

ASS. REC. BY

Steve

REPT

CS/11/21011339/ETf3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

Insured:

Policy No. D19MFL0005549-02

Claims No. MFL2021D0004803

Sum Insured:

Excess:

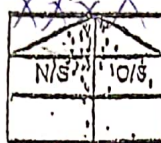
\$1,500.00

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAO Accident Report

Consistent? : Yes or No

BIA / PR Seen

Consistent? : Yes or No

Est. Repair:

days

Res:

Yes or No

Cum Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBL 1932S

Yr Regn:

29/3/21

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

Truck / Trailer or

Make:

Toyota Hiace

c.b 1998

Colour:

white

A/O:

Insured / St / NI / N

Sp. Reading

19681

T/Radio:

Insured / St / NI / N

Eng/No:

Ch/No:

JTF HT02PX00.751605

Gen. Cond: Good / Fair / Poor / Bupt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

P1

R1

195R15X

ES / BUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Spl.

4

mm

R/Spl.

4

mm

U/Spl.

4

mm

U/Spl.

4

mm

D.O.A.

28/10/21

EFFICIENT motor

D.O.I.

9/11/21

Survey held at

Des. of Damages: FR / Rear / O/S / N/S / U/C / Roof/ceiling or

The U/C / chassis frame / Body structure affected due to collision

Date / Time

Action / Instruction

MK-60K

undertake the repair of this vehicle @ COR L/S \$6,200.00 (before GST & excess) & 5 repair days.

red: 5307.50;44%

Time, For, Report



1. Prelim. Report



1. Final Report

Time, For, Return

Days Of Repair:

5

Resurvey No. of Trips

Survey Fee

Transportation

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Vehicle Insp (\$

S & RS, SI

Fees

Others

TOTAL

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

37 LOYANG WAY, SINGAPORE 508734

VEHICLE NO : GBL1932S

MAKE & MODEL : TOYOTA HIACE VAN TURBO 5DR

CHASSIS NO : JTFHT02PX00251605

DATE:

1 Nov 2021

CLAIM TYPE :

OD CLAIM

D.O.A:

29 Oct 2021

TO : INDIA INTERNATIONAL INSURANCE

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT LIST PRICE	TOTAL LIST PRICE
1	1	FRONT BUMPER / BR		\$ 190.00	\$ 190.00
2	1	FRONT BUMPER GRILLE / BR		\$ 75.00	\$ 75.00
3	2	FRONT BUMPER SIDE RETAINER LH/RH / BR		\$ 65.00	\$ 130.00
4	2	FRONT FOG LAMP COVER LH/RH / OR		\$ 50.00	\$ 100.00
5	1	FRONT REINFORCEMENT / OR		\$ 100.00	\$ 100.00
6	1	FRONT BUMPER CENTER BEAM / NEC		\$ 55.00	\$ 55.00
7	1	FRONT GRILLE TOP / OR		\$ 100.00	\$ 100.00
8	1	FRONT GRILLE LOWER / OR		\$ 120.00	\$ 120.00
9	1	FRONT GRILLE INNER / OR		\$ 180.00	\$ 180.00
10	2	HEADLAMP ASSY LH/RH / OR		\$ 280.00	\$ 560.00
11	2	HEADLAMP BRACKET LH/RH / ? nn		\$ 10.00	\$ 20.00
12	1	BONNET / OR		\$ 200.00	\$ 200.00
13	1	BONNET LOCK / X nn		\$ 40.00	\$ 40.00
14	2	BONNET HINGE LH/RH / X nn		\$ 30.00	\$ 60.00
15	1	BONNET LOGO / OR		\$ 45.00	\$ 45.00
16	2	FRONT CORNER PANEL LH/RH / X nn		\$ 65.00	\$ 130.00
17	1	BRACE PANEL / X nn		\$ 25.00	\$ 25.00
18	1	FRONT SUPPORT PANEL / OR		\$ 150.00	\$ 150.00
19	2	FRONT REINF BRACKET LH/RH / OR		\$ 75.00	\$ 150.00
20	2	TOW COVER / CR4		\$ 15.00	\$ 30.00
21	1	AIR CLEANER ASSY / BR		\$ 250.00	\$ 250.00
22	1	AIR INTAKE DUCT / X nn		\$ 65.00	\$ 65.00
23	2	HARNESS ASSY, WIRING CASING LH/RH / ? X nn		\$ 35.00	\$ 70.00
24	1	WASHER TANK / CR4		\$ 80.00	\$ 80.00
25	1	RADIATOR SPARE TANK / OR		\$ 140.00	\$ 140.00
26	1	RADIATOR / OR		\$ 550.00	\$ 550.00
27	1	CONDENSER / OR		\$ 450.00	\$ 450.00
28	1	A/C DISCHARGE HOSE / BR		\$ 180.00	\$ 180.00
29	1	A/C SUCTION HOSE / BR		\$ 250.00	\$ 250.00
30	1	A/C LIQUID PIPE / X nn		\$ 220.00	\$ 220.00
31	1	CONDENSER FAN BLADE / X nn		\$ 65.00	\$ 65.00
32	1	RADIATOR FAN BLADE / X nn		\$ 65.00	\$ 65.00
33	1	INTERCOOLER / OR		\$ 500.00	\$ 500.00
34	1	INTERCOOLER BRACKET / X nn		\$ 30.00	\$ 30.00
35	2	INTERCOOLER AIR GUIDE / X nn		\$ 55.00	\$ 110.00
36	1	RADIATOR FAN COWLING / OR		\$ 150.00	\$ 150.00
37	1	HEATER / AIR CON UNIT / X nn		\$ 1,100.00	\$ 1,100.00
38	1	BLOWER ASSY / X nn		\$ 450.00	\$ 450.00
				\$ 6,505.00	\$ 7,185.00

TOTAL PRICE	\$ 7,185.00
PLUS 10%	\$ 718.50
SUB TOTAL PRICE	\$ 7,903.50

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NETT	TOTAL S/NETT
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nn

1	1	FRONT BUMPER CLIPS SET / <i>APC</i>	\$ 50.00	\$ <i>30</i>	50.00
2	1	FRONT GRILLE CLIPS SET / <i>APC</i>	\$ 50.00	\$ <i>10</i>	50.00
3	1	TOW FEE / <i>APC</i>	\$ 70.00	\$ <i>50</i>	70.00
4	1	FRONT NUMBER PLATE / <i>BT</i>	\$ 45.00	\$ <i>35</i>	45.00
5	1	COOLANT / <i>APC</i>	\$ 50.00	\$ <i>20</i>	50.00
6	1	WINDSCREEN SEALANT X <i>nn</i>	\$ 80.00	\$	80.00
7	1	WINDSCREEN INNER SEAL X <i>nn</i>	\$ 30.00	\$	30.00
8	1	IU BRACKET X <i>nn</i>	\$ 25.00	\$	25.00

TOTAL S/NETT

\$

400.00

\$ 400.00

Labour Charges

1	To cut & weld, panel beat and to replace front damaged parts	\$ 1,500.00	<i>700</i>
2	To check and rectify lighting & wiring.	\$ 250.00	<i>30</i>
3	To putty and spray paint front bumper, bonnet, corner panel LH/RH, front support panel and affected areas	\$ 1,200.00	<i>600</i>
4	To remove & refit radiator, condenser, other major components, top up A/C gas.	\$ 150.00	<i>50</i>
5	To remove and refit dashboard, heater, blower, & interior trims to facilitate repair.	\$ 350.00	X
	To remove and refit front windscreen glass.	\$ 150.00	X

TOTAL LABOUR

\$ 3,600.00

Total Cost of Repairs

\$ 11,903.50

(Total parts + Total S/Nett + Total Labour Cost)

Steve (LKK) 00-MAL
EX PR 1-7
P/P
by RL by
5 dys

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 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	29/10/2021 17:58 (SGT)
Date of Accident	28/10/2021 19:30 (SGT)
Exact Location of Accident	Compassvale Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1932S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Company Reg No	2XXXXX635R
Email Address	ppemclaims@gmail.com
Mobile Phone No	(Phone) +65-89231943
Alternative Phone No	(Office) +65-62840827

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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D19MFL0005549_02
Cover Note Number	-

DRIVER

Name of Driver	AZMAN BIN HARUN
NRIC No	SXXXX547Z

Date Of Birth 15/03/1976
 Occupation Outdoor
 Date Of Driving Pass 13/03/2010
 Driving experience 11 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-89231943
 Alt. Phone Number -
 Email Address ppemclaims@gmail.com
 Address BLK 279A SENGKANG EAST AVENUE #13-505
 Address complement -
 Postcode 541279
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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) 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 28/10/21 AT ABOUT 1930HRS I WAS DRIVING VEHICLE A GBL1932S ALONG COMPASSVALE ROAD.THERE WAS VEHICLE B SMX4123Y IN FRONT OF MY VEHICLE DID NOT MOVE EVENTHOUGH PEDESTRIAN CROSSING SIGNAL TURNS TO RED.I UNABLE TO STOP ON TIME EVENTHOUGH I APPLIED BRAKE.MY VEHICLE REAR ENDED VEHICLE B.I HAVE TO MENTION THAT MY VEHICLE WAS FREE GEAR AND I ENGAGED 2ND GEAR ONCE I SAW SIGNAL FOR PEDESTRIAN TURNS RED.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

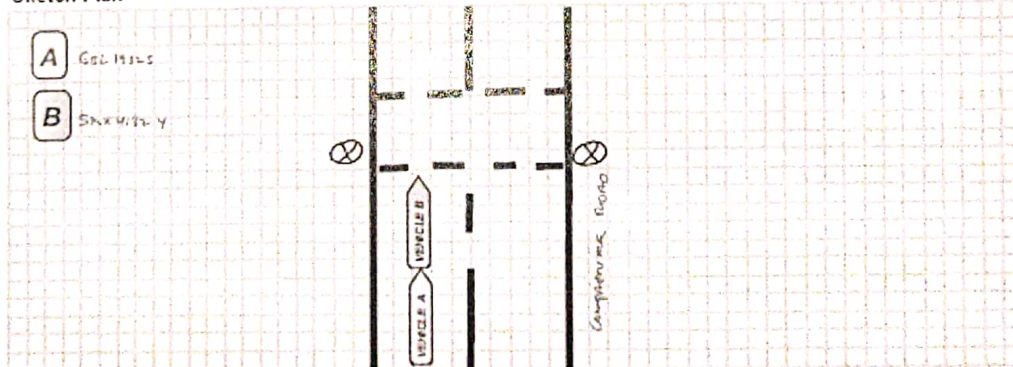
Vehicle Registration Number SMX4123Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -

Contact Number	(Phone) +65-92733158
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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. 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.

Witnessed by Reporting Centre
Personnel

29/10/21 / 13:00 hrs



Describe Circumstances of the Accident

ON 28/10/21 AT ABOUT 1930HRS I WAS DRIVING VEHICLE A GBL1932S
ALONG COMPASSVALE ROAD. THERE WAS VEHICLE B SMX4123Y IN
FRONT OF MY VEHICLE DID NOT MOVE EVENTHOUGH PEDESTRIAN
CROSSING SIGNAL TURNS TO RED. I UNABLE TO STOP ON TIME
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HAVE TO MENTION THAT MY VEHICLE WAS FREE GEAR AND I ENGAGED
2ND GEAR ONCE I SAW SIGNAL FOR PEDESTRIAN TURNS
RED. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

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

28/10/21 1930hrs

Witnessed by  ing Centre
Personnel

28/10/21

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

635R

Vehicle Details

Vehicle No.:

GBL19325

Vehicle to be Exported:

No

Intended Deregistration Date:

29 Oct 2021

Vehicle Make:

TOYOTA

Vehicle Model:

HIACE VAN TURBO 5DR MT

Primary Colour:

White

Manufacturing Year:

2020

Engine No.:

1KDB071416

Chassis No.:

JTFHT02PX00251605

Maximum Power Output:

-

Open Market Value:

\$28,235.00

Original Registration Date:

29 Mar 2021

First Registration Date:

29 Mar 2021

Transfer Count:

0

Actual ARF Paid:

\$1,412.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

28 Mar 2031

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$40,999.00

COE Rebate Amount:

\$38,574.00

Total Rebate Amount:

\$38,574.00

The information contained herein is correct as at 29 Oct 2021.

OK