

(08/11/13) wef

ASS. REC. BY: Pan

REF:

CS/CT 21013290/RIVY3

606C

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: YP 5660G

at Workshop m/s

JIT KEONH TRADING

of

28, BEND PL

Insured:

Policy No.

Claims No.

Sum Insured:

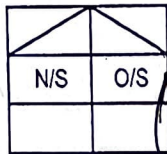
Excess:

(Client's Record)

Make of Veh:

2pm

(Policy Condition)

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

Bal. or Market Value:

68K

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

Date / Time

Action / Instruction

REPAIR UNIT - 52K

Veh No:

YP 5660G

Yr Regn:

2017 / MAR

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

Truck / Trailer or

Make:

MITSUBISHI Fuso FM65FM c.c 7545

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

254578

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

FM 65FMA30175Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

11R 22.5

R:

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

20/12/21

D.O.I.

30/12/21

Survey held at

JIT KEONH

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

O/S REAR

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

): \$ + RS. \$

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL

Date : 29th December 2021

To : **China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road , Springleaf Tower  
#16-00  
Singapore 079909

Attn. : Motor Claim Department Person In-Charge

Tel : 6389 6111 Fax : 6222 1033

Your Ref No.: GBF5152G

Subject : Accident On 20/12/2021 @ 11:43hrs involving YP5660G & GBF5152G at Junction Of Jln Ahmad Ibrahim & Benoi Rd

**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:

**Estimate Repair Bill For Vehicle No.: YP5660G**

**Parts:**

S/n	Product Description	Qty	Unit Price	Amount S\$
1	Side Guard R/H <i>br /</i>	1 unit	\$ 1,900.00	\$ 1,900.00
2	Side Guard Support <i>br / (p2)</i>	1 set	\$ 120.00	\$ 360.00
3	Tools Box <i>br /</i>	1 unit	\$ 750.00	\$ 750.00
4	Tools Box Bracket <i>X</i>	1 set	\$ 160.00	\$ 160.00
5	Rear Aluminium Mudguard <i>cr /</i>	1 unit	\$ 700.00	\$ 700.00
6	Rear Mudflap <i>X</i>	1 pc	\$ 40.00	\$ 40.00
7	Hooklift Dull Chassis <i>repair</i>	1 set	\$ 5,800.00	\$ 5,800.00
8	Tyre Rear RH Outer <i>cut - 70%</i>	1 pc	\$ 485.00	\$ 485.00
SUB-TOTAL				\$ 10,195.00
Gst 7%				\$ 713.65
				<b>\$ 10,908.65</b>

**Labour & Equipment use charge:**

S/n	Product Description	Qty	Unit Price	Amount S\$
1	Remove Damage, Refix Parts, Cut & Weld & Alight To Position	1 job	\$ 4,500.00	\$ 4,500.00
2	Crane Service To Lift Hooklift In Order To Facilate Repair <i>photo</i>	1 job	\$ 800.00	\$ 800.00
3	M.E Testing / Certify <i>photo</i>	1 job	\$ 400.00	\$ 400.00
3	Spray Painting To Affected Area	1 job	\$ 900.00	\$ 900.00
SUB-TOTAL				\$ 6,600.00
Gst 7%				\$ 462.00
				<b>\$ 7,062.00</b>

Parts \$ 10,908.65  
Labour \$ 7,062.00  
**TOTAL \$ 17,970.65**

Note: The above estimate does not include any hidden damage parts that is are not visible at the time of inspection. Any damage found after dismantling, we will advise you accordingly.

Remark: Contact Person : Michael Yeoh (Hp: 9679 4211) / Sunny Yeoh (Hp: 9662 1626)

**JIT KEONG TRADING CO. PTE LTD**

*[Signature]*

Authorised Signature

*Rasul*  
*Hp 90010068*

*10 days*

*4/8*  
*30/12/21 @ 1420*

*Resurvey after repair*



## 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	20/12/2021 18:05 (SGT)
Date of Accident	20/12/2021 11:43 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF JLN AHMAD IBRAHIM & BENOI RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YP5660G

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEE ENG HUAT TRADING PTE LTD
Company Reg No	2XXXXX606C
Email Address	HUATSOON.TEO@LEHTRADING.COM
Mobile Phone No	(Phone) +65-67623738
Alternative Phone No	(Office) +65-67623738

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	7545

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	DMCG21001816
Cover Note Number	-

#### DRIVER

Name of Driver	LEM TECK LAI
NRIC No	SXXXX482I

Date Of Birth	31/05/1966
Occupation	Outdoor
Date Of Driving Pass	17/02/1996
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96731471
Alt. Phone Number	-
Email Address	HUATSOON.TEO@LEHTRADING.COM
Address	BLK 609 BUKIT PANJANG RING RD
Address complement	#04-898
Postcode	670629
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 - Change/cross lane
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	GBF5152G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

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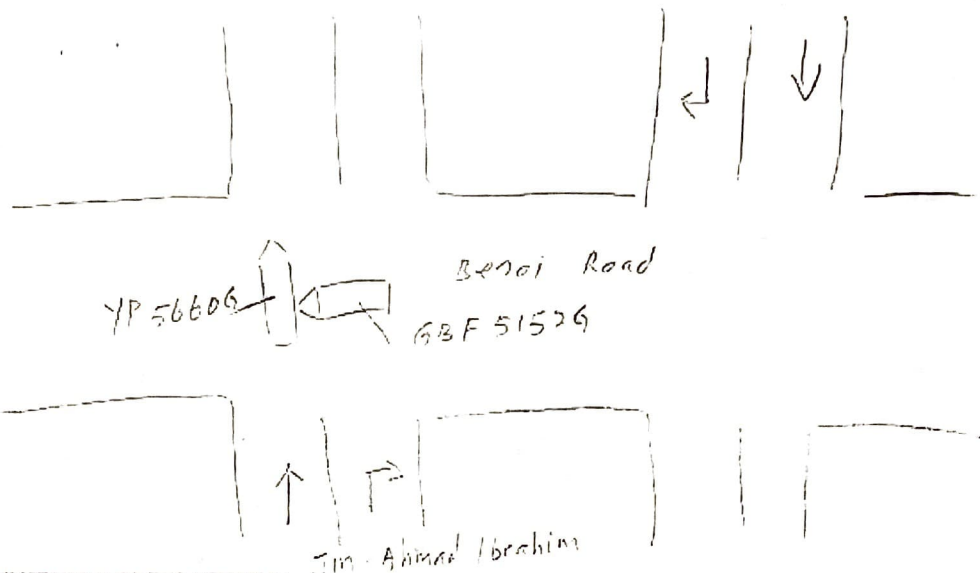
airs:  
t:

REV /

Time



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: YP 56606	ACCIDENT DATE & TIME: 20/12/21, 1143 hrs
CONTACT NUMBER: 96731471 / 67622738	E-MAIL ADDRESS: huatsoo.ted@lehtading.com
LOCATION: Junction of Jin Ahmad Ibrahim & Benoi Road.	
When traffic light is green on my favour, I proceed ahead going straight. Suddenly vehicle GBF 51529 hit the right side of my vehicle. Nobody was injured.	
Third party driver see to yik chiah. S 6901848 H 97843451	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input checked="" type="checkbox"/> Claim ODPP at other workshop	<input type="checkbox"/> Repairing On

DECLARATION

If/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:

Reporting Service Personnel's Signature  
Name:  
NRIC 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 the third party service providers or agents (including their lawyers/law firms), which may be situated 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 or 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 involved in evaluating, investigating, controlling or managing funds, 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:

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

Reporting Officer/Personnel's Signature  
Name:  
Unit/Division:



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	606C
Vehicle No.:	YP5660G
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jan 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	FUSO FM65FM2RDEB
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	6M60221209
Chassis No.:	FM65FMA30175
Maximum Power Output:	-
Open Market Value:	\$79,267.00
Original Registration Date:	01 Mar 2017
First Registration Date:	01 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$3,964.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	28 Feb 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$30,887.00
COE Rebate Amount:	\$15,939.00
Total Rebate Amount:	\$15,939.00

The information contained herein is correct as at 02 Jan 2022

OK