

ASS. REC. BY:

REF:

CC4/III 21028579/Tig 93.

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.

N/S	O/S

Bal. or Market Value:

\$64K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GX 466 4Z

Yr Regn:

2019, Jan.

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

Truck / Trailer or

Make:

Toyota Hilux

c.c

2982

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

68792

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFHT 02P100246504

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/195

R:

24

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

TOYO / YOKO or

CST

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

18/8/21/1145

Survey held at

EM-1

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

Frt N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L&M (F)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS \$

Photos

Others

TOTAL

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : **GX 4664Z**
Vehicle Model : **TOYOTA HIACE VAN**
Accident Date : **14.08.2021**
Original Reg Date : **02.01.2019**

Date : **17.08.2021**
Chassis : **JTFHT02P100246504**
TP Ins. **INDIA**

ESTIMATE

1	1 pc	Bonnet Badge		neg ✓	82.00
2	1 pc	Front Corner Panel LH		ddl ✓	264.00
3	1 pc	Front Corner Panel Side Rubber LH		X	46.00
4	1 pc	Headlamp LH		cut ✓	782.00
5	1 set	Headlamps Clips		net ✓	20.00
6	1 set	Headlamps Bottom Clips (Big)		net ✓	35.00
7	1 pc	Front Grille		cut ✓	497.80
8	1 set	Front Grille Clips		net ✓	30.00
9	1 pc	Front Bumper		ddl ✓	789.00
10	1 pc	Front Bumper Lower Grille		?	145.50
11	1 pc	Front Bumper Fog Lamp Cover LH		?	65.10
12	2 pcs	Front Bumper Side Retainers	RHX un 167.00	LH un ✓	334.00
13	1 set	Front Bumper Clips		net ✓ 30.	50.00
14	1 pc	Wiring Harness Cover Box LH		?	212.50
15	1 pc	Front Door LH		bt ✓	1,438.50
16	1 pc	Front Door Outer Moulding LH		X	109.50
17	2 pcs	Front Door Hinge LH	82.50	photo!	165.00
18	1 pc	Front Door Checker LH		photo ?	127.50
19	1 set	Front Door Inner Lock LH		X	489.60
20	1 pc	Front Door Weatherstrip LH		photo!	209.50
21	1 pc	Front Door Bottom Rubber LH		photo!	121.50
22	1 pc	Front Door Channel LH		photo!	152.30
23	1 pc	Front Door Seal LH		photo!	112.60
24	1 pc	Front Door Speaker LH		photo!	296.50

6,575.40

Less 25% 1,643.85

4,931.55

C/F 4,931.55

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle No : GX 4664Z

B/F

4,931.55

Special Nett

1	1 pc	Front Door Company Lettering		net - 30 45.00
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Labour charge

Panel Beating		800	1,000.00
Spray painting		800	1,200.00
Check Wiring		30.	40.00
Anti rust		30	80.00
Remove and install front door parts.		60.	90.00

7,386.55

Less 20% 1,477.31

Lump sum 5,909.24

Tanpin 97495749
'WP' 18/8/21 R 1175
L/S Resurvey after repair -
tanpin @ Iskandar Con
0.5 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:

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 800E

Vehicle Details

Vehicle No.: GX4664Z
Vehicle to be Exported: No
Intended Deregistration Date: 16 Aug 2021
Vehicle Make: TOYOTA
Vehicle Model: HIACE VAN TURBO 5DR MT
Primary Colour: Silver
Manufacturing Year: 2018
Engine No.: 1KD2832493
Chassis No.: JTFHT02P100246504
Maximum Power Output: -
Open Market Value: \$28,136.00
Original Registration Date: 02 Jan 2019
First Registration Date: 02 Jan 2019
Transfer Count: 0
Actual ARF Paid: \$1,407.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 01 Jan 2029
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$23,661.00
COE Rebate Amount: \$17,453.00
Total Rebate Amount: \$17,453.00

The information contained herein is correct as at 16 Aug 2021

OK

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	16/08/2021 14:54 (SGT)
Date of Accident	14/08/2021 11:05 (SGT)
Exact Location of Accident	Burn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4664Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Siah Lee Plumbing & Air-cond Services
Company Reg No	3XXXX800E
Email Address	siahleeong@yahoo.com.sg
Mobile Phone No	(Phone) +65-97886435
Alternative Phone No	+65-97886435

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900259203-01
Cover Note Number	-

DRIVER

Name of Driver	Ong Sin Chua
NRIC No	SXXXX447J

Date Of Birth	05/09/1961
Occupation	Outdoor
Date Of Driving Pass	10/08/1996
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-97886435
Alt. Phone Number	-
Email Address	siahleeong@yahoo.com.sg
Address	Blk 9 Pine Close #03-02
Address complement	-
Postcode	320009
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	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	Male

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

Please refer to sketch plan

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	GBH2264B
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**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 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;




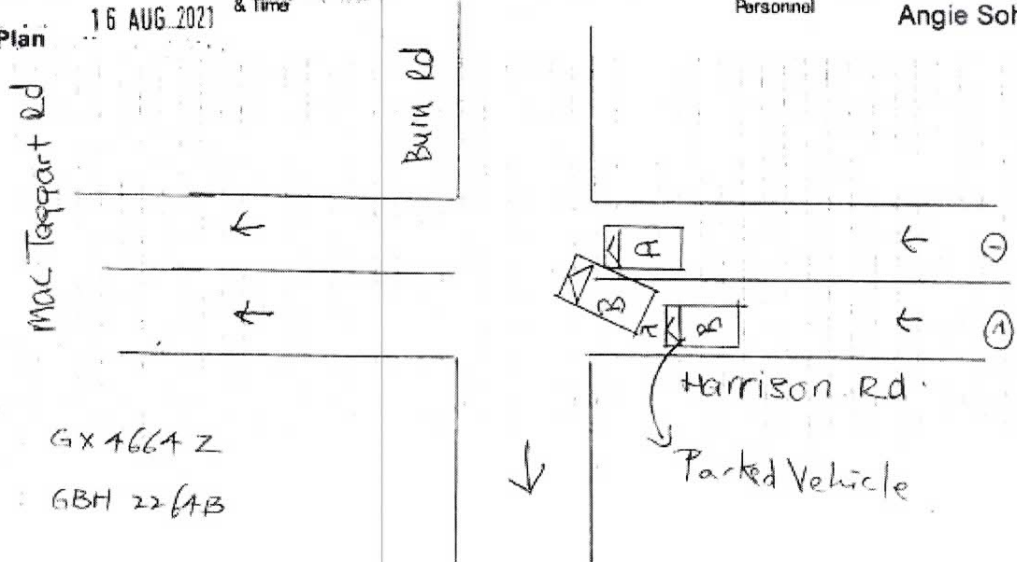
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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 16 AUG 2021	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel Angie Soh
Sketch Plan 		
Veh A : GX 4664 Z Veh B : GBH 2264B		



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665590200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

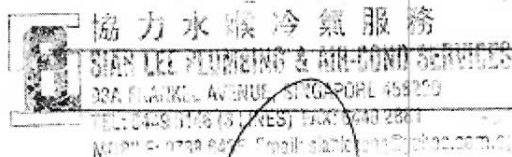
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SL03218G0005 Vehicle Registration No : GX4664Z
Name (as shown in NRIC) : Ong Sin Chua NRIC/FIN/Passport No : S1467447J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 9 Pine Close #03-02 Singapore (320009)
Contact (Tel) : _____ Mobile No. 97886435
Email Address : siakheong@yahoo.com.sg
Date of Accident : 14/8/2021 Time of Accident : 11:05
Place of Accident : Harrison Rd, Singapore
Insurance Company : AI G

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) Kindly amend the accident road name to Burn Rd
Instead of Harrison Rd.
- 2) As for Burn Rd, please amend to Harrison Rd.
- 3) Vehicle B parked at side road with Hazard light on.



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Angie Soh
NRIC/FIN No.:
Date: 17 AUG 2021