ASS. REC. BY: Steve | REPT: CS/CTH 21098517/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. SNM21D204433/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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: YP 7486 E Yr Regn: 25/12/17

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

Make: Mitsubishi Canter c.c 2998

Colour: White A/C: Insured / Std / Nil / N

Sp.Reading: 226986 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: FEB21EA31591

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/85R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

	Front		Rear	
R/Bal.	4	mm	4	mm
L/Bal.	4	mm	4	mm
D.O.A.	10/8/21	D.O.I.	16/8/21	

Survey held at Conned 3

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
	MVC CLK
17/08/21@2.45pm	revised to Alfred Toh via Merimen.
	Steve finalised LS $1650, 4 days (Red $6390.25, 79%)

Date/Time, File Pass to?: [ ]: Prell. Report

22/10 Typist [ ]: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

$ + RS, SI

Photos

Others

TOTAL

Add Fee: [ ]: Site Insp ($)

[ ]: Interview ($)

[ ]: Tech. Inve ($)

[ ]: Weekend ($)

Report Format: MER-TP

Lump Sum ~~LLL...~~ 1650

C O N N E C T 3
566 Woodlands Road (Mandai Estate) Singapore 728697
Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com
R o c : 5 3 3 6 0 0 6 1 L
G S T : 5 3 3 6 0 0 6 1 L

Steve (CKK)
16/8/21, 12.99 pm
MC AL
4 days
L/S
MC AL sg

QT21/YP7486E/TPC

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Rd #15-02
Springleaf Tower
Singapore 079909

QUOTATION

Dear Sir,
Cost of Repair to Vehicle YP7486E
With reference to the above-mentioned, we are pleased to quote as follows:-

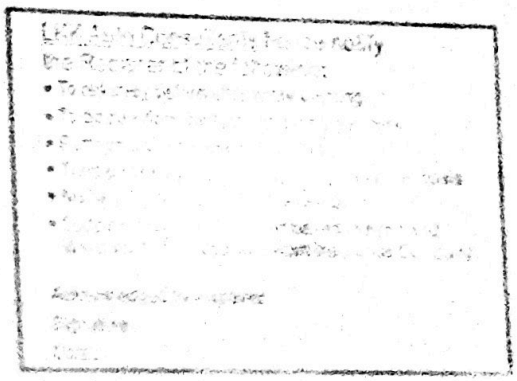
No.	DESCRIPTION	QTY	U/PRICE (S$)	AMOUNT (S$)
1.	Taillamp LH / BR	1	839.65	839.65
2.	Taillamp holder / BT	1	75.00	75.00
3.	Tailgate X	1	2,998.44	2,998.44
4.	Tailgate hinges X	4	95.00	380.00
5.	Tailgate lock handle X	2	355.08	710.16
6.	Tailgate corner bracket stopper X	1	22.00	22.00
7.	Rear number plate SN / BT	1	40.00	40.00
8.	Tailgate inner board SN X	1	200.00	200.00
9.	Rear center step / BT	1	150.00	150.00
10.	Rear bumper with guard and bracket / BT	1	650.00	650.00
11.	Labour charges	1	609 1,500.00	1,500.00
12.	Check wiring	1	30.00	30.00 /
13.	Spray painting	1	400.00	400.00 /
			SUB-TOTAL	**S$7,995.25**

- Price exclude 7%gst

60 Km - sticker - $15.00 / N/C
Fuso sticker - $15.00 / N/C
22 pax sticker - $15.00 / N/C

Yours faithfully,

Winnie Chan
HP. 9850-9666



Your NCD will be affected due to late reporting

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.

Date of Submission	12/08/2021 14:11 (SGT)
Date of Accident	10/08/2021 21:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS CRESCENT TOWARDS TUAS AVENUE 4
Country/State of Loss	Singapore

Vehicle Registration Number	YP7486E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JUNIOR BUILDER & CONTRACTORS PTE LTD
-	2XXXXX238N
Email Address	JUNIORBUILDERS@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91349663
Alternative Phone No	(Home) +65-91349663

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEB21ER4SDEB
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	Manual
CC	2998

INSURANCE COMPANY

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

DRIVER

Name of Driver	MURUGESAN VIGNESH
Passport No/FIN	GXXXX097L

; Of Birth	03/03/1995
cupation	Outdoor
ate Of Driving Pass	22/03/2018
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65 86225845
Alt. Phone Number	-
Email Address	JUNIORBUILDERS@YAHOO.COM.SG
Address	808 FRENCH ROAD #03-16 KITCHENER COMPLEX S 200808
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)	19
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER 1
Gender	Male

PASSENGER 2

Name	PASSENGER 2
Gender	Male

PASSENGER 3

Name	PASSENGER 3
Gender	Male

PASSENGER 4

Name	PASSENGER 4
Gender	Male

PASSENGER 5

Name	PASSENGER 5
Gender	Male

PASSENGER 6

Name	PASSENGER 6
Gender	Male

PASSENGER 7

Name	PASSENGER 7
Gender	Male

DETAILS OF POLICE ACTION

, the accident reported to the police?	No
as notice of intended Prosecution given?	No
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

[redacted]

Vehicle Registration Number	SMN9919M
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

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 lodgment 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.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

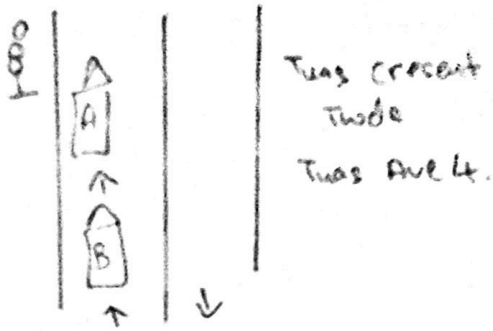
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SKETCH PLAN NO

A - YP 7496E

B - SMN9919M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/8/2021 around 21:45hrs I was driving my company vehi YP 7496E along Tuas Crescent Tuas Ave 4. I was waiting for the traffic to light to turn green, Suddenly vehi B SMN9919M collided on to my vehi rear portion.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: