

File No. BY: Steve

File: CS/CT121008204/Eqc

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. SNM21D204284/C02

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
	X

Bal. or Market Value:

IDAC Accident Report: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs. 3 days Res.: Yes or No

Lum Sum: % 3-Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: GR65746M Yr Rogn: 30/8/17

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

Truck / Trailer or

Make: Suzuki Every c.c. 658

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 75615 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: DA17V820391

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 29/7/21

D.O.A. 2/11/21

Survey held at

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

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

Date / Time

Action / Instruction

MV-34K

08/11/21 @ 5.03pm revised to Pauline Tham via Merimen.

Steve finalised LS \$1400, 3 days. (Red \$2553, 65%)

Date/Time File Pass to?

☐ : Provl. Report

27/03 Typist

☐ : Final Report

Date/Time File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$1

Finals

Other

Total

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

☐ : Wash and (\$

Request Form 14:

MER-TP

1400

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

VEHICLE NO : GBG5746M

MAKE & MODEL : SUZUKI EVERY JOIN TURBO 660 AUTO

CHASSIS NO : DA17V820391

DATE : 02/08/2021

CLAIM TYPE : TP CLAIM

D.O.A : 29/07/2021

TO : China Taiping Insurance (Singapore) Pte. Ltd.

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT LIST PRICE	TOTAL LIST PRICE
1	1	TAILGATE		\$ 1,500.00	\$ 1,500.00
2	1	TAILGATE STICKER EVERY		\$ 70.00	\$ 70.00
3	2	TAILGATE HINGE		\$ 70.00	\$ 140.00
4	1	TAILGATE EMBLEM		\$ 70.00	\$ 70.00
5	1	0			\$ -
6	1	0			\$ -
				\$ 1,710.00	\$ 1,780.00

TOTAL PRICE \$ 1,780.00

LESS 15% \$ 267.00

SUB TOTAL PRICE \$ 1,513.00

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NETT	TOTAL S/NETT
1	1	70KM/H STICKER		\$ 30.00	\$ 30.00
2	1	SEALANT		\$ 80.00	\$ 80.00
3	1	PAN PACIFIC PLATE		\$ 80.00	\$ 80.00
4					\$ -
5					\$ -

TOTAL S/NETT \$ 190.00

Labour Charges

1	To panel beat on RH rear portion and to replace rear damaged parts	\$ 1,000.00	200
2	To apply anti rust coat and Tuff Kote repaired areas.	\$ 150.00	30
3	To check and rectify lighting & wiring.	\$ 50.00	30
4	To putty, spray painting Rear Portions & other affected areas.	\$ 800.00	400
5	To transfer tailgate components to new tailgate.	\$ 100.00	30
6	To remove & refit rear windscreen glass.	\$ 150.00	120
7			
8			

TOTAL LABOUR \$ 2,250.00

Total Cost of Repairs

(Total parts + Total S/Nett + Total Labour Cost)

\$ 3,953.00

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:

Steve (LKK)
2/11/21, 5:09pm

ML NL
3 days
L/S
My AL My

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 30/07/2021 10:56 (SGT)
Date of Accident 29/07/2021 18:00 (SGT)
Exact Location of Accident Middle Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG5746M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Company Reg No 2XXXXX635R
Email Address ppemclaims@gmail.com
Mobile Phone No (Phone) +65-88690575
Alternative Phone No (Office) +65-62840827

VEHICLE PARTICULARS

Manufacturer Suzuki
Model EVERY JOIN TURBO 660 AUTO
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 Auto
CC 658

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D19MFL0005549_01
Cover Note Number -

DRIVER

Name of Driver MA JIANYU
NRIC No SXXXX092Z

Date Of Birth 05/10/1995
 Occupation Outdoor
 Date Of Driving Pass 05/02/2021
 Driving experience 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-88690575
 Alt. Phone Number -
 Email Address ppemclaims@gmail.com
 Address BLK 270B PUNGGOL FIELD #05-227
 Address complement -
 Postcode 822270
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 Side Swipe
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN
 Gender Female

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

ON 290721 AT AROUND 1800HRS, I WAS DRIVING MY VEHICLE A GBG5746M ALONG MIDDLE ROAD STATIONARY AT THE JUNCTION WITH PRINSEP STREET. I WAS WAITING AS THE TRAFFIC LIGHT WAS RED IN MY DIRECTION. SUDDENLY VEHICLE B YQ3729B TRIED TO SQUEEZE INTO THE RIGHT LANE BEHIND ME BUT WAS UNABLE TO. HE HIT MY REAR RIGHT BOOT DOOR AREA. THERE WAS DAMAGES AT THAT AREA. THERE WAS NO INJURIES

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 YQ3729B
 Vehicle Manufacturer Mitsubishi
 Vehicle Model -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
NRIC No	MOHAMED KAMARUDIN BIN HUSSAIN ALI
Contact Number	SXXXX989Z
Address	(Phone) +65-86228945
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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

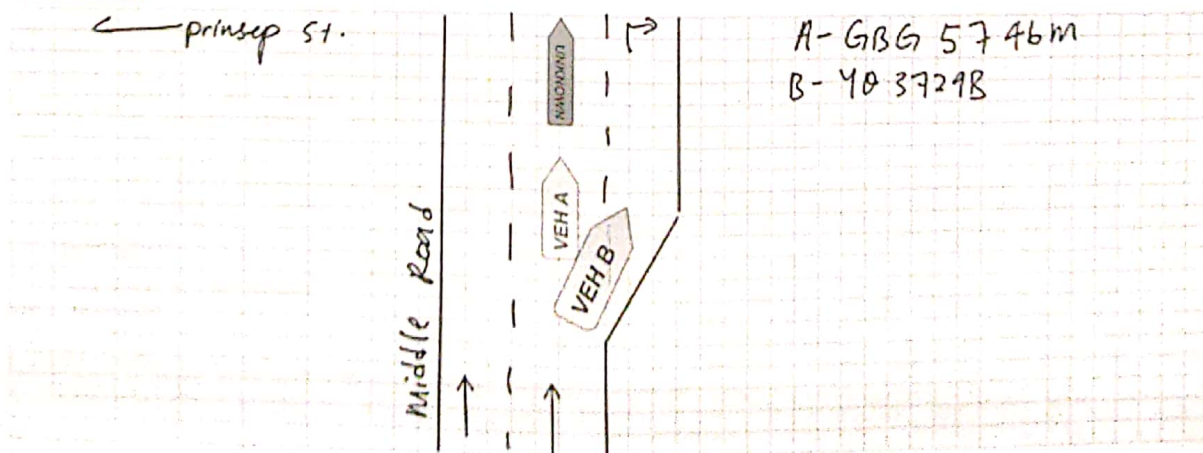
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 27/7/21 1955

Witnessed by Reporting Centre Personnel KHAIRUL

Sketch Plan

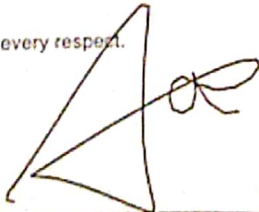


Describe Circumstances of the Accident

ON 290721 AT AROUD 1800HRS, I WAS DRIVING MY VEHICLE A GBG5746M ALONG MIDDLE ROAD STATIONARY AT THE JUNCTION WITH PRINSEP STREET. I WAS WAITING AS THE TRAFFIC LIGHT WAS RED IN MY DIRECTION. SUDDENLY VEHICLE B YQ3729B TRIED TO SQUEEZE INTO THE RIGHT LANE BEHIND ME BUT WAS UNABLE TO. HE HIT MY REAR RIGHT BOOT DOOR AREA. THERE WAS DAMAGES AT THAT AREA. THERE WAS NO INJURIES

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 29/7/21 1955



Witnessed by Reporting Centre Personnel KHAIKUL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

635R

GBG5746M

No

02 Aug 2021

SUZUKI

EVERY JOIN TURBO 660 AUTO

Black

2017

R06A2122947

DA17V820391

-

\$15,718.00

30 Aug 2017

30 Aug 2017

2

\$786.00

No

-

\$0.00

29 Aug 2027

C - Goods Vehicle & Bus

10

\$42,004.00

\$25,507.00

\$25,507.00

The information contained herein is correct as at 02 Aug 2021

OK