

ASS. REC. BY:

Steve

CS/ASM 21097023/EVL

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:

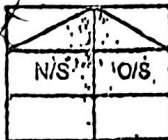
Excess:

(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 Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

X0 7790B

Yr Regn:

16/19/13

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

Truck / Trailer or

Make:

Scania

c.2

12.742

Colour:

White

A/C: Insured / Std / NI / N

Sp. Reading

135009

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

YS2P8X405321928

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / 8/Rim / STD / R/Rim or

Tyre Size:

F:

315/80R225

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.

24/6/21

D.O.I.

12/7/21

Survey held at

EM Solution

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

F/LH:

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

Date/Time, File, Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File, Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

☐

: Wheel end (\$

\$ + RS, \$

Photos

Others

TOTAL

Remarks/Notes:

Imp Sum / L.B. / etc

E M SOLUTION PTE LTD

160, Sin Ming Drive, #03-18/19, Sin Ming Autocity, Singapore 575722

Tel: 64560226

Fax: 64584500

Registration No: 201016308K

12.07.2021

Lian Beng Engineering & Machinery Pte Ltd

REPAIR ESTIMATE FOR SCANIA P400 - XD 7790 B

1 pc	LH front side bumper	/	DD
4 pc	LH front side bumper bolts	/	1pc
1 pc	LH headlamp assy	?	
1 pc	LH front signal lamp assy	/	BR
1 pc	LH headlamp top garnish	?	
1 pc	LH headlamp side garnish	X	cut
1 pc	LH front lower step panel	/	DD
1 pc	LH front lower step panel bracket	X	
1 pc	LH front lower step panel garnish	X	
1 pc	LH front upper step panel	/	cut
1 pc	LH front upper step panel bracket	X	
1 pc	LH front upper step panel lamp	/	BR
1 pc	LH front upper step panel garnish	/	cut
1 pc	LH front arch garnish - front	/	cut
1 pc	LH front arch garnish - rear	X	
1 pc	LH front arch garnish center joint	X	
1 pc	oil filter housing	X	

0.00

- 1) Check electrical wirings and headlamp focus.
- 2) Repair accident damages and renew approved parts.
- 3) Spray painting on accident affected portions.
- 4) Tuff kote on accident affected portions.

\$ 0.00

Steve (LKK)
8322 8813

Wm AL
L/S
My AL Sy
5th 4th



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	24/06/2021 20:10 (SGT)
Date of Accident	24/06/2021 12:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	POTONG PASIR AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7790B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIAN BENG ENGINEERING & MACHINERY PTE LTD
Company Reg No	1XXXXX659K
Email Address	BARCELONA.DIANA@LIANBENGGROUP.COM.SG
Mobile Phone No	(Phone) +65-62831468
Alternative Phone No	(Office) +65-62831468

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P400CB8X4MHZ
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12742

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/VC00/108773
Cover Note Number	-

DRIVER

Name of Driver	LIM CHOR MOK
NRIC No	SXXXX506E

Date Of Birth	26/09/1950
Occupation	Indoor
Date Of Driving Pass	19/06/1979
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-92203176
Alt. Phone Number	-
Email Address	BARCELONA.DIANA@LIANBENGGROUP.COM.SG
Address	BLK 102D PUNGGOL FIELD #15-404
Address complement	-
Postcode	824102
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 - U-Turn
Weather Conditions	Clear
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)	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?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SHD4971E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	TEO YONG JOO
NRIC No	SXXXX523E
Contact Number	(Phone) +65-86081448
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 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 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

 24/6 @ 3:20 PM
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Refer sketch plan ATTACHED

Describe Circumstances of the Accident

ON 24/6/2021 at about 12.45 PM I was driving my lorry XD7790 B along PONG PASIR AVE 1. As I was travelling on the straight road, there was a taxi on my left suddenly make a illegal U-Turn to my lane and collided onto the front portion of my lorry.

my vehicle sustained damages on the front bumper, front step panel, side lamp, Tyre panel, tyre etc. I report this incident for Tlparty claim against SLD 4971 E (TAXI)

Remark: please Email GIN Report to "ematudsolution@singnet.com.sg" Tlparty claim by EM Solution PTE LTD

EM SOLUTION PTE LTD

160 Selegie Road
#03-18/19 Selegie Arcade
Singapore 375772
Tel: 6458 4500 Fax: 6458 4500
Email: ematudsolution@singnet.com.sg

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

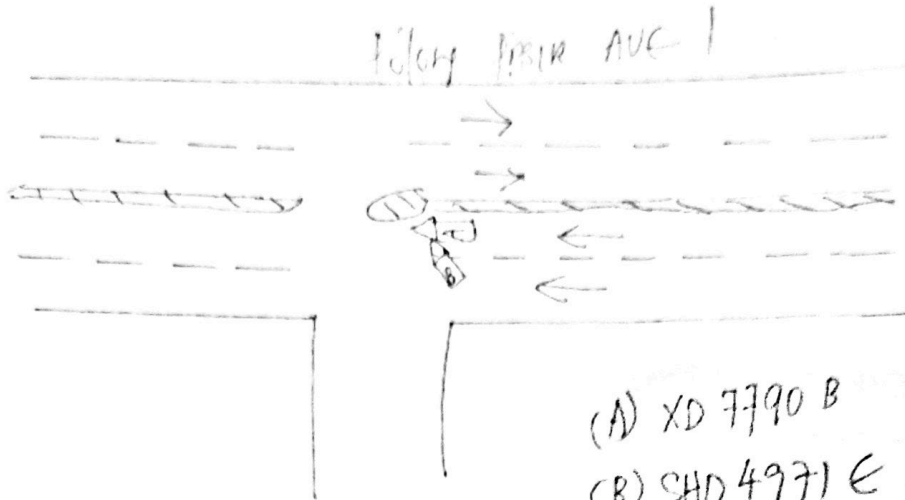


Driver's Signature (If driver is not the policyholder) / Date & Time

24/6/2021
3:40 PM



Witnessed by Reporting Centre Personnel



(A) XD 7790 B
(B) SHD 4971 E
↳ (MAKE A illegal U-Turn)

