

ASS. REC. BY:

REF: MSG/21012638/Kg

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/vs Trust Auto

of _____

Insured: 997M

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 84k

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 03/22

Date: _____ Person Contacted: _____ Vehicle: IN/OUT

Veh No: GBA 1945M Regn: 04,07

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

Truck / Trailer or SA

Make: M. Vito III C.C. 2148

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 524270 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF63960323314756

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size: F: 215/60R16

Tab: lead

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

TOYO / YOKO or

Front R/Bal. 7 mm Rear R/Bal. 8 mm

L/Bal. 7 mm L/Bal. 8 mm

D.O.A. 12/12/21 D.O.I. 17/12/2021

Survey held at _____

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

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

Date / Time Action / Instruction

1 EH not ready

22/12 61 Rep @ 3000 Code

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation: _____

S + RS. SI

Fuel

Others

TOTAL

Report Format :

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

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	13/12/2021 22:00 (SGT)
Date of Accident	12/12/2021 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COUNTRY SIDE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1945M
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOPPRINT & PACKAGING PTE. LTD.
Company Reg No	2XXXXX997M
Email Address	Williamlcb@gmail.com
Mobile Phone No	(Phone) +65-98504849
Alternative Phone No	(Office) +65-67428762

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	VITO 111 VAN CDI
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	1598

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCG21003473
Cover Note Number	-

DRIVER

Name of Driver	TAN JOO HUAT
NRIC No	SXXXX191Z

Date Of Birth	22/08/1953
Occupation	Indoor
Date Of Driving Pass	12/06/1976
Driving experience	45 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98504849
Alt. Phone Number	-
Email Address	Williamlcb@gmail.com
Address	492B TAMPINES AVE 9.
Address complement	#10-426
Postcode	S520492
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	Collision - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD WHEN MY VEHICLE WAS HIT BY VEHICLE B COMING OUT OF HIS RESIDENCE. NO ONE WAS INJURED BUT I WILL BE SEEING A DOCTORS FOR MY UPPER BODILY AND NECK PAIN.

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	SMD8898Z
Vehicle Manufacturer	BMW
Vehicle Model	318i
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	NO DETAIL
Contact Number	(Phone) +65-90905168

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	TAN JOO HUAT
Gender	Male
Phone No	(Phone) +65-98504849
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UPPER BODILY AND NECK PAIN
Injured person in which vehicle?	GBA1945M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI**

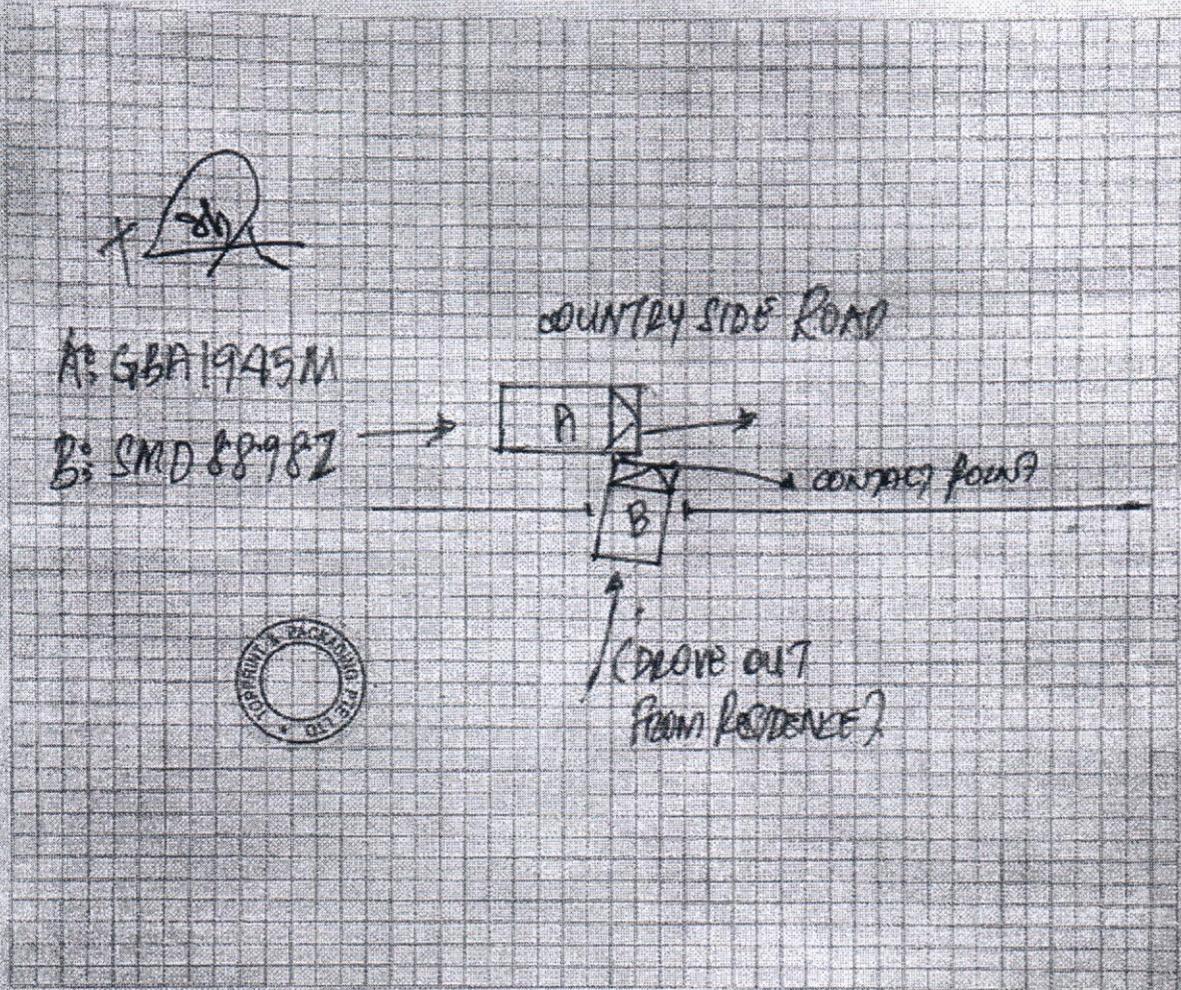
Policyholder's Signature
Date & Time:

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

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

ACCIDENT DIAGRAM

Ver. 30042021



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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



SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

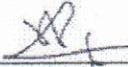
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD WHEN MY VEHICLE WAS HIT BY VEHICLE B COMING OUT OF HIS RESIDENCE. NO ONE WAS INJURED BUT I WILL BE SEEING A DOCTORS FOR MY UPPER BODILY AND NECK PAIN. FOR THE RECORD I DID NOT GET THE NAME OF THE DRIVER IF VEHICKE B, ONLY HIS CONTACT NO.

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:

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI**

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

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	997M

Vehicle Details

Vehicle No.:	GBA1945M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	17 Dec 2021
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VITO 111 VAN CDI
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	64698051317929
Chassis No.:	WDF63960323314756
Maximum Power Output:	-
Open Market Value:	\$41,651.00
Original Registration Date:	03 Apr 2007
First Registration Date:	03 Apr 2007
Transfer Count:	2
Actual ARF Paid:	\$0.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	31 Mar 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$24,394.00
COE Rebate Amount:	\$2,400.00
Total Rebate Amount:	\$2,400.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 16 Dec 2021

OK

Trust Autoworks

Mailing address : Blk 225 #07-579 Ang Mo Kio Ave 1 Singapore 560225
H/p 91082728

Fax 64816131

Topprint & Packaging Pte Ltd
25 Bukit Batok Crescent
#09-08
Singapore 658066

*Not Authorized
L1Sm @ 3000h
Primary After Paint*

Vehicle No : GBA 1945 M
Make/Model : Mercedes Vito Van
Year : 2007

Qty	Description	Unit Price	Amount
-----	-------------	------------	--------

Estimate Cost Of Repair

1 pc	Front o/s fender		\$625.00	X
1 pc	Front o/s door	1490	\$1,850.00	✓
1 pc	Front o/s door rubber		\$165.00	50/50
1 pc	Front o/s door protector		\$185.00	✓
1 pc	Front o/s door inner trim board		\$655.00	X
1 pc	Front o/s door regulator		\$325.00	X
1 pc	Front o/s door regulator motor		\$455.00	X
1 pc	Front o/s door lower hinge		\$145.00	✓
1 pc	Rear o/s sliding door protector		\$205.00	✓
1 pc	Front o/s shock absorber		\$405.00	X
1 pc	Front o/s lower arm		\$455.00	X
1 pc	Front o/s kunckle arm		\$487.00	✓
1 pc	Front o/s kunckle arm bearing		\$155.00	✓
1 pc	Front o/s hub assy		\$405.00	✓
			\$6,517.00	
Less 10 %			\$651.70	
			\$5,865.30	

S Nett Item

1 pc	Front o/s door sticker
2 pcs	Front & rear o/s tyre rim

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:

Remove/renew the above accident parts including knocking, welding & cutting etc.

To putty and spray paint

Rot	25.00	✓
Net	\$550.00	✓
Net	\$1,100.00	✓
	\$1,125.00	

\$1,000.00 500

\$1,000.00 800

balance c/f \$8,990.30

GRA 1945 M

Labour Charges

balance b/f \$8,990.30

Check & reconnect wiring

\$45.00 *20l*

To respray anti-rust proofing treatment

\$120.00 *30l*

Remove/refit front o/s door mechanism, inner trim, wiper motor to new door.

\$120.00 *60l*

Remove/renew front o/s undercarriages

\$280.00 *100l*

Check and realign wheel alignment

\$80.00 *60l*

Total

\$80.00
\$9,635.30