

ASSIGNMENT

From: Date:

Estimated Cost:

OD TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: PC 39554

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

Yr Regn:

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

Truck / Trailer or (A)

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

Modi: Nil / 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.I.

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

15/7/21 Confirmed H/s & 2000 w. the Shuman (Red & 2094.95, 51%)

16/7/21 @ 10.27am revised to Christina Wong

26/07/21 Submit Preli. report. - Marcus said wksp informed that case not claiming & they already informed MSIG.

Date/Time, File Pass to?



Preli. Report

1) 26/07 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

MER-TP

2000

Not Authored
 later
 13/7/21
 2/s \$2000
 2 days.

ATTN: MOTOR CLAIMS DEPARTMENT
 OWNER: SG CITY ESCAPADES
 INSURER: MSIG Insurance (Singapore) Pte Ltd
 DOA: 01/07/2021

REPAIR ESTIMATE

Est No. : EST21070130
 Date : 14-Jul-21
 Vehicle Num : PC3955U
 Make/Model : Toyota Hiace Comm
 Chassis # : KDH2230023417
 Engine # : 1KD2500273
 Yr. Of Manu : 2015

No.	Description	Qty	U/P	Amt
Section: LIST ITEMS				
1	Front Bumper <i>de 654</i>	1.00	807.32	807.32 <i>327 s/n</i>
2	Front Bumper Clips <i>11</i>	10.00	12.01	120.10 <i>50%</i>
3	Front LH Foglamp Cover <i>11</i>	1.00	212.23	212.23 <i>X</i>
4	Front LH Headlamp <i>LED 2420.50 cra</i>	1.00	2683.48	2683.48 <i>X</i>
5	Front LH Step Garnish <i>11</i>	1.00	356.80	356.80 <i>X</i>
Amt S\$				4179.93
Discount (25.00%) S\$				1044.98
Subtotal S\$				3134.95

Section: LABOUR

6	To Panel Beat and Renewal Of All Necessary Damaged Parts	1.00	480.00	480.00 <i>200</i>
7	To Sand Down, Putty and Spray Paint on Necessary Damaged Parts	1.00	380.00	380.00 <i>200</i>
8	To Check All Wiring	1.00	50.00	50.00 <i>20</i>
9	To Align Headlamp	1.00	50.00	50.00 <i>X</i>
Amt S\$				960.00
Discount (0.00%) S\$				0.00
Subtotal S\$				960.00

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:



Joo Hak Kee Auto Pte. Ltd.

LIST ITEMS Subtotal S\$ 3134.95
 LABOUR Subtotal S\$ 960.00
 Total S\$ 4094.95

P-2420.50
25%
P-1815.37
S.N-327
L-420
2562.37

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	02/07/2021 10:45 (SGT)
Date of Accident	01/07/2021 08:20 (SGT)
Exact Location of Accident	600 Upper Thomson Rd, Singapore 574421
Additional Location Information	UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3955U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG CITY ESCAPADES
Company Reg No	5XXXX121K
Email Address	sgcity3955@gmail.com
Mobile Phone No	(Phone) +65-81231628
Alternative Phone No	+65-0

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	Bus
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111349837-01
Cover Note Number	5111349837-01

DRIVER

Name of Driver	REMAESH KRISHNAN CHITRANGATHAN
NRIC No	SXXXX580E

Date Of Birth	28/10/1970
Occupation	Outdoor
Date Of Driving Pass	18/01/1995
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81231628
Alt. Phone Number	-
Email Address	sgcity3955@gmail.com
Address	BLK 240 YISHUN RING ROAD #10-1064
Address complement	-
Postcode	760240
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 - Change/cross lane
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

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	SBR8383Z
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-


Describe Circumstances of the Accident

Refer to police Report

Declaration

We declare the foregoing particulars are true in every respect

AK

 Policyholder's Signature / Date & Time

AK

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

[Signature]

 Witnessed by Reporting Centre Personnel

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.
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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.



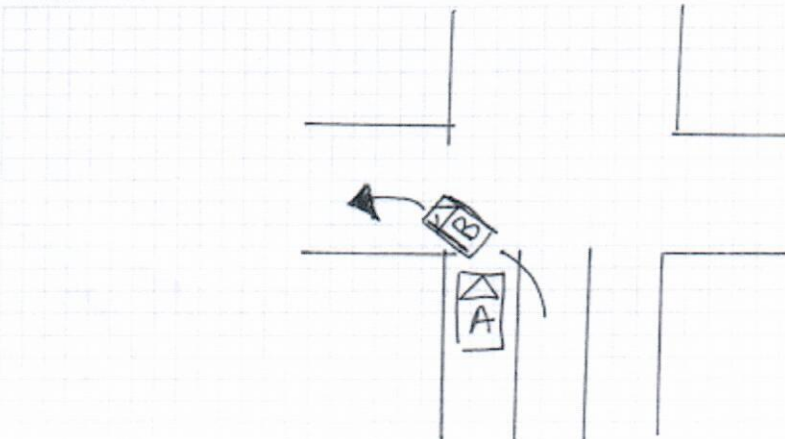
Policyholder's Signature / Date & Time



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



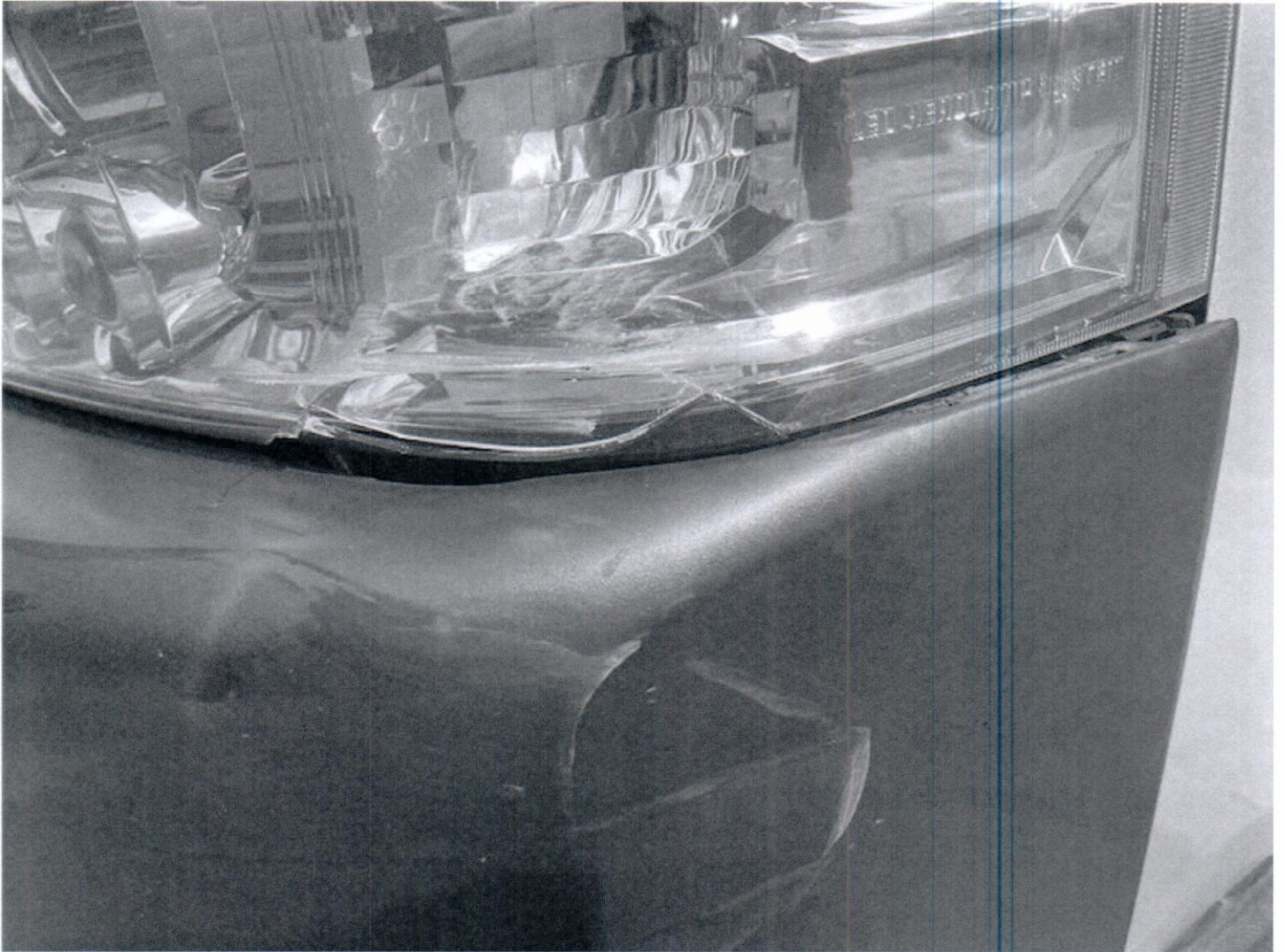
Witnessed by Reporting Centre Personnel

Sketch Plan

A - PC3955U

B - SBR8383Z



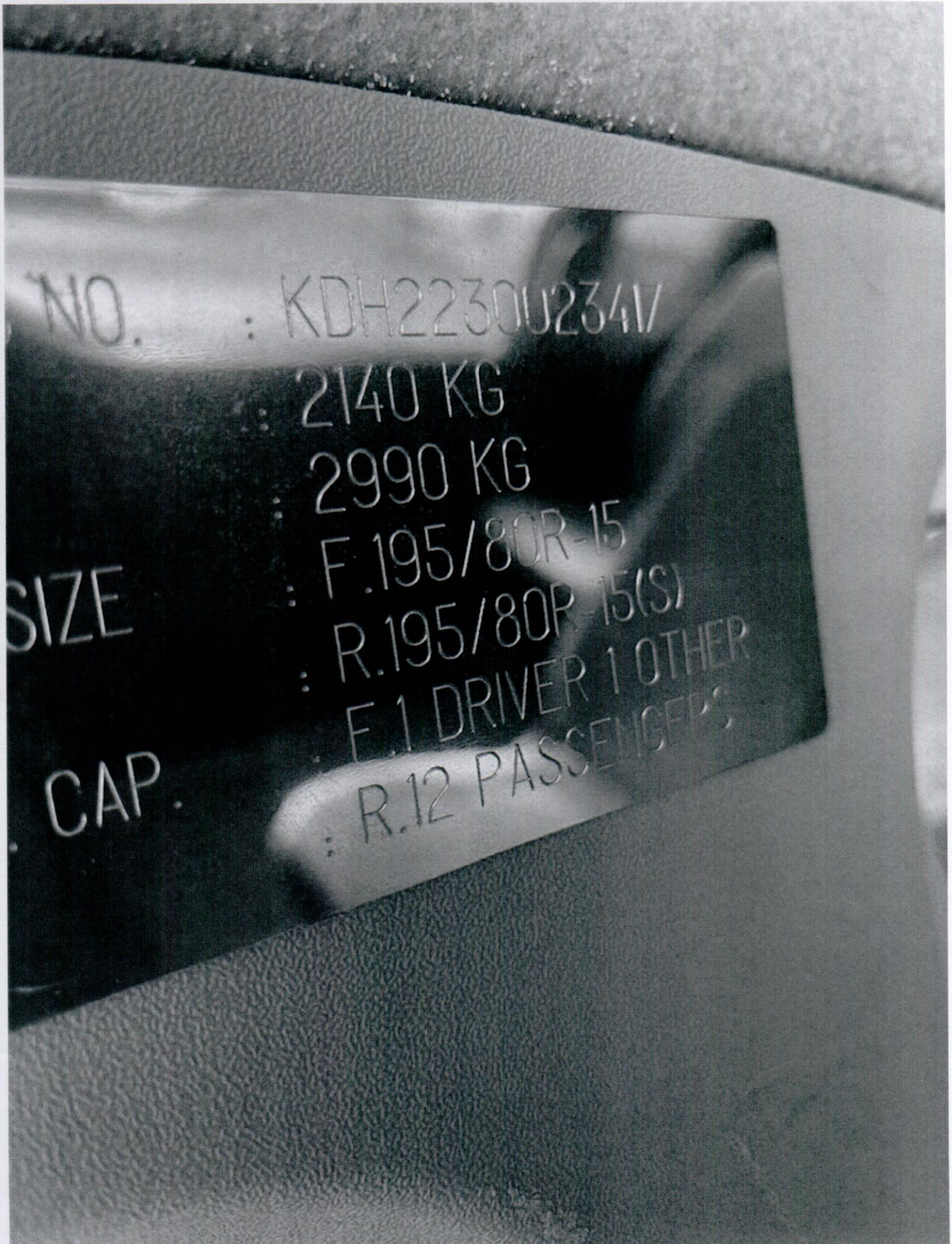












NO. : KDH223002347
2140 KG
2990 KG
F.195/80R-15
SIZE : R.195/80R-15(S)
F.1 DRIVER 1 OTHER
CAP. : R.12 PASSENGERS





**SINGAPORE
POLICE FORCE**



T/20210701/2098

1 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20210701/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2021 17:17		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: REMAESH KRISHNAN CHITRANGATHAN			Address: APT BLK 240 YISHUN RING ROAD #10-1064 SINGAPORE 760240		
ID Type / ID No.: NRIC NO / S7038580E			Contact No.: Home/Office: Mobile: 81231628		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 28/10/1970	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/07/2021 08:20	Type of Location: Straight Road
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3955U		TOYOTA	HI ACE	Silver	Slightly Damaged	4
SBR8383Z		TOYOTA	HARRIER	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210701/2098

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Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20210701/2098

CONTINUATION OF REPORT

Driver			
Name	REMAESH KRISHNAN CHITRANGATHAN	ID No.	S7038580E
Related Vehicle	PC3955U	Contact No.	81231628
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG LU LIE NICHOLAS	ID No.	S8850291D
Related Vehicle	SBR8383Z	Contact No.	97660827
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 01/07/21 at about 0820hrs, I was driving my vehicle PC3955U along Upper Thomson Road towards city. I had 4 school-going children (3 girls & 1 boy) aged between 10-12 years old, seated at the rear, with their seatbelts on. I wish to state that the my vehicle is registered under my own company, SG City Escapades.

While approaching the junction of Upper Thomson Road X Jalan Angklong, I was travelling on the bus lane when a vehicle bearing registration number SBR8383Z, suddenly swerved onto my lane from the lane beside, to turn into Jalan Angklong. I applied the brakes but could not stop in time to avoid a collision. As a result, my left front headlight grazed onto the said vehicle's right rear portion.

When I came to a complete stop, the said vehicle continued driving further into Jalan Angklong. As such, I sounded my horn to alert him. The said vehicle only stopped after about 5 meters. The driver came out and gestured to me to move on, which I refused to do so.

I immediately brought all 4 children out of my vehicle to the pavement safely, to make a check on them. None of them was injured. Thereafter, I spoke to the said driver who agreed to settle the matter privately. At one point, he even informed his friend, who had arrived at the scene shortly, that it was his fault and he will settle privately.

Later in the day, I met him at the workshop of his choice. After assessing the damages, both of us were unable to come to an agreement and settle privately. I still have records of our WhatsApp conversation.

I wish to state that I do not have any in-car camera. Due to the collision, my font left headlight is broken



**SINGAPORE
POLICE FORCE**



T/20210701/2098

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Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20210701/2098

CONTINUATION OF REPORT

and my front bumper is scratched. I have since informed the school - Lotus Bridge International School, as well as the parents of the children.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20210701/2098

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Report No. T/20210701/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt MUHAMMAD AZHAR BIN
MISSUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/07/2021 17:17

Officer In Charge Of Case:

TP / GIA /

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Classification Of Case: