

CS/117210124191EVF3

ASSIGNMENT

Policy No. _____
 Estimated Cost _____
 To Inspect Vehicle Not _____
 at Workshop with _____
 (d) _____
 Insurance _____
 Policy No. _____
 Claim No. _____
 Sum Insured _____
 (Claim's Record)
 Make of Vehicle _____

(Policy Condition)
Remark: The vehicle has obtained its
repair at the time of inspection.

Prod. or Market Value		
IOAC Accident Report	Consistent? Yes or No	
GA / PR Sent	Consistent? Yes or No	
Est. Repairs	days	Res. Yes or No
Cost Sent	%	3 Vol. Yes or No

CA 1 REV 1 REP. 1 24 HRS

Date: _____ Person Contacted: _____

Vehicles IN/OUT

Case / Thema : Aktion / Intervention

1	Procl. Report
2	Final Report

Days Of Repair:

Resurvey No. of Trip: 1

Survey Pool
Transportation

Add Foot

11/10/20

INTERVIEW

יחזקאל, יחזקאל

1/1/60/1917

1. संस्कृत

1) Realis

) 01/10/2020

11

1. Yes

EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

37 LOYANG WAY, SINGAPORE 508734

VEHICLE NO : GBJ3590S

MAKE & MODEL : TOYOTA HIACE HIACE DX 2.8 AUTO

CHASSIS NO : GDH2012004127

DATE:

7 Dec 2021

CLAIM TYPE :

OD CLAIM

D.O.A:

6 Dec 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		\$ 170.00	\$ 170.00
2	1	FRONT BUMPER GRILLE / BR		\$ 60.00	\$ 60.00
3	2	FRONT BUMPER SIDE RETAINER LH/RH / BR		\$ 55.00	\$ 110.00
4	2	FRONT BUMPER FOG LAMP COVER LH/RH / BR		\$ 40.00	\$ 80.00
5	1	FRONT BUMPER REINFORCEMENT / DO		\$ 90.00	\$ 90.00
6	1	FRONT BUMPER CENTER BEAM / DO		\$ 45.00	\$ 45.00
7	1	FRONT GRILLE TOP / BR		\$ 90.00	\$ 90.00
8	1	FRONT GRILLE LOWER / BR		\$ 120.00	\$ 120.00
9	1	FRONT GRILLE INNER / BR		\$ 170.00	\$ 170.00
10	2	HEADLAMP ASSY LH/RH / BR		\$ 280.00	\$ 560.00
11	2	HEADLAMP BRACKET LH/RH / MIS		\$ 10.00	\$ 20.00
12	1	BONNET / DO		\$ 200.00	\$ 200.00
13	2	BONNET HINGE LH/RH / BT		\$ 22.00	\$ 44.00
14	1	BONNET LOCK / BT		\$ 36.00	\$ 36.00
15	2	FRONT CORNER PANEL LH/RH / DO		\$ 55.00	\$ 110.00
16	1	BRACE PANEL / BT		\$ 22.00	\$ 22.00
17	1	FRONT SUPPORT PANEL / DO		\$ 140.00	\$ 140.00
18	2	FRONT REINF BRACKET LH/RH / BT		\$ 65.00	\$ 130.00
19	2	TOW COVER / CW		\$ 12.00	\$ 24.00
20	1	AIR CLEANER BOX / BR		\$ 230.00	\$ 230.00
21	1	FRONT WINDSCREEN GLASS / BR		\$ 550.00	\$ 550.00
22	1	FRONT WINDSCREEN GLASS MOULDING / APC		\$ 50.00	\$ 50.00
23	1	WIPER GARNISH / BR		\$ 175.00	\$ 175.00
24	2	WIPER GARNISH LH/RH (SMALL) X		\$ 18.00	\$ 36.00
25	1	WIPER LINK ASSY ?		\$ 105.00	\$ 105.00
26	1	WIPER MOTOR ?		\$ 280.00	\$ 280.00
27	1	FRONT DOOR RH / DO		\$ 550.00	\$ 550.00
28	2	FRONT DOOR HINGE RH X		\$ 35.00	\$ 70.00
29	1	FRONT DOOR WEATHERSTRIP RH X		\$ 65.00	\$ 65.00
30	1	FRONT DOOR WINDOW REGULATOR RH X		\$ 85.00	\$ 85.00
31	1	FRONT DOOR REGULATOR MOTOR RH X		\$ 220.00	\$ 220.00
32	2	HARNESS ASSY, WIRING CASING LH/RH / BR		\$ 35.00	\$ 70.00
33	1	WASHER TANK / CR4		\$ 50.00	\$ 50.00
34	1	RADIATOR SPARE TANK / CR4		\$ 140.00	\$ 140.00
35	1	RADIATOR / DO		\$ 520.00	\$ 520.00
36	1	CONDENSER / DO		\$ 450.00	\$ 450.00
37	1	A/C DISCHARGE HOSE / BT		\$ 120.00	\$ 120.00
38	1	A/C SUCTION HOSE / BT		\$ 250.00	\$ 250.00
39	1	A/C LIQUID PIPE / BT		\$ 150.00	\$ 150.00
40	1	CONDENSER FAN BLADE ?		\$ 65.00	\$ 65.00
41	1	RADIATOR FAN BLADE ?		\$ 65.00	\$ 65.00
42	2	RADIATOR FAN MOTOR ?		\$ 350.00	\$ 700.00
43	1	RADIATOR FAN COWLING ?		\$ 130.00	\$ 130.00
44	1	INTERCOOLER / DO		\$ 440.00	\$ 440.00
45	1	INTERCOOLER BRACKET ?		\$ 30.00	\$ 30.00
46	1	INTERCOOLER AIR GUIDE / BR		\$ 45.00	\$ 45.00
47	1	HEATER/AIRCONDITIONER UNIT ?		\$ 950.00	\$ 950.00

48	1	BLOWER ASSY		\$	350.00	\$	350.00
49	1	DASHBOARD		\$	380.00	\$	380.00
50	1	DASHBOARD REINFORCEMENT		\$	260.00	\$	260.00
51	1	DASHBOARD CENTER FINISHER	(Shedding lower corner) - BR	\$	160.00	\$	160.00
52	1	AIR FILTER BOX ASSY	- BR	\$	220.00	\$	220.00
53	1	FRONT OUTER MIRROR	X	\$	100.00	\$	100.00
54	0	0		\$	-	\$	-
				\$	9,305.00	\$	10,282.00

TOTAL PRICE	\$	10,282.00
PLUS 10%	\$	1,028.20
SUB TOTAL PRICE	\$	11,310.20

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT S/NETT	TOTAL S/NETT
1	1	FRONT BUMPER CLIPS SET	- n/c	\$ 50.00	\$ 30 50.00
2	1	FRONT GRILLE CLIPS SET	- n/c	\$ 50.00	\$ 15 50.00
3	1	FRONT DOOR TRIMBOARD CLIPS SET	X	\$ 50.00	\$ 50.00
4	21	FRONT DOOR CO.REG. STICKER	(RH) - n/c	\$ 30.00	\$ 25 60.00
5	1	TOWING FEE	- n/c	\$ 70.00	\$ 70.00
6	1	FRONT NO. PLATE	- n/c	\$ 45.00	\$ 40 45.00
7	1	RADIATOR COOLANT	- n/c	\$ 50.00	\$ 25 50.00
8	21	WINDSCREEN SEALANT	- n/c	\$ 80.00	\$ 40 160.00
9	1	WINDSCREEN INNER SEAL	- n/c	\$ 30.00	\$ 30.00
10	1	WINDSCREEN IU BRACKET	- n/c	\$ 20.00	\$ 20.00
11					\$ -
12					\$ -
TOTAL S/NETT				\$ 475.00	\$ 585.00

Labour Charges

1	To cut & weld on damaged panels, RH panel and to panel beat and align doors, inner panels and to replace damaged parts	\$ 2,500.00	1200
2	To check and rectify lightng and wire harness	\$ 80.00	30
3	To spray paint bonnet, front panel, front bumper, RH front door & affected areas	\$ 2,000.00	800
4	To transfer door parts and mechanism	\$ 150.00	50
5	To remove & refit radiator, condenser, other major components, top up A/C gas.	\$ 250.00	150
6	To remove and refit dashboard, seat, carpet, upholstery to facilitate repairs (photo)	\$ 300.00	150
7	To remove and replace front windscreen	\$ 150.00	120

TOTAL LABOUR	\$ 5,430.00
Total Cost of Repairs	\$ 17,325.20

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

Steve (LKK)
9/12/21, 9.30am

00-M KL
Excell - ?
L/S
My KL My
10 days

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 06/12/2021 12:41 (SGT)
Date of Accident 06/12/2021 07:40 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ3590S

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) +65-86699531
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 2754

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 MUHAMMAD ABDUL HAFIZ BIN ABD MATIL
NRIC No SXXXX121D



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Add
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Date Of Birth	07/07/1984
Occupation	Outdoor
Date Of Driving Pass	14/11/2014
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86699531
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 440A BUKIT BATOK WEST AVENUE 8 #05-715
Address complement	-
Postcode	651440
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	4
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 06/12/2021 AT AROUND 0740HRS, I VEHICLE A(GB13590S) WAS TRAVELLING ALONG PIE(TUAS) HEADING TO JALAN BAHAR ON THE RIGHT LANE. AS I WAS TRAVELLING, VEHICLE D(SMV7618C) BRAKED HARSHLY THEN VEHICLE C(SMP7239U) ALSO BRAKE HARSHLY RESULTING IN VEHICLE B(SLV9638T) REAR ENDED VEHICLE C AND I COULD NOT BRAKE IN TIME AS IT HAPPENED TO SUDDEN AND I REAR ENDED VEHICLE B. VEHICLE B DRIVER WAS CONVEYED TO THE NEAREST HOSPITAL. NO OTHER WAS INJURED AT THAT POINT OF TIME.

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	SLV9638T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP7239U
Vehicle Manufacturer	*
Vehicle Model	*
Vehicle Variant	*
Vehicle Colour	*
Vehicle Category	Private car
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMV7618C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DRIVER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SLV9638T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

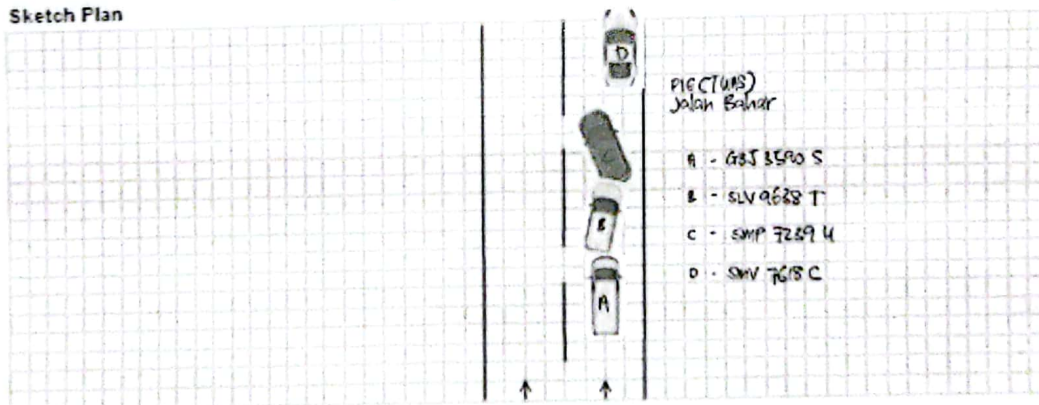
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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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 06/12/2021 1145

Witnessed by Reporting Centre Personnel

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