ASS. REQ. BY: Steve — CS/CT/2101/640/93

ASSIGNMENT

From: Date:	Veh No: GBB 2205D Yr Regn: 22/9/08
Estimated Cost:	Type: M.Car / M.cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
OD / TP / WS / TP REC / OD REC / EVA / INV / MV	Make: Toyota Dyna 150 c.c. 2987
To Inspect Vehicle No: GBB 2205D	Colour: Silver A/C: Insured / Std / Nil
at Workshop m/s	T/Radio: Insured / Std / Nil
at	Sp. Reading 594182
Insured: YN 5618R	Eng/No:
Policy No. DMCVSNW00070682102	C/No: JTFAT35Y50.K200069
Claims No. SNM21D206403/C02	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess: (Client's Record)	Steering: In order / Jammed / Locked / Burnt or
Make of Veh:	Brakes: In order / Jammed / Locked / Burnt or
(Policy Condition)	Mod: Nil / 3/Rim / STD Alrim or
Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: Ft 195R15 Rr "
N/S O/S XXXX	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Dunlop
P.V. or Market Value:	Front R/Bal. 5 mm U/Bal. 5 mm
IDAC Accident Rpt: Consistent? : Yes or No	Rear R/Bal. 5 mm U/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	D.O.I. 19/11/21
Est. Repairs: 4 days Res.: Yes or No	D.O.A. 6/11/21
Lum Sum: 20 % J Vol.: Yes or No	Survey held at Kent Seng
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body structure affected due to collision

Date / Time	Action / Instruction
	MV-17K
	Confirmed L/S $2500, ~~4 repair days.~~
	(RED $3828.27; 60%)

Date/Time, File Recd. [ ] : Prelim. Report

2/12 TYPIST [ ] : Final Report

Date/Time, File Returned

Days Of Repairs 4

Resurvey No. of Trips 1

Add Fees: [ ] : Site Insp ($) [ ] : Interview ($) [ ] : Tech. Inve ($) [ ] : Weekend ($)

Survey Fee
Transportation
S/PRS
Photo
Others
TOTAL

Forward: TP
Sum: $2500

Scanned with CamScanner

KENT SENG CAR SERVICES

Blk 1017 Yishun Industrial Park A #01-240
Singapore 768759 HP 91004390/HP 91254449 Fax 64841482
Email:kentsengcarservices@gmail.com

M/s China Taiping Insurance (S) Pte Ltd
3 Anson Road #16-00 Spring leaf Tower
Singapore 079909

DATE 19.11.2021
CAR NO GBB 2205 D
MAKE Toyota Dyna

ESTIMATED COST OF REPAIR FOR THE ABOVE MENTIONED VEHICLE
YOUR INSURED : YN 5618 R

Pc	Pcs	JTFAT35Y50K200069	UNIT PRICE	AMOUNT
1	DC	Tailgate / QD		$1,348.95
1	DC	Tailgate "Toyota" sticker / nec		$115.00
1	DC	Tailgate "Dyna" sticker / nec		$35.00
2	DCS	Tailgate lock (left & right) X	$180.60	$361.20
2	DCS	Tailgate hinge / BT	$98.56	$197.12
4	DCS	Tailgate bracket X	$85.80	$343.20
4	DCS	Tailgate rubber mounting X	$42.00	$168.00
1	DC	Tailgate "70" km sticker / nec		$10.00
1	DC	Tailgate "13" pax sticker / nec		$10.00
1	DC	Rear reverse sensor / Shark		$280.00
1	DC	Rear number plate / BT		$40.00
2	DCS	Tail lamp (left & right) / CRA	$231.40	$462.80
2	PCS	Tail lamp bracket (left & right) X R	$123.50	$247.00
		Straightening, repairing and realigning onto affected vehicle rear portion, knocking rear end panel, dismantle & replace the above mentioned parts.	500	$1,200.00
		Labour for respray tail gate (inner & outer), tail gate four brackets, two tail gate hinges & rear end panel.	400	$1,100.00
		To supply tail gate inner aluminium checker.	250	$350.00
		To check wiring. Steve (LKK) 83228813 19/11/21, 10.00a	30	$60.00
		WM AL LIS MAL SM		

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 only "Without Prejudice" basis
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Total $6,328.27

Susan Lim
KENT SENG CAR SERVICES.

4 days

KENT SENG

(Draft)

SL0321B8000K / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: -
SUBMITTED BY: [To Be Confirmed]
VERSION: 1 (08/11/2021 10:23 (SGT))

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	-
Date of Accident	06/11/2021 11:40 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2205D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Hoe A & D Enterprise Pte Ltd
Company Reg No	2XXXXX346R
Email Address	hoeandent@yahoo.com
Mobile Phone No	(Phone) +65-91193282
Alternative Phone No	+65-91193282

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	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	2100096587-13
Cover Note Number	-

DRIVER

Name of Driver	Loh Bak Fatt
NRIC No	SXXXX228A

Date Of Birth	26/01/1958
Occupation	Outdoor
Date Of Driving Pass	15/07/1983
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91193282
Alt. Phone Number	-
Email Address	hoeandent@yahoo.com
Address	Blk 123 Rivervale Drive #13-115
Address complement	-
Postcode	540123
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	Chain 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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

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	YN5618R CTP
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

(Draft)

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG8191L
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	Unknown
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YN5618R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.

HOE Ard Enterprise Pte Ltd

8/11/21

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		Angie Soh

Sketch Plan

SINGAPORE POLICE FORCE

T/20211106/2063

Report No. T/20211106/2063

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
06/11/2021 15:49	I/20211106/0110	87

Informant's Particulars

Name of Informant: LOH BAK FATT			Address: APT BLK 123 RIVERVALE DRIVE #13-115 SINGAPORE 540123	
ID Type / ID No.: NRIC NO / S1283228A			Contact No.: Home/Office:	Mobile: 91193282
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 26/01/1958	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/11/2021 11:40	Type of Location: Straight Road

Location:

WOODLANDS AVENUE 12

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2205D	Lorry				Slightly Damaged	0
GBG9191L	Lorry					0
YN5618R	Lorry					0

SINGAPORE POLICE FORCE

T/20211106/2063

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20211106/2063

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH BAK FATT	ID No.	S1283228A
Related Vehicle	GBB2205D (Lorry)	Contact No.	91193282
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.
On the 6/11/2021 at about 1140hrs, I was involved in an accident.

I was driving my vehicle (GBB2205D) along Woodlands Avenue 12. While driving, there was a vehicle in front of me and I moved progressively. All of a sudden, a vehicle (YN5618R) crashed to the rear of my vehicle.
I then stepped out and saw another vehicle (GBG9191L) already crashed to the said vehicle.

I am not sure which happened first. I am not injured. Shortly after, traffic police and ambulance came. The passenger from the YN5618R, was conveyed by the ambulance.

I am not injured.

SINGAPORE POLICE FORCE

T/20211106/2063

Report No T/20211106/2063

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report F / Sgt 3 MUHAMMAD HAIKAL BIN LATIFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2021 15:49
Officer In Charge Of Case: TP / GIT / Contact No.:	Classification Of Case: SN159
Authentication Stamp NP168	SIGNATURE