

ASS. REG. BY:

REF:

CTZ/21011889/KV

Kennaeth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OO/TP/US/TP/RES/OO/RES/EVA/INV/MV

To inspect Vehicle No: \_\_\_\_\_

at Workshop no: Poon Day Sean

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.

N/S	O/S

Est. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GU / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or NoLump Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: GBK 50 E Yr Regn: 09, 19

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

Truck / Trailer or \_\_\_\_\_

Make: Mit Car c.c. 2998Colour: White A/C: Insured / Std / NI / NASp. Reading: 55060 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: FEA01BA 30301Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 185 75R15R: 185 75R15 (D)

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 2 2 mmL/Bal. 6 mm L/Bal. 2 2 mmD.O.A. 22/11/21 D.O.I. 23/11/2021

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Frt

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - RS. SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format :

Lump Sum / L.B.I: (\$)



# 方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.  
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

UPMS PTE LTD  
10 BUROH STREET  
#09-17 WEST CONNECT BUILDING  
SINGAPORE 627564

*NOT Withhold*

*Recovery B4 paint*

Dear sir

Estimate cost of repair to vehicle no. GBK50Z

To supply

1. Front door
2. Front door hinge x2
3. Front door side garish
4. Front door rubber
5. Front door sticker DUONIC
6. Front right pillar
7. front pillar rubber
8. Conner panel right
9. Head lamp right
10. Side lamp right
11. Side reflector cover right
12. Front step garish right
13. Front w/s rubber
14. Front grille
15. Front grille log
16. Front grille badge
17. Front bumper
18. Front bumper side cover rubber
19. Front bumper bracket right
20. lettering
21. company log sticker

<i>By</i>	969.31	✓
<i>low By</i>	248.80	✓
<i>nd/wr</i>	167.30	✓
	234.80	?
<i>ru</i>	65.80	—
<i>R</i>	1,533.25	X
	258.60	?
<i>Avul/My</i>	524.54	✓
<i>CM</i>	501.40	—
<i>Br</i>	266.35	—
<i>Br</i>	222.53	—
<i>GI</i>	503.15	✓
<i>su</i>	298.00	X
<i>CM</i>	444.80	—
<i>ru</i>	81.80	—
<i>ru</i>	85.80	—
<i>Br</i>	795.48	—
<i>Br</i>	321.60	—
	120.00	?
<i>ru</i>	15.00	—
<i>ru</i>	450.00	<i>Paru</i>

*258*

Labour charges

Rustproofing

To remove and refit dashboard n w/s

Spray painting

Panel beating

Total

	100.00	<i>300</i>
<i>ru</i>	450.00	X
	980.00	<i>800</i>
	1,200.00	<i>600</i>
	10,588.50	

Your faithfully

ALBERT POON

**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 ..... 22/11/2021 16:28 (SGT)  
Date of Accident ..... 22/11/2021 11:05 (SGT)  
Exact Location of Accident ..... Mandai Rd, Singapore  
Additional Location Information ..... junction with Mandai Lake Road  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK50Z  
INSURED/POLICYHOLDER .....  
Is company? ..... Yes  
Name Of Registered Owner ..... UPMS Pte Ltd  
Company Reg No ..... 201914405M  
Email Address ..... urbanparks@hotmail.com  
Mobile Phone No ..... (Phone) +65-96381464  
Alternative Phone No ..... (Office) +65-65696250

### 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 ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI21V10857/VCH/R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Rajendran S/O Slnasamy  
NRIC No ..... S1658181Z



Accident report SL0321BM0008

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## SKETCH PLAN

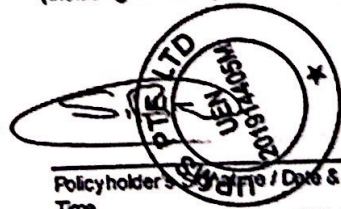
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2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part 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:

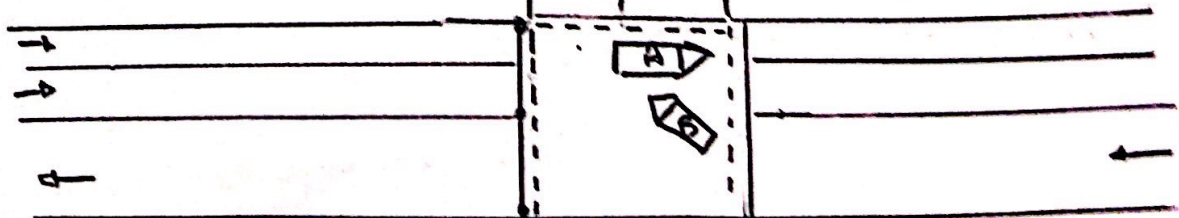
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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 22 NOV 2021

Driver's Signature (if driver is not the policyholder) / Date & Time  
22 NOV 2021

Witnessed by Reporting Centre Personnel  
Angie Soh  
mandi LAKE ROAD



mandi ROAD

A 66K 50Z

B 2H2956U