/FIN GXXXX524T

SKETCH PLAN

IMPORTANT NOTICE

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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.

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.



Policyholder's Signature / Date & Time

11 JUN 2021

Sketch Plan

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

11 JUN 2021

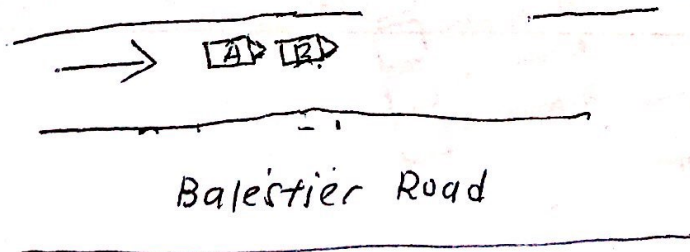
Witnessed by Reporting Centre Personnel

Jenny Lim

Bus Stop

A - GBF 7468 H

B - SMZ 5139 K.



Describe Circumstances of the Accident

Date: 10-06-2021 Time: 3:30 PM I going Balesher Rd to CTE (TPE)
I Stop signal after signal on ready I make my
van for vehicle 100 ft move after I making
after He (B) sudden break I can't control my break I slow
moving only I change the lane. No one was injured.

Declaration

We declare the foregoing particulars are true in every respect.



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