

ASS. REQ. BY:

Steve

REF

CS/CT/21008086/ETC

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:

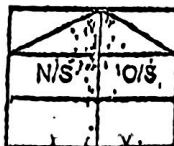
Excess:

(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

GIA / PR Sent:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

X03184C

Yr Regn:

19/12/08

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

Truck / Trailer or

Make:

Mitsubishi FV51

C.C.

12,882

Colour:

Blue

A/O: Insured / Std / NI / N

Sp. Reading

806449

TIRadio: Insured / Std / NI / N

Eng/No:

C/No:

FV51T: A 00419

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F:

295/80R225

R:

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

TOYO / YOKO or

ANIVANTE

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

U/Bal.

4

mm

U/Bal.

4

mm

D.O.A.

25/7/21

D.O.A.

2/8/21

Survey held at

Samwah

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MK-51K

Date/Time, File, Retain to?



: Prel. Report



: Final Report

Date/Time, File, Retain to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Insp

(\$



: Weekend

(\$

S + RS + SI

Private

Others

TOTAL

Approved:

Date/Time, File, Retain to?



SAFEPROTECH MANAGEMENT PTE LTD
35 WOODGROVE AVE
SINGAPORE 738231
CO REG NO: 202012496W
GST Reg No: 202012496W
CONTACT: +65 63518288
EMAIL: ADMIN@SAFEPROTECH.COM.SG

QUOTATION

To:

: Samwoh Corporation Pte Ltd
25E, Sungei kadut Street 1
Singapore 729333
Attn: Mr Donald

Quote No : SPT/Q/2107/05

Date : 26/07/2021

Description	Qty	UOM	AMOUNT
Supply and install one new set of SS180M TMA	1.00	PC	\$ 65,000.00
Grand Total			\$ 65,000.00

TBA
check the
Price

Terms & Conditions:

- 1 Expected delivery time - 4-6 months
- 2 Payment: 30% upon confirmation , 70% cash on delivery
- 3 Items quoted in the quotation are according to LTA standard requirements
- 4 Any items not stated in the quotation are not included
- 5 Any parts of the existing TMA that do not meet the LTA requirements has to be replaced & the cost shall be borne by you
- 6 Any mechanical parts of the existing TMA that are damaged & needs to be repaired/replaced, the fee shall be charged to you at cost price plus a 10% admin fee
- 7 Any items stated in the quotation that is not done, will not be charged
- 8 The above quotation is subjected to 7% GST

E. & O.E

Validity: 30 days from the date of issue of this quotation.

Prepared By: [Signature]

Name: Liling
Designation: Marketing Specialist
Date: 26/7/2021

Accepted by: _____

Name: Steve (LKK)
Designation: _____
Date: 2/8/21, 10:00 am
Company Stamp: _____

will pay
P/P

By Before 14 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 Authorized 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	26/07/2021 11:25 (SGT)
Date of Accident	25/07/2021 16:09 (SGT)
Exact Location of Accident	Near 1 Upper Bukit Timah Rd, Singapore 588179
Additional Location Information	PIE TOWARDS TUAS (NEAR L/P 1211)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD3184C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAMWOH CORPORATION PTE LTD
Company Reg No	1XXXXX202Z
Email Address	donald.go@samwoh.com.sg
Mobile Phone No	(Phone) +65-62697288
Alternative Phone No	(Office) +65-62697288

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV51JJD4RDEA
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	Commercial vehicle
Transmission	Manual
CC	12882

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	B 300372773 MKC
Cover Note Number	-

DRIVER

Name of Driver	KAYAMBU KARUPPUSAMY
Passport No/FIN	GXXXX769X

Date Of Birth 16/12/1988
 Occupation Outdoor
 Date Of Driving Pass 21/11/2016
 Driving experience 4 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98972291
 Alt. Phone Number -
 Email Address donald.go@samwoh.com.sg
 Address C/O 25E SUNGEI KADUT STREET 1
 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? No
 Was any injured conveyed to hospital by ambulance? -
 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 STATEMENT.

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 YN2055J
 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)

SKETCH PLAN

SKETCH PLAN

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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 to 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 be 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 purposes 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 was 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 be 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 use or more of the above Purposes.

Policyholder's Signature / Date & Time
26/7/2021

Driver's Signature (If driver is not the policyholder) / Date & Time
26/7/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

1N2055J		1D4184C		1Y7321B	
1	2	3	4	5	6
①	B	B	A		⑥
②					⑦
③					⑧
④					⑨
⑤					⑩

ON 25 JULY 2021 AT ABOUT 16:09HRS, I WAS DRIVING ALONG PIE (NEAR L/P 1211) TO TUAS. AT THAT MOMENT, I WAS FOLLOWING ANOTHER LORRY YP3811B. UPON REACHING NEAR L/P 1211, WE SLOW DOWN AND I BRING DOWN THE TMA (ATTACHED REAR PORTION OF MY TRUCK). SUDDENLY, VEHICLE B (YN20551) HIT ONTO THE REAR OF MY TRUCK. AS A RESULT, THE TMA WAS DAMAGE AND ITS ACCESSORIES. THE FRONT PORTION OF VEHICLE B WAS ALSO DAMAGE. WE EXCHANGE OUR DRIVER'S PARTICULARS AND CONTINUE OUR JOURNEY.

We declare the foregoing particulars are true in every respect:

Witnessed by Reporting Centre
Personnel



SAMWOH

三和私人有限公司
SAMWOH CORPORATION PTE. LTD.

25E Sungei Kadut Street 1 Singapore 729333

Tel: +65 6269 7288 Fax: +65 6368 2886

Email: info@samwoh.com.sg Website: www.samwoh.com

GST Reg No.: M2-0071280-3 • Co. Reg No.: 198502202Z

TRAILER DELIVERY NOTE

Trailer D/N: 183062

M/s 0301

Date: 25/07/21

Transportation of: Emergency Turn Out.
Location: Dismantle TMA Tail gate /
To: Transport to 42 A.

QTY / HRS / TRP	Rate	Total
25 ton		7
ERP		
Other Charges		
Total		25 ton

Time from 1700 hrs. to 2100 hrs.

[Signature]
SM 20864
Driver's Signature

Note: Please see terms & conditions on the reverse side

Vehicle No. XE 2285X
Trailer No. SM 20833
[Signature]
Customer's Signature and Stamp

TMA
* Carry up from the scene