

ASSIGNED BY: Steve

Ref: CS/CT121012279/E943

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
☒ OD / ☐ TP / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. SNM21D206991/C01
 Sum Insured: _____ Excess: 2500
 (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

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs. 4 days Res.: Yes or No
 Lum Sum: _____ % J-Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: KE5117D Yr Regn: 23/8/19
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Private Motor /

Truck / Trailer or

Make: Hino SHIEMA C.C. 17913

Colour: Green A/C: _____ Insured / Std / NI / NA

Sp. Reading: 50939 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHDSHIEEMXXX10248

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 295/80R22.5

R: 11

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. 30/11/21 D.O.I. 3/12/21

Survey held at V-fix

Des. of Damages: Frt / Rear / O/S (N/S) UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

06/12/21 @ 11.47am revert to Tan Kah Leong via Merimen.

10/12/21 @ 11.23am So Chow informed C/A via Merimen.

10/12/21 @ 5.18pm Informed wksp C/A & ex: \$2500 by email.

Steve finalised with wksp LS \$9100, 4 days (Red \$9736, 52%)

Date/Time File Pass to?

☐ : Procl. Report

11/23/12 Typist

☐ : Final Report

Date/Time File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + AS. SI

Fuel

Driver

Other

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Wheel stud

Request Form No:

MER-OD

Request Form No: 9100



Vfix Auto Pte Ltd
26 Chia Ping Road
Singapore 619977
Email: contact@vfixauto.com.sg
Tel: 64552957 Fax: 63628669
UEN / GST REG No.: 201830761R

Attention: Motor Claim Department

RE: VEHICLE NO : XE5117D HINO 700 EURO 6 (SH COGENT LOGISTICS PTE LTD)

ESTIMATE	
DATE	1/12/2021
ACC DATE	30/11/2021
SHEET NO. 1 OF 1 SHEET	

S/NO.	QTY	DESCRIPTION	UNIT PRICE S\$	AMOUNT S\$
1	1	FRONT CORNER PANEL		655.00
2	1	FRONT CORNEL PANEL LAMP		450.00
3	1	FRONT SIDE MIRROR BRACKET		450.00
4	1	FRONT SIDE MIRROR ARM LH		468.00
5	1	FRONT DOOR		896.00
6	1	FRONT DOOR (EURO 6) STICKER		4,898.00
7	1	FRONT DOOR OUTER LOWER MOULDING		189.00
8	1	FRONT DOOR OUTER LOWER INNER FRAME		368.00
9	1	FRONT DOOR SIGNAL LAMP		898.00
10	2	FRONT DOOR HINGE		210.00
11	1	FRONT DOOR CHECKER	235	470.00
12	1	FRONT DOOR INNER LOCK		325.00
13	1	FRONT DOOR TRIM LH		792.00
14	1	FRONT DOOR LINKAGE		4,568.00
				789.00
				S 12,976.00

S/NO.	QTY	LABOUR & MISCELLANEOUS :	AMOUNT S\$
1	1	To remove damaged body panel with all necessary components/attachments apply hot-works where necessary straighten front door pillar, repair/reshape body dented panels in accordance with factory specifications replace new parts refit and align into position refit all necessary components / attachments	500 1,200.00
2	1	To spray paint replaced/repaired body panels inclusive of preparatory works and painting materials	700 1,000.00
3	1	To check, diagnosis, trouble shoot, reset all the wiring fault code	50 120.00
4	1		

ISSUED BY

KOH WENG SHENG

KOH WENG SHENG

ESTIMATE CONFIRMED AND ACCEPTED BY

NAME, SIGNATURE, DATE SIGNED

Steve (LKK)

3/12/21, 5:11pm

DD- M AL

EXC 11 - ?

L/S

My AL dy

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	01/12/2021 11:59 (SGT)
Date of Accident	30/11/2021 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BUROH TOWARDS PSA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5117D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SH COGENT LOGISTICS PTE LTD
Company Reg No	198502284D
Email Address	WSKOH@VFIXAUTO.COM.SG
Mobile Phone No	(Phone) +65-64552957
Alternative Phone No	+65-64552957

VEHICLE PARTICULARS

Manufacturer	Hino
Model	700 series
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	Auto
CC	7000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20096742MFUS/75
Cover Note Number	-

DRIVER

Name of Driver	KOH AH BAN
NRIC No	S1258325G

Date Of Birth	11/08/1957
Occupation	Outdoor
Date Of Driving Pass	01/07/1983
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-62666161
Alt. Phone Number	-
Email Address	WSKOH@VFIXAUTO.COM.SG
Address	BLK 681 CHOA CHU KANG CRESCENT
Address complement	#07-530
Postcode	680681
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?	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

REFER TO SKETCH PLAN

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	XE4023Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Commercial vehicle
Vehicle Category	-
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) -

SKETCH PLAN

IMPORTANT NOTICE

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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 renew 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 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;
- (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:



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



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

Vehicle B - XEW337,
TR 695376

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare that the above 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/FIN No.: