

ASS. REC. BY: TaufikhREF: CS/LPC21008796/T1983

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. 20/21/21/VC05/024859Sum Insured: _____ Excess: 3200

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: \$52K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 20 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Ms Heng Vehicle: IN / OUTDate / Time Action / Instruction Battery weak.Inform Ms Heng repair limit \$32K. She will check if can repair withinthe repair limit, no estimate yet.

25/08/21@8.48am revert to Gerald by email. (estimate not ready)

01/09/21@6.19pm. 2nd revert to Gerald. (repairer able to undertake COR not more than LS \$32K)

02/09/21@10.57am Gerald informed C/A not more than \$32K & ex:\$3200 by email.

02/09/21@11.30am Informed Ms Heng C/A not more than LS \$32K & ex:\$3200 by email.

Taufikh finalised LS \$18800, 20 days. (Red \$16441.75, 47%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 29/03 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format: ODLump Sum 18800Veh No: YP3257B Yr Regn: 246, JuneType: M.Car / M.Cycle / Bus / Van / Logry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mitsubishi Canter c.c. 2498Colour: white A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: FEB21FA20698Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/85 R15R: ~ (D)

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. _____ D.O.I. 23/8/21Survey held at Wan Meng Kut BtkDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Days Of Repair: 20Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

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	18/08/2021 13:28 (SGT)
Date of Accident	17/08/2021 14:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE/ PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3257B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Kwan Yong Construction Pte Ltd
Company Reg No	1XXXXX800E
Email Address	normah.ali@kwanyong.com.sg
Mobile Phone No	(Phone) +65-68982323
Alternative Phone No	+65-68982323

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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?	Yes
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	Z20VC05006467
Cover Note Number	-

DRIVER

Name of Driver	Chinnaiah Rajakumar
Passport No/FIN	GXXXX000Q

Date Of Birth	03/07/1995
Occupation	Outdoor
Date Of Driving Pass	17/10/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87319272
Alt. Phone Number	-
Email Address	normah.ali@kwanyong.com.sg
Address	11 Joo Koon Crescent
Address complement	-
Postcode	629022
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	3
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

On 17/08/2021, @ about 14:53 hrs, my vehicle was travelling along KJE/ PIE when suddenly, front vehicle braked, I immediately braked but could not stop in time, hence hitting into vehicle in front (unknown, tipper truck). I alighted my vehicle from the passenger's side window and went down to the road to signal for other drivers to switch lane. i could not take my breakdown signage which was at the back of my seat, hence I alighted my vehicle to direct traffic. Suddenly, vehicle C, XD7055R came along and hit into my vehicle's rear right side.

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

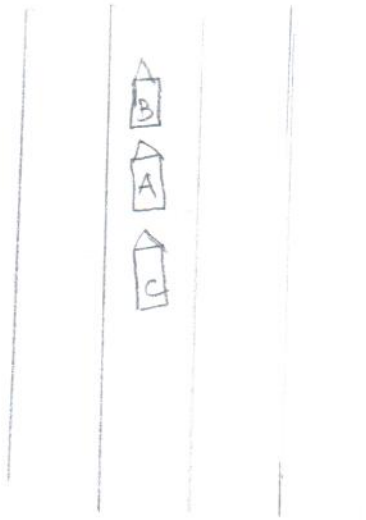
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD7055R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Jaganathan Alagiri
Passport No/FIN	FXXXX023X
Contact Number	(Phone) +65-82082637
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

A-YP3257B
B- UNKNOWN
C- XD7055R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/8/21, @ about 14:53 hrs, my vehicle was traveling along

KSE/PIE, when suddenly front vehicle braked, I immediately braked

but could not stop in time, hence hitting into vehicle in front (unknown, tipper truck)

I alighted my vehicle from the passenger's side window and went down

to the road to signal for other drivers to switch lane. I could not

take my breakdown signage which was at the back of my seat, hence

I alighted my vehicle to direct traffic. suddenly, vehicle C, XD7055R

came along and hit into my vehicle's rear right side.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Reporting Officer's Signature
Date & Time

C. Rajabany

Driver's Signature 13/8/21
(If driver is not the principal driver)
Date & Time

13/8/21

Reporting Centre Personnel's Signature
Name
NATIONAL