



陳林摩哆私人有限公司
TAN LIM MOTOR PTE LTD

1 Defu Lane 6 Singapore 539365
Tel : 68585151 (24 Hours) Fax : 68580877
GST Regn. No. : M2-8922054-2

CTP Insured's Veh No : GBB8923A

Date of Accident : 24 June 2021

Messrs Joyway Pte Ltd

Date : 26 June 2021

Estimate To Repair YP3227M - Hino XZU710R-HKFMS3
Chassis No : JHHUCS3H70K017630

Real Marcus - 166
19/07/2021 0044h

S/No	Quantity	Description	Amount
<u>LIST ITEMS</u>			
01	2 ps	rear tailgate lid @ \$300.00 <i>no n/c</i>	\$ 600.00 X
02	2 ps	rear lamp @ \$280.00 <i>one</i>	\$ 560.00 ✓
03	1 pc	n/s rear lamp panel <i>ns</i>	\$ 150.00 X
04	1 pc	rear step wooden bar <i>one</i>	\$ 400.00 ✓
05	1 pc	rear bumper <i>buf n/c</i>	\$ 650.00 X
			\$ 2,360.00
Less 10 %			\$ 236.00
			\$ 2,124.00
<u>SPECIAL NETT ITEMS</u>			
06	1 pc	rear licence plate <i>buf</i>	\$ 50.00 14
			\$ 50.00
<u>LABOUR & MISC. CHARGES</u>			
01		To check electrical lighting concerned.	\$ 80.00 20
02		To transfer of tailgate fittings, fixture and perform waterseepage test.	\$ 120.00 X
03		Panel beating, knocking and straighten the necessary portion, remove and renewal of parts, adjust and realign the same.	\$ 600.00 300
04		Putty and spray painting of the affected portion.	\$ 350.00 120
			\$ 1,150.00
Total			\$ 3,324.00

Not Authored
LM
19/7/21
Wing Ho Chow
2/s \$1050
2 days

P-960
102
P-864
S-N-14
L-440
1318
202
1054

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	25/06/2021 15:55 (SGT)
Date of Accident	24/06/2021 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3227M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JOYWAY PTE LTD
Company Reg No	2XXXXX828E
Email Address	SIENJIEN@ONENESS.COM.SG
Mobile Phone No	(Phone) +65-67182255
Alternative Phone No	(Office) +65-67182255

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	Auto
CC	4009

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VC05005537
Cover Note Number	-

DRIVER

Name of Driver	RAJENDRAN BALASUBRAMANIYAN
Passport No/FIN	GXXXX337U

Date Of Birth	05/11/1992
Occupation	Outdoor
Date Of Driving Pass	05/06/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-89116447
Alt. Phone Number	-
Email Address	SIENJIEN@ONENESS.COM.SG
Address	5, LITTLE ROAD, #03-01, CEMTEX INDUSTRIAL BUILDING, S 536983
Address complement	-
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 to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

REFER TO THE ATTACHED.

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 1

Vehicle Registration Number	GBB8923A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAJENDRAN BALASUBRAMANIYAN
Address	5, LITTLE ROAD, #03-01, CEMTEX INDUSTRIAL BUILDING, S 536983
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YP3227M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

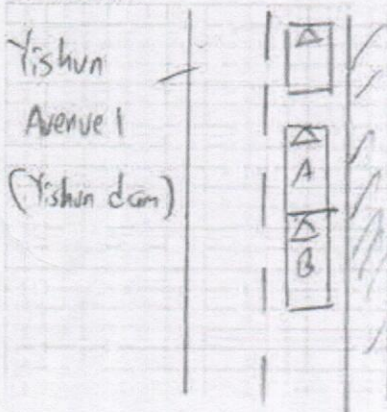


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: YP 3227M
B: GRB 8923A

* Describe Circumstances of the Accident

on 24/06/2021 at about 1650 hrs I was driving my vehicle (A: YP3227M) on the outer lane along Yishun Avenue 1 (Yishun dam) towards Yishun direction. The vehicles in front of me slowed down and stopped and I followed suit. Suddenly I felt an impact on my vehicle's rear portion and discovered that a vehicle (B: GAB88423A) had hit onto rear portion of my vehicle. After the accident I felt unwell.

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

Witnessed by Reporting Centre Personnel

R. Bay 25.06.2021
14:47