

ASS. REC. BY:

Steve

REF:

CS/CT121012823/EVY3

## 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. \_\_\_\_\_

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

Bal. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: GBJ 7339B Tr Regn: 25/7/19Type: ☒ Car ☒ M.Cycle ☒ Bus ☒ Van ☒ Lorry ☒ Taxi ☒ Prime Mover /

Truck / Trailer or

Make: Peugeot Partner c.c. 1499Colour: Black A/C: ☒ Insured ☒ Std ☒ NI ☒ NASp. Reading: 75507 T/Radio: ☒ Insured ☒ Std ☒ NI ☒ NA

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

C/No: VR3EFYH2RKJ662041Gen. Cond: ☒ Good ☒ Fair ☒ Poor ☒ BurntSteering: ☒ In order ☒ Jammed ☒ Leaked ☒ Burnt orBrake: ☒ In order ☒ Jammed ☒ Leaked ☒ Burnt orModl: ☒ Nil ☒ S/Rim ☒ STD A/Rim orTyre Size: F: 205/60R16R: 11BS / DUN / EXNOVA / ☒ GY ☒ FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 8/12/21 D.O.A. 8/12/21Survey held at XinyuDes. of Damages: ☒ Frt ☒ Rear ☒ O/S ☒ N/S ☒ U/C ☒ Rooftop orFront RH

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

Date / Time

Action / Instruction

MV-55K

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format : \_\_\_\_\_

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

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

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

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

# XINYA AUTO SERVICES PTE LTD

Address: BLK 1002 BUKIT MERAH LANE 3 # 01-75 SINGAPORE 159719  
E-mail: xinyaauto@singnet.com.sg  
Tel: 6270 3481 Fax: 6278 7522

Date : 15-Dec-21

Address : HALDEN UNITED INVESTMENT PTE LTD  
BLK 350C CANBERRA ROAD  
#08-223  
SINGAPORE 753350

Reference : TP 1299/12/21  
Vehicle No : GBJ7339B  
Make/Model : PEUGEOT PARTNER  
Insurance Co. : AXA

## RE : QUOTATION REPAIRS TO GBJ 7339B FOR THIRD PARTY CLAIMS.

PARTS REQUIRED	QTY	AMT \$
1) FRONT BUMPER / <i>OR</i>	1	\$ 367.00
2) FRONT RH FENDER / <i>DO</i>	1	\$ 967.00
3) FRONT RH RETAINER / <i>OR</i>	1	\$ 98.00
4) FRONT RH HEADLAMP / <i>OR</i>	1	\$ 637.00
5) FRONT RH SPLASHGUARD / <i>TN</i>	1	\$ 148.00

LIST PRICE TOTAL *10* \$ 2,217.00  
LESS DISCOUNT *25%* \$ 554.25  
LIST PRICE TOTAL AFTER LESS \$ 1,662.75

NETT PRICE TOTAL \$0.00

TOTAL PARTS COST **\$1,662.75**

### LABOUR AND MISCELLANEOUS CHARGES

- |    |  |   |
|----|--|---|
| 1) | TO REMOVE & REPLACE FRONT BUMPER, FENDER, HEADLAMP & PANEL BEAT & ALIGN. | \$ 600.00 <i>400</i><br>( 3 DAYS)             |
| 2) | TO PUTTY & SPRAY PAINT FRONT RH FENDER.                                  | \$ <del>200.00</del> <i>400</i><br>( 1 PANEL) |
| 3) | TO CHECK & RECTIFY WIRING.   | \$ 80.00 <i>30</i>                            |

LABOUR TOTAL

**\$ 880.00**

TOTAL ESTIMATED REPAIR COST *L/S*

**\$ 2,542.75**

2875.30

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 08/12/2021 12:51 (SGT)  
Date of Accident 08/12/2021 08:25 (SGT)  
Exact Location of Accident Near 257 Bangkit Rd, Block 257, Singapore 670257  
Additional Location Information -  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ7339B

#### INSURED POLICYHOLDER

Is company? Yes  
Name Of Registered Owner HALDEN UNITED INVESTMENT PTE LTD  
Company Reg No 2XXXX969D  
Email Address LEEMELVIN@SHINEFOODS.COM.SG  
Mobile Phone No (Phone) +65-97668223  
Alternative Phone No (Home) +65-97668223

#### VEHICLE PARTICULARS

Manufacturer Peugeot  
Model Partner  
Variant -  
Exact purpose for which vehicle was being used at time of accident Private use  
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party  
Vehicle Category Commercial vehicle  
Transmission Auto  
CC 1199

#### INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd  
Type of Coverage Comprehensive  
Fleet Policy No  
Policy Number P2315953  
Cover Note Number -

#### DRIVER

Name of Driver LIM KOK LEONG  
NRIC No SXXXX142G

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)

YISHUN 925 CHICKEN RICE  
BXXXXX667C

-  
-  
-  
-  
-  
-  
-  
-

Date of Birth  
 Occupation  
 Date of Driving Pass  
 Driving experience  
 Gender  
 Mobile Number  
 Alt. Phone Number  
 Email Address  
 Address  
 Address complement  
 Postcode  
 Is the driver the policyholder?  
 If No, Relationship of the Driver with the Insured  
 Does Driver Own Other Vehicles?  
 Vehicle Registration Number of Other Vehicle Owned by Driver  
 Insurance Company of Other Vehicle Owned by Driver

20/09/1972  
 Outdoor  
 28/04/1994  
 27 YEARS AND 8 MONTHS  
 Male  
 (Phone) +65-97668223  
 -  
 LEEMELVIN@SHINEFOODS.COM.SG  
 350C CANBERRA ROAD, #08-223  
 -  
 753350  
 No  
 Employee  
 No  
 -  
 -

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	YEO HAI LENG
Gender	Male

#### 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

PLEASE REFER TO ACCIDENT 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	GBE8593C
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle

BLOCK 257 BANGKIT ROAD CARPARIL

B: G-B-E 8593C

On 8/12/21 at approx 825 am, I was driving  
VEH 'A' and delivering goods at BLK 257 BRANGIT  
ROAD CARRARIL. I CHECK my blindspot before reversing  
into a parking lot. AS I reverse in. Suddenly  
VEH 'B' REVERSE INTO ME. My VEH 'A' suffered  
FRONT RIGHT damaged. NO one was injured.

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/PIN 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 GIC 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/FIN No.: