

ASS. REQ. BY:

Steve

REF

CS/CT 21008517/E9C

ASSIGNMENT

From:

Date:

Veh No:

VP 7486E

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 / NI / N

Sp. Reading

22686

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

FEB 21 E.A. 21591

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

Mod: 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

R/Bal:

4

mm

U/Bal:

4

mm

U/Bal:

4

mm

D.O.A.

10/8/21

D.O.A.

10/8/21

Survey held at

Cannet 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

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

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.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Sent:

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

17/08/21@2.45pm revised to Alfred Toh via Merimen.

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: West end (\$

\$ + RS \$1

Private

Others

TOTAL

Date/Time, File Return to?

Date/Time, File Return to?

CONNECT 3

566 Woodlands Road (Mandai Estate) Singapore 728697

Tel: (65) 9850-9666 Email: Connect3winnet@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 (LKK)

16/8/21, 12.00

Mr AL

4 d/s

L/S

M AL sy

QT21/YP7486E/TPC

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 | 600 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 |

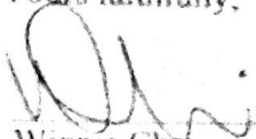
- Price exclude 7%gst

60 km - sticker - \$15.00 / AL

Fuso sticker - \$15.00 / AL

20 pax sticker - \$15.00 / AL

Yours faithfully,



Winnie Chan
HP: 9850-9666



1. I have read and understand the following:

- To deliver the following services:
- To perform the following tasks:
- To provide the following information:
- To provide the following support:
- To provide the following training:
- To provide the following resources:

Approved by: _____
Signature: _____
Date: _____

0L218C0003 / KAN FOOK SING MOTOR WORKSHOP (539147)
ENTRY DATE & TIME: 12/08/2021 14:11 (SGT)
SUBMITTED BY: Chau Chi Chen
VERSION: 1 (12/08/2021 14:11 (SGT))

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 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.

| | |
|---------------------------------|-------------------------------------|
| 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 |
| - | 2XXXXXX238N |
| 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 | GXXXXX097L |

Date of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

03/03/1995
Outdoor
22/03/2018
3 YEARS AND 5 MONTHS
Male
(Phone) +65-86225845
-
JUNIORBUILDERS@YAHOO.COM.SG
808 FRENCH ROAD #03-16 KITCHENER COMPLEX S 200908
-
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
No
-
Yes
19
No

PASSENGER 1

Name
Gender

PASSENGER 1
Male

PASSENGER 2

Name
Gender

PASSENGER 2
Male

PASSENGER 3

Name
Gender

PASSENGER 3
Male

PASSENGER 4

Name
Gender

PASSENGER 4
Male

PASSENGER 5

Name
Gender

PASSENGER 5
Male

PASSENGER 6

Name
Gender

PASSENGER 6
Male

PASSENGER 7

Name
Gender

PASSENGER 7
Male

DETAILS OF POLICE ACTION

the accident reported to the police?
as notice of intended Prosecution given?
yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

SMN9919M

-
-
-
-
Private car
-
-
-
-
-
-
-
-
-
-

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 willful misrepresentation or withholding of material facts may allow insurance companies to ~~revoke 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:

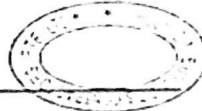
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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

M. Lim

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



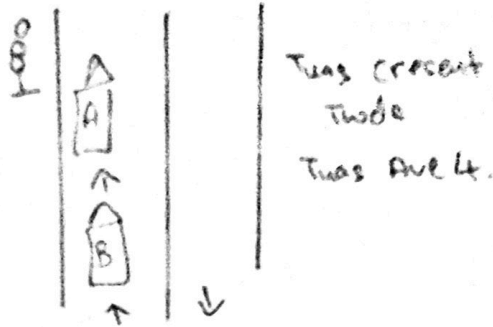
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN 402

SKETCH PLAN

A - YP7486E

B - SMN9919M




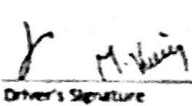
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 10/8/2021 around 21:45hrs I was driving my company veh. YP 7486E along Tuas Crescent Tuds Tuas Ave 4. I was waiting for the traffic to light to turn green. Suddenly veh. B SMN9919M collided onto my veh 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/TFM No.: