

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:

(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 Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

including Tank.

23/9/21 4/5 @ 9200 confirmed with S.hui
(Red: 13252.20 : 5990)

Veh No:

XE-532K / Yr Regn: 14/11/19

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

Truck / Trailer or Tanker

Make:

Isuzu CYZ52R c.c. 1568/

Colour:

Green/Blue A/C: Insured / Std / NI / NA

Sp. Reading:

82670 T/Radio: Insured / Std / NI / NA

Eng/No:

JALCYZ52RK7000040

C/No:

JALCYZ52RK7000040

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 295/80 R22.5

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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, File Pass to?

1)

Date/Time, File Return to?

2)

☐

Preli. Report

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

9200/-

MAH LIAN MOTOR VEHICLE REPAIRER

No.38 Defu Lane 9 Singapore 539278
 TEL: 62823336 FAX: 62893336 Email: mahlian@singnet.com.sg
 GST:M90362564P RCB NO:201327339E

M/S: India International Insurance Pte Ltd
 64 Cecil Street #04/#05/#06-02,
 IOB Building Singapore 049711

TEL: 6347 6100

FAX: 62244174/ 62257743

ATTN: Motor Claim Department

Your Ref No: WEE GUAN CONST P L

Claim Type: Third Party

Accident Date: 14/09/2021

TP Veh Reg No: GBH7499H

Estimate No: ES1700901
 Date: 14 Sep 2021
 Policy No: 2020-V0110260-VCV-
 Veh Reg No: XE5324Y
 Make/Model: ISUZU CYZ52R
 Chassis No: JALCYZ52RK7000040
 Engine No: 6WG1439521
 Reg. Date: 14/11/2019

Estimate Repair Cost to Vehicle No :XE5324Y

Description	U/Price	Quantity	List Price S\$	Amount S\$
List Price				
1 Diesel Tank Bracket	576.00	1 PC	576.00	
2 Stainless Steel Diesel Tank	3,912.00	1 PC	3,912.00	
			4,488.00	
		Less 10%	448.80	4,039.20
Net Price				
3 Rear Bumper	1,800.00	1 PC	1,800.00	
4 Rear Bumper Bracket - RH/LH	890.00	2 PC	1,780.00	
5 Rear Center Tanker Aluminium Discharge	3,800.00	1 PC	3,800.00	
6 Rear RH Tanket Aluminium Discharge Plate	2,300.00	1 PC	2,300.00	
7 Tail Lamp - RH	120.00	1 PC	120.00	
8 Rear Tail Lamp Metal Frame	850.00	1 SET	850.00	
9 Rear Sideguard - RH (Diesel Tank)	1,100.00	1 SET	1,100.00	
10 Rear Spotlight - RH	98.00	1 PC	98.00	
11 Rear Number Plate	45.00	1 PC	45.00	
12 Rear Camera	480.00	1 PC	480.00	
			12,373.00	12,373.00
Labour				
13 Labour to dismantle & refix to renew stainless steel diesel tank beacket.	850.00	1 JOB	850.00	
14 Labour to cut ,dismantle ,weld & renew rear bumper & rear bracket	680.00	1 JOB	680.00	
15 Labour to cut & weld & renew tail lamp metal frame & rear sideguard.	680.00	1 JOB	680.00	
16 Labour to rewire & connect tail lamp & fog lamp & camera.	380.00	1 JOB	380.00	
17 To rust proofing on affected area.	650.00	1 JOB	650.00	
18 To spray painting on all affected area.	1,500.00	1 JOB	1,500.00	
19 Labour to renew & weld aluminium center & rear RH discharge.	1,300.00	1 JOB	1,300.00	
			6,040.00	6,040.00

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:

Not Attached
 run
 1/2 # 9200
 16/8/21
 Whistle. After repair
 4 days

MAH LIAN MOTOR VEHICLE REPAIRER

No.38 Defu Lane 9 Singapore 539278
 TEL: 62823336 FAX: 62893336 Email: mahlian@singnet.com.sg
 GST:M90362564P RCB NO:201327339E

M/S : India International Insurance Pte Ltd
 64 Cecil Street #04/#05/#06-02 ,
 IOB Building Singapore 049711

TEL: 6347 6100 FAX: 62244174/ 62257743
 ATTN: Motor Claim Department
 Your Ref No: WEE GUAN CONST P L
 Claim Type: Third Party
 Accident Date: 14/09/2021
 TP Veh Reg No: GBH7499H

Estimate No: ES1700901
Date: 14 Sep 2021
Policy No: 2020-V0110260-VCV-
Veh Reg No: XE5324Y
Make/Model: ISUZU CYZ52R
Chassis No: JALCYZ52RK7000040
Engine No: 6WG1439521
Reg. Date: 14/11/2019

Estimate Repair Cost to Vehicle No :XE5324Y

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
			Total	S\$ 22,452.20
			Add GST @ 7%	1,571.65
			Total Amount Payable	S\$ 24,023.85

TOTAL: SINGAPORE DOLLAR TWENTY FOUR THOUSAND TWENTY THREE AND CENTS EIGHTY FIVE ONLY

**For MAH LIAN MOTOR VEHICLE
 REPAIRER**

AUTHORISED SIGNATURE

P-3650
 10%
 P-3285
 S.N-6284
 L-1950
 11519
 2.1
 9715

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	720N

Vehicle Details

Vehicle No.:	XE5324Y
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Sep 2021
Vehicle Make:	ISUZU
Vehicle Model:	CYZ52R
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	6WG1439521
Chassis No.:	JALCYZ52RK7000040
Maximum Power Output:	-
Open Market Value:	\$123,978.00
Original Registration Date:	14 Nov 2019
First Registration Date:	14 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$6,199.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	13 Nov 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$26,001.00
COE Rebate Amount:	\$21,216.00
Total Rebate Amount:	\$21,216.00

The information contained herein is correct as at 16 Sep 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 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. 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	14/09/2021 14:17 (SGT)
Date of Accident	14/09/2021 06:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE (10KM) LAMP POST 548
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5324Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEE GUAN CONSTRUCTION PTE LTD
Company Reg No	199100720N
Email Address	alex.chia@weeguan.com.sg
Mobile Phone No	(Phone) +65-96868669
Alternative Phone No	+65-96868669

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	CYZ52R
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	15681

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	2020-V0110260-VCV-R001
Cover Note Number	14/11/2020 TO 13/11/2021

DRIVER

Name of Driver	KAMARAJ SATHEESH
Work Permit No	G6526180X



Date Of Birth	24/12/1987
Occupation	Outdoor
Date Of Driving Pass	24/03/2017
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98988355
Alt. Phone Number	-
Email Address	alex.chia@weeguan.com.sg
Address	45 KIAN TECK DRIVE SINGAPORE 628859
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	EMPLOYEE
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

REFER WITH 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7499H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	RANIZAM BIN RAZAN
NRIC No	S8003159I
Contact Number	(Phone) +65-85782636
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.
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5. Any false reporting may be referred to the Police for investigation.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Signature]

[Signature]



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

				<p>A: XE324Y</p> <p>B: 6847499H</p>
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Describe Circumstances of the Accident

I was travelling along SLE & I was driving straight one lane 3,
 suddenly I felt an big impact from behind, vehicle & was banged onto my vehicle
 rear right portion caused onto damaged. After I give him my supervisor phone
 number. he was admitted his wrong & he was feel a sleep then after that
 feel a the impact on him. I have his text message to prove he was admitted
~~being~~ wrongly. No one was injured.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

IMAGES



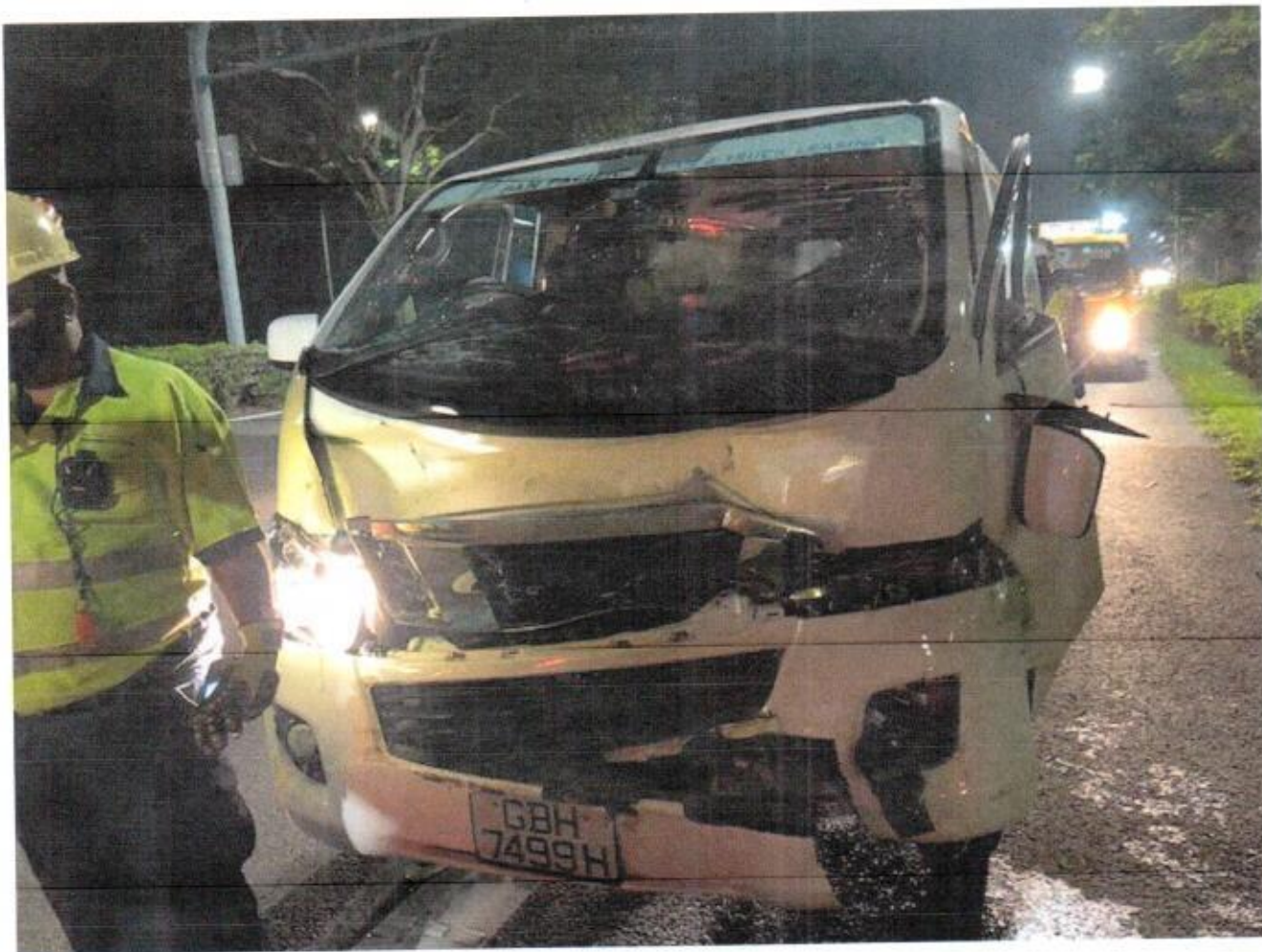






IMAGES #5



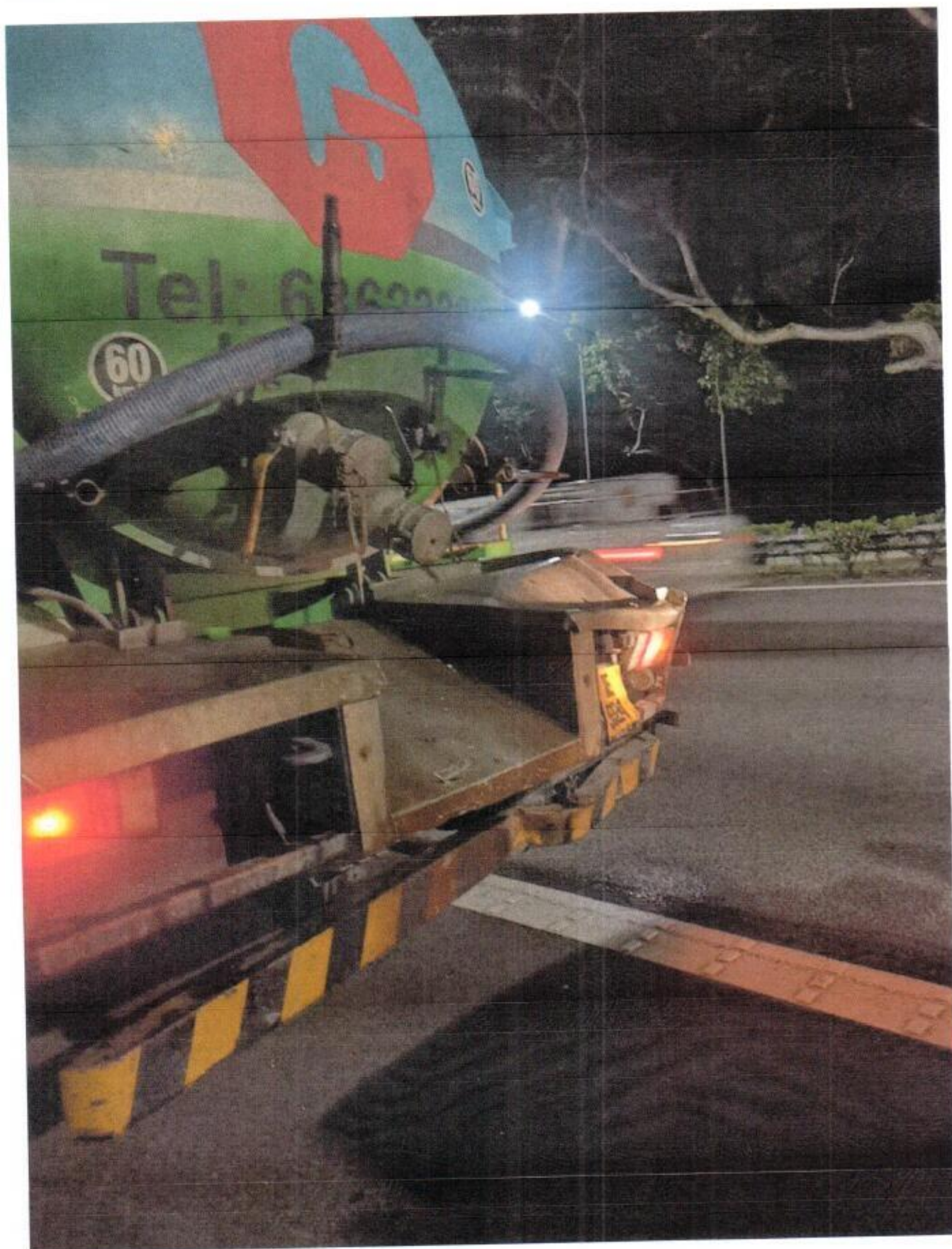




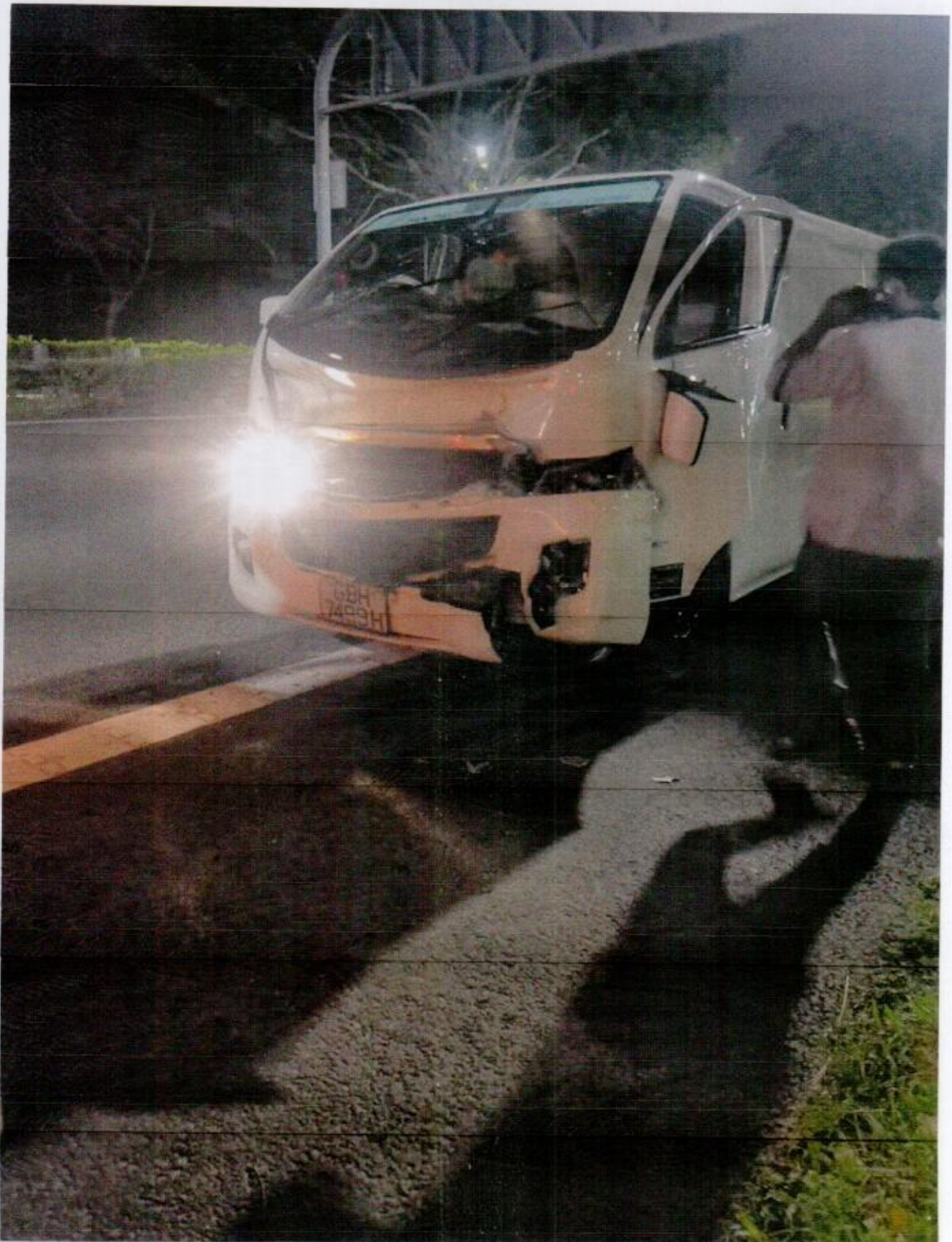


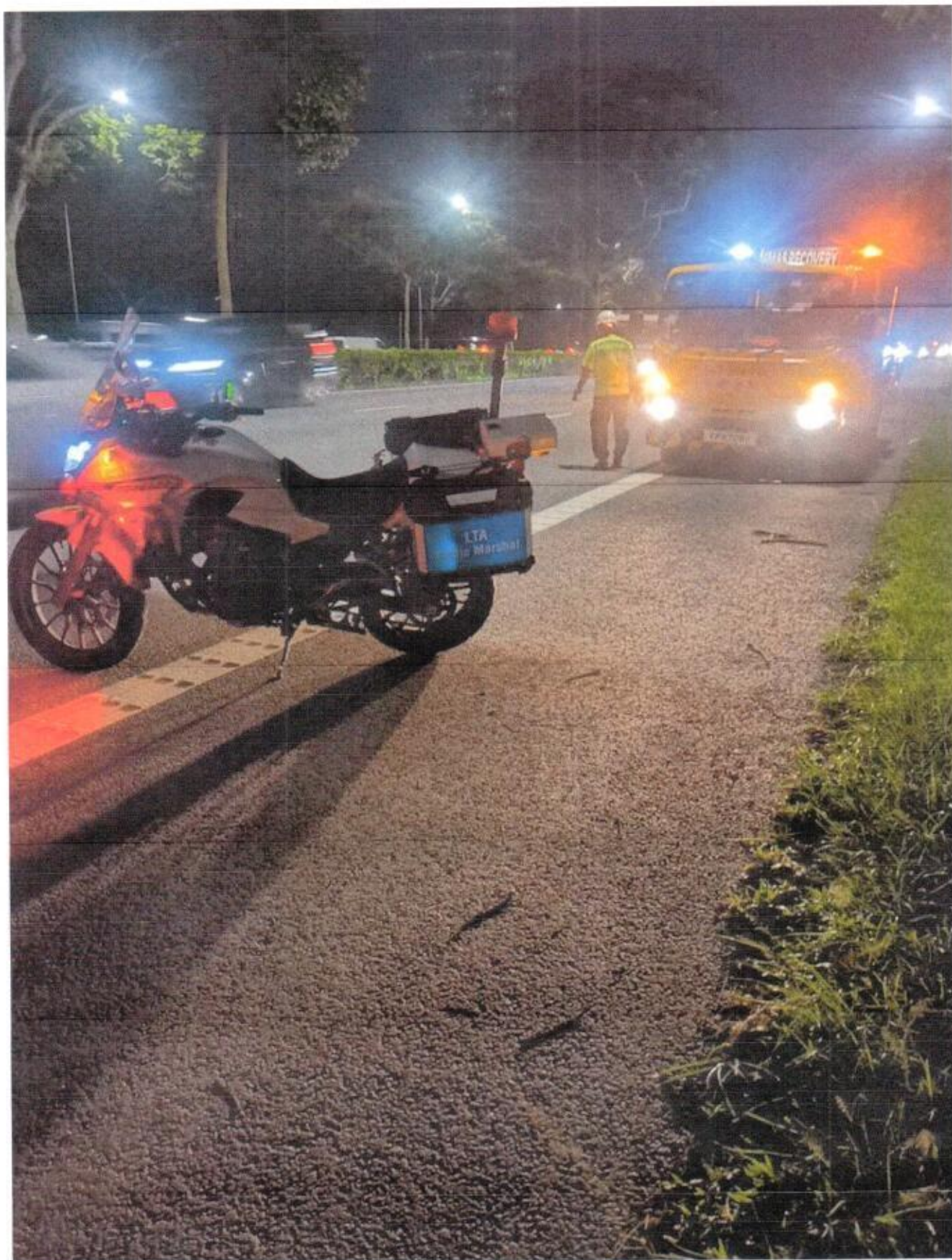
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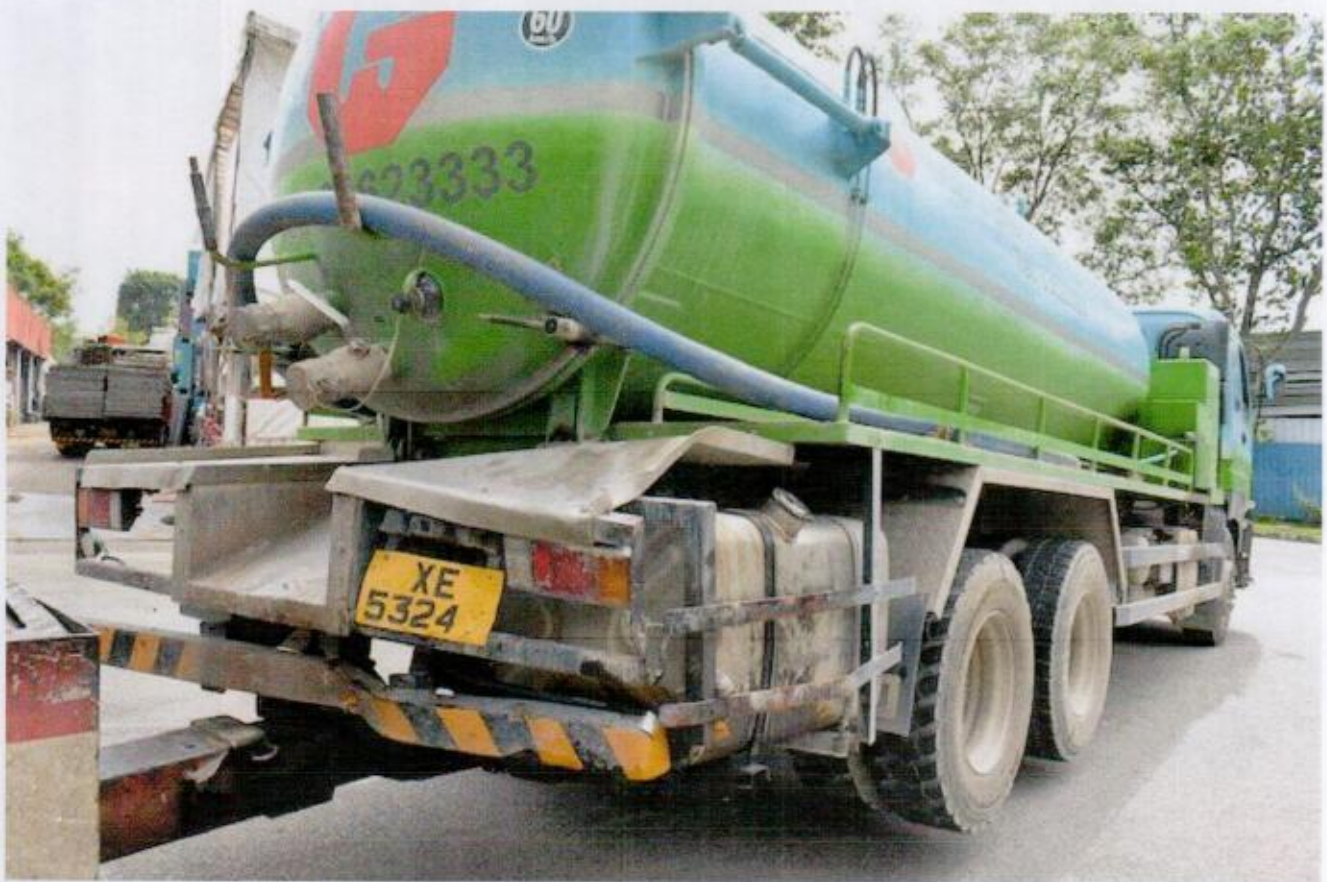




IMAGES #11









IMAGES #15





IMAGES #17





IMAGES #19





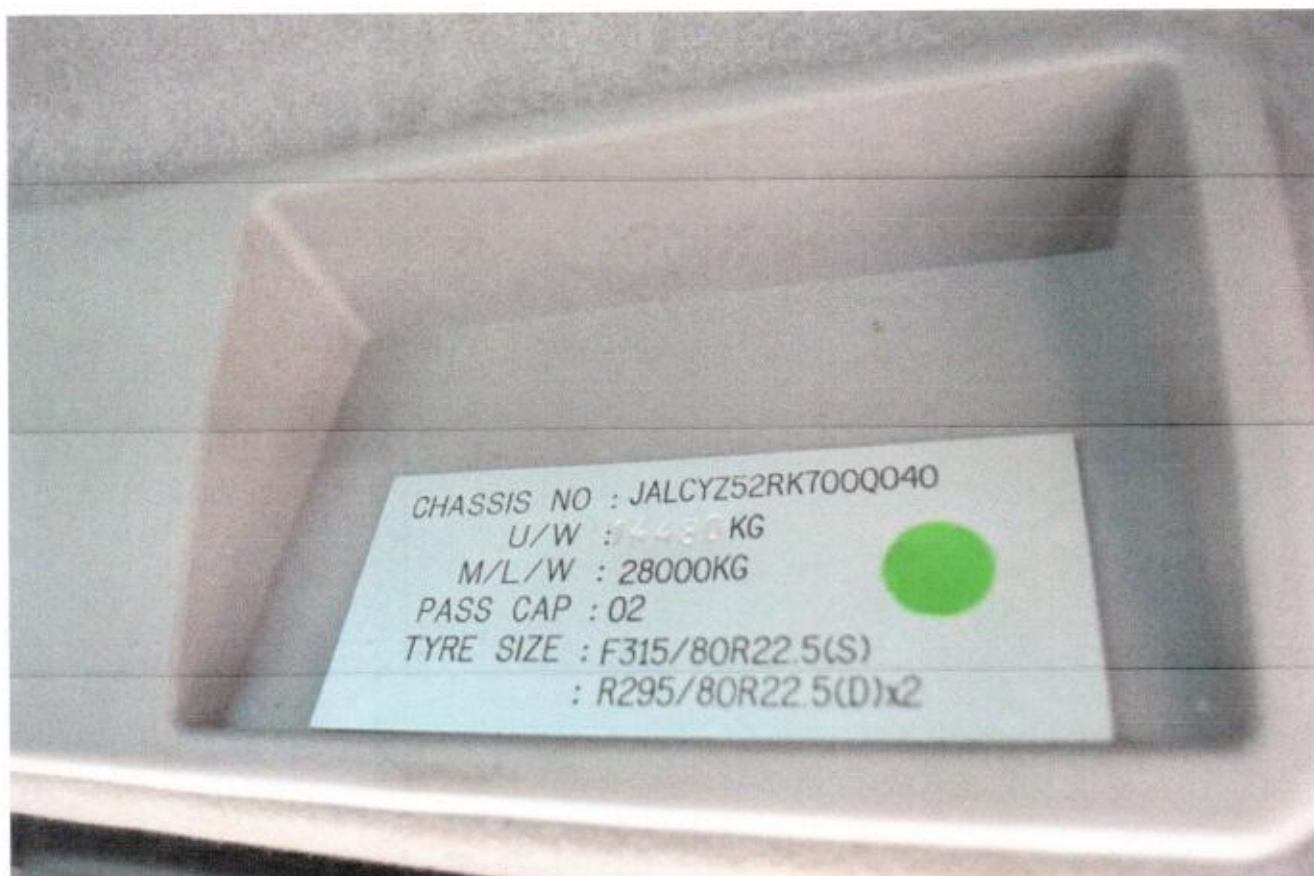
IMAGES #21





IMAGES #23









For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080

Certificate of Insurance



ORIGINAL

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation:
Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.188 of the Revised Edition) (Singapore)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 Edition (Singapore)
Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)
Road Transport Act 1987 (of Malaysia)
Road Transport (Amendment) Act 2019 (of Malaysia)

FORM H2300

Policy No. : 2020-V0110260-VCV-MS01
Policy Type : Commercial Vehicle

Risk# : 0001
Cover : Comprehensive

DESCRIPTION OF VEHICLES:

Vehicle Registration : XE5324Y
Vehicle Make & Model : ISUZU CY252R

Name of Insured : WEE GUAN CONSTRUCTION PTE LTD

Period of Insurance : 14-11-2020 (0000HRS) to 13-11-2021

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Policyholder's order or with their permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

LIMITATIONS AS TO USE

- (1) Use in Connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic and pleasure purposes.
- The policy does not cover :-
- (1) Use for racing, pace-making, reliability trial or speed-testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - (3) Use for the carriage of passengers for hire or reward.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Authorised Signature

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Alhwa Street, Chenn Leonn Building
Singapore 199896
www.tb.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6869

CPGICIS

14-10-2020

Great Eastern General Insurance Limited (Reg. No. 1030 00003M)
(A wholly-owned subsidiary of Great Eastern Holdings Limited)
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048660
Tel: +65 6248 2888 Fax: +65 6502 2214 - greateastgeneral.com