

ASSIGNMENT

From:

Date:

Estimated Cost:

OR/TP/WS/TPRS/OD/RES/EVA/LIN/LMV

To inspect Vehicle Not

at Workshop m/s

at

Insured:

Policy No.

Claims No.

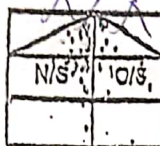
Sum Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs:

Sum Sum

QA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

YP4023C

Yr Regn:

6/9/16

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

Truck / Trailer or

Make:

Mitsubishi Canter

CB 2998

Colour:

White

A/O: Insured / St / NI / N

Sp. Reading

744647

T/Radio: Insured / St / NI / N

Eng/No:

On/No:

FEB 71E A247:79

Gen. Condi Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / 3/Rim / STD A/Rim or

Tyre Size:

215/75R17.5

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

TOYO/YOKO or

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

L/Bal:

4

mm

L/Bal:

4

mm

D.O.A.

15/10/21

D.O.I.

15/10/21

Survey held at

Connect 3

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Roof/Top or

The U/S / CHASSIS frame / Body Structure affected due to collision

Date / Time Action / Instruction

MY-53K

Finalize \$4550 (L/S, before GST). 5 days

RED: 2971.39%

Date/Time, File, Report



Procl. Report



Final Report

Date/Time, File Return

Days Of Repair:

5

Resurvey No. of Trips

Survey Fee:

Transportation

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Insp

(\$



Workshop

(\$

Survey Fee

Transportation

Food

Other

TOTAL

**CONNECT 3**

566 Woodlands Road ( Mandai Estate ) Singapore 728697  
Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

Rcc: 53360061L

GST: 53360061L

Steve (LKK)  
15/10/21, 11.30am

HL AL

5 djs

L/S

My AL My

QT21/YP4023C /TPC

|   |
|---|
| China Taiping Insurance (Singapore) Pte Ltd |
| 3 Anson Rd #15-02                           |
| Springleaf Tower                            |
| Singapore 079909                            |

**QUOTATION**

Dear Sir,

Cost of Repair to Vehicle YP4023C

With reference to the above-mentioned, we are pleased to quote as follows:-

| No.              | DESCRIPTION                | QTY | U/PRICE (S\$) | AMOUNT (S\$)       |
|------------------|----------------------------|-----|---------------|--------------------|
| 1.               | Front bumper center / 00   | 1   | 1,010.00      | 1,010.00           |
| 2.               | Front grille / BR          | 1   | 1,105.00      | 1,105.00           |
| 3.               | Front grille clips / 1pc   | 5   | 6.00          | 15 30.00           |
| 4.               | Mit emblem / 1pc           | 1   | 96.00         | 96.00              |
| 5.               | Fuso logo / 1pc            | 1   | 375.00        | 375.00             |
| 6.               | Canter logo / 1pc (center) | 1   | 75.00         | 75.00              |
| 7.               | Front panel / 1pc          | 1   | 2,436.00      | 2,436.00           |
| 8.               | Front grille garnish X     | 1   | 544.00        | 544.00             |
| 9.               | Front number plate / BT    | 1   | 50.00         | 50.00              |
| 10.              | Labour charges             | 1   | 900.00        | 800 900.00         |
| 11.              | Spray painting             | 1   | 900.00        | 450 900.00         |
| <b>SUB-TOTAL</b> |                            |     |               | <b>S\$7,521.00</b> |

- Price exclude 7%gst

Yours faithfully,

Winnie Chai  
HP: 9850-9666



LKK Auto Consultants hence notify the Repriar 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



## 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              | 13/10/2021 12:21 (SGT) |
| Date of Accident                | 13/10/2021 06:45 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | TOA PAYHOH LOR 2       |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | YP4023C |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |   |
|--------------------------|---|
| Is company?              | Yes                                     |
| Name Of Registered Owner | KEE SONG FOOD CORPORATION (S) PTE. LTD. |
| Company Reg No           | 1XXXXX006E                              |
| Email Address            | JEFF.TAY@KEESONG.COM                    |
| Mobile Phone No          | (Phone) +65-89409943                    |
| Alternative Phone No     | +65-89409943                            |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mitsubishi                |
| Model  | Canter                    |
| 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   | Auto                      |
| CC   | 2998                      |

#### INSURANCE COMPANY

|                           |                       |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage          | Comprehensive         |
| Fleet Policy              | Yes                   |
| Policy Number             | VFX/P2293194          |
| Cover Note Number         | -                     |

#### DRIVER

|                 |              |
|-----------------|--------------|
| Name of Driver  | FAN DINGDING |
| Passport No/FIN | GXXXX386M    |

|  |                      |
|--|----------------------|
| Date Of Birth  | 18/09/1968           |
| Occupation   | Outdoor              |
| Date Of Driving Pass   | 20/02/2019           |
| Driving experience   | 2 YEARS AND 8 MONTHS |
| Gender   | Male                 |
| Mobile Number  | (Phone) +65-89413751 |
| Alt. Phone Number  | -                    |
| Email Address  | JEFF.TAY@KEESONG.COM |
| Address  | 2 Defu Lane 2        |
| Address complement   | -                    |
| Postcode   | 539465               |
| 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 on collision |
| 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)   | 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 13/10/221 @0645HRS, MY LORRY YP4023C WAS STATIONARY @THE EXIT OF TOA PAYHOH LOR 2 WHEN ANOTHER LORRY YN6495X WHICH WAS REVERSING IN FROM THE MAIN ROAD & HIT ONTO MY LORRY FRONT CENTRE PORTION AS A RESULT.

#### 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 | YN6495X            |
| Vehicle Manufacturer        | -                  |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |
| Name of Driver              | -                  |
| Contact Number              | -                  |

|   |   |
|---|---|
| Business complement                     | - |
| Code                                    | - |
| Insurance Company Name                  | - |
| Nature Of Damage                        | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver)     | - |



## SKETCHPLAN

## 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 Authorized 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 lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and in 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time

*[Signature]*

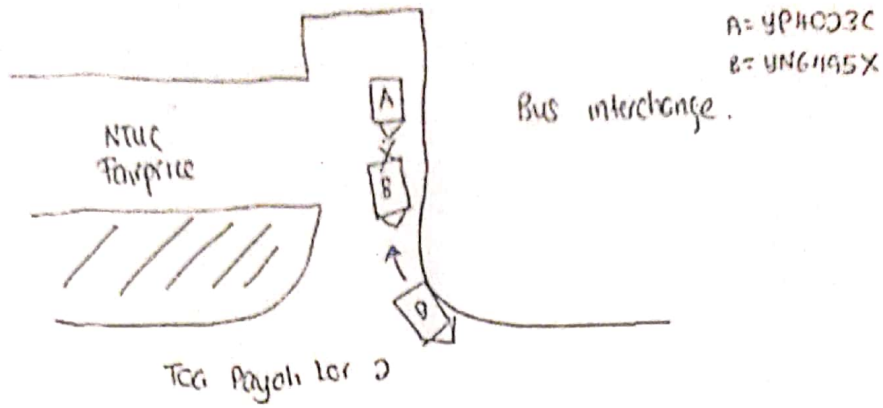
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No.:



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/2021 @ 06:43hrs, my lorry 4P4023C was stationary @ the bot of Tee Payoh Lor 2 when another lorry 4N6495X which was reversing in from the main road & hit into my lorry front rinter panel as a result

## DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No:



Scanned with CamScanner