

ASS. REG. BY:

REF:

071/210080281K

Kenner

ASSIGNMENT

From:

Date:

Estimated Cost:

CO. RES. / IP RES. / CO. RES. / EVA. / INV. / MY

To inspect Vehicle No:

at Workshop no:

Per You

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

Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / FR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

1.31

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Veh No:

CB 77825

Yr Regn:

06, 16

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

Truck / Trailer or

Make:

mit Fuse

c.c.

2788

Colour:

White

AC:

Insured / Std / NI / NA

Sp. Reading

142518

T/Radio:

Insured / Std / NI / NA

Eng No:

G.No:

BE 641 JK. 30128

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

205/85R16

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal.

9 mm

R/Bal.

9 9

mm

L/Bal.

9 mm

L/Bal.

9 9

mm

D.O.A.

22/7/21

D.O.I.

2/8/2021

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

2/8

Wkly shty

218 case direct settle or no OS??

8780k

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Papers

Others

TOTAL

Report Format :

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

SERVE YOU MOTOR PTE LTD

BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2

#01-265, SINGAPORE 569536

TEL. NO: 64810555 / FAX NO. 64831654

E-MAIL: elainesyms@gmail.com

INS: China Taiping Insurance (Singapore) Pte Ltd

OWNER: Heng Bus Pte Ltd

Registration no. : CB 7762 S / MITSUBISHI / ROSA

Accident Date: 22/7/2021

Date : 2-Aug-21

Quotation No. : 21077662

S/N	Qty	Item	Amount
<u>LABOUR & MISC CHARGES</u>			3801
1		To panel beating on the RH rear corner panel, reshape, straighten, orientate and align repair / replacement parts.	750.00
2		Supply spray paint material and necessary items to respray on accident damaged area.	400 1200.00
TOTAL			1950.00
Total Parts and Labour Cost of Repair			\$ 1,950.00

*Not Withheld
Paying After Repair
3 days*

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 23/07/2021 16:31 (SGT)
Date of Accident 22/07/2021 09:05 (SGT)
Exact Location of Accident 26 Woking Rd, Singapore 138704
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7762S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HENG BUS PTE LTD
Company Reg No 2XXXXX312K
Email Address HENGBUS@SINGNET.COM.SG
Mobile Phone No (Phone) +65-92393188
Alternative Phone No +65-92393188

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Rosa
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 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMBISNW00006772100
Cover Note Number -

DRIVER

Name of Driver GEOGER NEO GUAN YI
NRIC No SXXXX042E

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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:

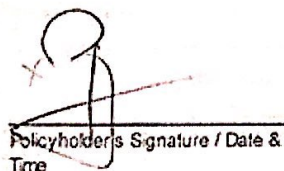
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

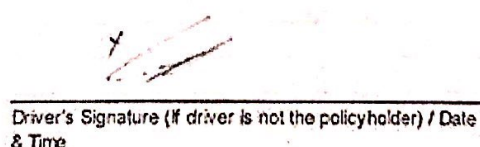
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

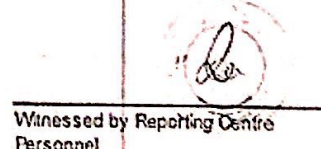
(collectively the "Purposes")

(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


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


Witnessed by Reporting Centre Personnel

Sketch Plan

