

A.S.S. REC. BY: Tau J. W. REF: CS/CT/21010453/T1VY3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
ODV/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.

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

Bal. or Market Value: 468K
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
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: GRK 4099H Yr Regn: 2020 July
Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Dyna c.c. 2982
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 68871 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTFAT 35410K 21518
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modl: NM / S/Rim / STD A/Rim or
Tyre Size: F: 195/75R15
R: 155/R12
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 12/10/21
Survey held at WP 14 to
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? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) _____
Report Format: _____
Lump Sum / L&A: (F) _____

Days Of Repair: _____
Resurvey No. of Trip: _____
Survey Fee: _____
Transportation: _____
Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS (\$ _____)
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech. Invs (\$ _____) ☐ : Others
☐ : Weekend (\$ _____)
TOTAL

Estimation

Date
Vehicle
Make/Model
Chassis No.

GBK 4099 H
TOYOTA DYNA
JTFAT35Y10K215118

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	FRONT WIPER PANEL <i>bt</i>	1	\$	-
2	FRONT CENTER PANEL <i>bt</i>	1	\$	-
3	FRONT CENTER PANEL EMBLEM - DYNA <i>ali</i>	1	\$	-
4	FRONT SIDE PANEL LH <i>mis</i>	1	\$	-
5	FRONT SIDE PANEL INNER PANEL LH	1	\$	-
6	FRONT SIDE MIRROR ASSY LH <i>bro</i>	1	\$	-
7	FRONT GRILLE <i>cur</i>	1	\$	-
8	FRONT GRILLE LOGO - TOYOTA <i>ng</i>	1	\$	-
9	HEADLAMP LH <i>cur</i>	1	\$	-
10	HEADLAMP BRACKET LH <i>cur</i>	1	\$	-
11	FRONT BUMPER <i>Rp</i>	1	\$	-
12	FRONT BUMPER FOG LAMP GARNISH LH <i>X</i>	1	\$	-
13	FRONT BUMPER BRACKET <i>X</i>	1	\$	-
14	FRONT DOOR LH <i>bt</i>	1	\$	-
15	FRONT DOOR STEP GARNISH LH	1	\$	-
16	FRONT DOOR STEP PANEL LH <i>X</i>	1	\$	-
17	FRONT DOOR WINDOW LH <i>cur</i>	1	\$	-
18	FRONT DOOR WINDOW MOULDING LH <i>cur</i>	1	\$	-
19	FRONT DOOR INNER WINDOW MOULDING LH <i>X</i>	1	\$	-
20	FRONT DOOR LOCK LH <i>?</i>	1	\$	-
21	FRONT DOOR LOCK CATCH LH <i>X</i>	1	\$	-
22	FRONT DOOR INNER BOARD LH <i>?</i>	1	\$	-
23	FRONT DOOR POWER WINDOW MOTOR LH <i>X</i>	1	\$	-
24	FRONT DOOR WINDOW REGULATOR LH <i>?</i>	1	\$	-
25	FRONT DOOR CHECKER LH <i>X</i>	1	\$	-
26	FRONT DOOR HINGE LH <i>bt</i>	2	\$	-
27	FRONT DOOR WEATHERSTRIP LH <i>cur</i>	1	\$	-
28	FRONT DOOR INNER WEATHERSTRIP LH <i>ng</i>	1	\$	-
29	FRONT COWLING LH <i>X</i>	1	\$	-
30	A PILLAR LH <i>Rp</i>	1	\$	-
31	FRONT DOOR PILLAR LH <i>Rp</i>	1	\$	-
32	FRONT ABSORBER LH <i>X</i>	1	\$	-
33	FRONT LOWER ARM LH <i>X</i>	1	\$	-
34	FRONT KNUCKLE LH <i>X</i>	1	\$	-
35	FRONT KNUCKLE BEARING LH <i>X</i>	1	\$	-
36	FRONT BEARING HUB <i>X</i>	1	\$	-
37	FRONT RIM LH <i>X</i>	1	\$	-

				Total	\$	-
				Less 25%	\$	-
				Total	\$	-

	S/Nett Items					
1	FRONT SIDE PANEL CLIPS	1	50	\$	20.	50.00
2	FRONT CENTER PANEL SEALANT	1	120	\$	40	120.00
3	FRONT CENTER PANEL STICKER	1	500	\$	2180	500.00
4	FRONT NUMBER PLATE	1	80	\$	X	80.00
5	FRONT DOOR STICKER - COMPANY REG LH	1	300	\$	net 30	300.00
6	FRONT DOOR STICKER - COMPANY LOGO LH	1	800	\$	net 300	800.00
7	FRONT DOOR STICKER - COMPANY NAME LH	1	700	\$	5	700.00
8	FRONT DOOR INNER BOARD CLIPS	1	100	\$	30 net	100.00
9	FRONT TYRE LH	1	500	\$	X	500.00
			Total	\$		1,050.00

	LABOUR					
1	PANEL BEATING ON AFFECTED AREAS	1	2200	\$	850/1000	2,200.00
2	SPRAY PAINT ON AFFECTED AREAS	1	1600	\$	950/1000	1,600.00
3	TO CHECK WIRING AND HEADLAMP FOCUS	1	150	\$	30.	150.00
4	TO RNR FRONT SIDE MIRROR	1	300	\$	60.	300.00
5	TO RNR FRONT DOOR MECHANISM	1	800	\$	60.	800.00
6	TO CHECK WHEEL ALIGNMENT AND ADJUST	1	250	\$	X	250.00
7	TO RNR UNDERCARRIAGE	1	250	\$	X	250.00
8	TO CHECK WHEEL BALANCING	1	250	\$	X	250.00
9	TO PERFORM RUST PROOFING	1	300	\$	40.	300.00
10	TO VACUUM AND CLEAN GLASSES	1	300	\$	60.	300.00
			Total	\$		6,400.00

Parts Replacement Amount	\$	1,050.00
Total Amount For Labour	\$	6,400.00
Total Amount	\$	7,450.00

Tanphm 92495249
 WP' 12/10/21 @ 4pm
 L/s Resurvey after repair
 tanphm@lkhantawm
 07 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:

Company

Owner ID:

547D

Vehicle Details

Vehicle No.:

GBK4099H

Vehicle to be Exported:

No

Intended Deregistration Date:

06 Nov 2021

Vehicle Make:

TOYOTA

Vehicle Model:

DYNA 150 5MT

Primary Colour:

Silver

Manufacturing Year:

2020

Engine No.:

1KDB036786

Chassis No.:

JTFAT35Y10K215118

Maximum Power Output:

-

Open Market Value:

\$29,349.00

Original Registration Date:

15 Jul 2020

First Registration Date:

15 Jul 2020

Transfer Count:

0

Actual ARF Paid:

\$1,468.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

14 Jul 2030

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$20,024.00

COE Rebate Amount:

\$17,397.00

Total Rebate Amount:

\$17,397.00

The information contained herein is correct as at 07 Oct 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	08/10/2021 12:37 (SGT)
Date of Accident	07/10/2021 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF WOODLANDS AVE 9 & GAMBAS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4099H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CM METAL PTE LTD
Company Reg No	2XXXXX547D
Email Address	limgn@cmmetal.com.sg
Mobile Phone No	(Phone) +65-62646889
Alternative Phone No	+65-62646889

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00079852100
Cover Note Number	-

DRIVER

Name of Driver	RAMAN SUBRAMANIAN
Passport No/FIN	GXXXX796U

Date Of Birth	10/01/1989
Occupation	Outdoor
Date Of Driving Pass	02/11/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90825682
Alt. Phone Number	-
Email Address	limgn@cmmetal.com.sg
Address	23 WOODLANDS SECTOR 1
Address complement	BLK 23 #02-57
Postcode	738250
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	12
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SEKAR SANKAR
Gender	Male

PASSENGER 2

Name	RATHW ASAMY ILAYA YARAJA
Gender	Male

PASSENGER 3

Name	RAHMAN SHAHANUR
Gender	Male

PASSENGER 4

Name	FARHAD
Gender	Male

PASSENGER 5

Name	MONDAL DHANANJAY
Gender	Male

PASSENGER 6

Name	NEELAKANDAN VETRIVEL
Gender	Male

PASSENGER 7

Name	SILUVALSAMY JOSEPH ARULSAMY
Gender	Male

PASSENGER 8

Name	DAS KIRISHNA CHANDRA
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Gender	Male
PASSENGER 9	
Name	CHIT ZAW TUD
Gender	Male
PASSENGER 10	
Name	RAKKAMUTHU MURUGESAN
Gender	Male
PASSENGER 11	
Name	MAMUN MOHAMMED
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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBJ8048J
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)	-

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person	RAHMAN SHAHANUR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4099H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

FARHAD
Male
-
-
-
-
-
SLIGHT
GBK4099H
-
No

INJURED 3

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

MONDAL DHANANJAY
Male
-
-
-
-
-
SLIGHT
GBK4099H
-
No

INJURED 4

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

NEELAKANDAN VETRIVEL
Male
-
-
-
-
-
SLIGHT
GBK4099H
-
No

INJURED 5

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SILUVALSAMY JOSEPH ARULSAMY
Male
-
-
-
-
-
SLIGHT
GBK4099H
-
No

INJURED 6

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

DAS KIRISHNA CHANDRA
Male
-
-
-
-
-
SLIGHT
GBK4099H
-
No

SKETCH PLAN

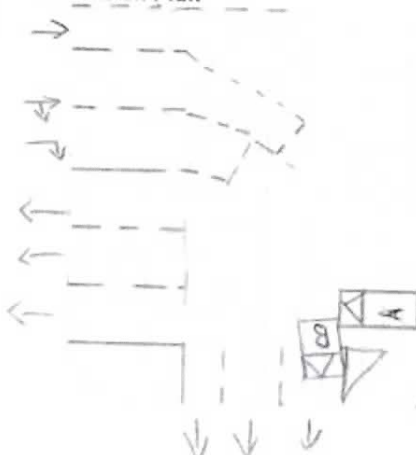
IMPORTANT NOTICE

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 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. 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

Sketch Plan



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

 JUNO OF WOODLANDS AVE 9
 1 GEMBERS AVE

Witnessed by Reporting Centre Personnel

 Vehicle A: 40k409H
 Vehicle B: 48J8098J

Describe Circumstances of the Accident

on the stated date and time I was travelling straight along the stated location suddenly vehicle B came from my right and turned into my path and collided into my vehicle front left portion with its vehicle rear left portion.

Declaration

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

Witnessed by Reporting Centre Personnel