

ASS. REC. BY:

REF: CS/

MSG/ 2100 9515 / Ku f3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: GBJ 941H

at Workshop m/s EM

of

Insured: YP 3847Z

Policy No. 1001804139

Claims No. 262412

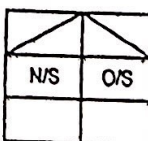
Sum Insured: Excess:

(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 Seen: Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

GBJ 941H

Yr Regn:

01, 19

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

Truck / Trailer or

Make:

Toyota

C.C.

2882

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

83971

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFH 702P 30 0246424

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: N/A S/Rim / STD A/Rim or

Tyre Size:

F: A Plus 195R 15X8

R: B.S

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

9/9/21

D.O.I.

10/9/2021

Survey held at

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

Rear wheel shatterd

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

Date / Time

Action / Instruction

Confirmed final fig L/S \$850, 1 repair day.

(RED \$1530.15; 64%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 21/9 TYPIST

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Fines

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: TP

Lump Sum / L/S (\$ \$850

E M SOLUTION PTE LTD

160 Sin Ming Drive #03-18/19, Sin Ming Autocity
Singapore 575722

Tel: 64560226 Fax: 64584500

GST Reg. No: 201016308K

Not Withheld
11/12/21

ESTIMATE

M/s: E Rental
160 Sin Ming Drive
#03-18 Sin Ming Autocity
Singapore 575722

Date : 10th Sept 2021

Veh No : GBJ 941H
Make/Model : Toyota Hiace
Chassis No : JTFHT02P300246424
Date of Acc : 09.09.21
TP Veh No : YP 3847Z

S/No	Qty	Description	Unit Price	Amount
Materials				
1	1 pc	Rear Windscreen	<i>Shatter</i> \$	1,340.00 ✓
2	1 pc	Rear Tailgate Wiper Motor	\$	980.10 X
3	1 pc	Rear Tailgate Wiper Arm	\$	178.90 X
4	1 pc	Rear Tailgate Wiper Blade	<i>cut / on</i> \$	61.20 ✓
				\$ 2,560.20
			Less 25%	\$ 640.05
				\$ 1,920.15
5		Windscreen Sealant (S/Nett)	\$	60.00 <i>4012</i>
			Parts Total:	\$ 1,980.15
Labour				
1		To remove & replace rear windscreen	\$	150.00 <i>1201</i>
2		To check & rearrange wiring.	\$	50.00 X
3		To remove, replace wiper components.	\$	200.00 <i>501</i>
			Labour Total:	\$ 400.00
			Total Parts & Labour:	\$ 2,380.15


E M Solution Pte Ltd

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:

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 claim relating to this accident 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	-
Date of Accident	09/09/2021 15:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	Towards Changi
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ941H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	E Rental
Company Reg No	5XXXX868W
Email Address	emautosolution@singnet.com.sg
Mobile Phone No	(Phone) +65-97863830
Alternative Phone No	+65-97863830

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	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V01241/VCZ/R03
Cover Note Number	-

DRIVER

Name of Driver	Rajendran Rajiv
Passport No/FIN	GXXXX994T

Accident report SL03219A0003

SKETCH PLAN

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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.

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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

Sketch Plan

10 SEP 2021

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

Witnessed by Reporting Centre
Personnel

Angie Soh

A) GBJ 941H
B) YP 3847Z
C) SLB 2884A

