

ASS. REC. BY: Steve

REF:

CS/SMR29001424/E9f3

## 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. BUS/01/22/5022

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
<u>XXX</u>	<u>XXX</u>

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

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: GB68537E Yr Regn: 25/11/17

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

Truck / Trailer or

Make: Hyundai Hi Starex c.c. 2497Colour: Black A/C: Insured / Std / NI / NASp. Reading: 76585 T/Radio: Insured / Std / NI / NA

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

C/No: KMPWBX7KLMH 84-76-75

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/70R16R: 11

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 16/1/22Survey held at Komoco

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

Rear

R/Bal. 5 mmL/Bal. 5 mmD.O.I. 16/2/22

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

Date / Time	Action / Instruction
	<u>MR-50K</u>
	Steve finalised final fig \$4461.28, 4 days. (Red \$5656.56, 56%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 12/05 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TPLump Sum / L.B.E. (\$) 4461.28Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



**KOMOTO MOTORS PTE. LTD.**

251 Avenida Real #210, San Juan, P.R. 00906  
Tel: (505) 647-5288 Fax: (505) 647-1813 www.cup.edu.pr  
CUP HQ - YAGUAYON

( GST REGISTRATION NO: MR-8500364-4 )

Date : 14 FEB 2022

**MS First Capital Insurance Ltd**

Attn: Motor Claims Department

Vehicle number : **GBG 8537 E**

Make and model : STAREX 2.5 M 3 SEATER (5DR)

Registration Date: 25/11/2017

Chassis number : KMFWBX7KLHU847675

Engine number : D4CBG053241

Job No. :

Owner name : Komoco Car Rei

Date of Acc : 16/1/2022

Policy number : VFX/P1458896

**Claim Type : 3rd Party Claim**

Items :		Estimate
1 BUMPER CLIP X10	86595-2T500	\$ 12.00
2 COVER-RR BUMPER	86611-4H010	\$ 468.60
3 GARNISH ASSY-GUSSET,LH	86612-4H000	\$ 94.80
4 GARNISH ASSY-GUSSET,RH	86613-4H000	\$ 95.30
5 BRACKET-RR BUMPER SIDE MTG,RH	86614-4H000	\$ 19.20
6 BRACKET ASSY-RR BUMPER SIDE MTG	86615-4H000	\$ 19.50
7 BRACKET-RR BUMPER SIDE MTG,RH	86616-4H000	\$ 19.50
8 BRACKET-RR BUMPER SIDE LWR,LH	86617-4H000	\$ 19.50
9 STEP PLATE-RR BUMPER	86636-4H000	\$ 57.90
10 ABSORBER-REAR BUMPER ENERGY	86620-4H000	\$ 74.30
11 RAIL ASSY-REAR BUMPER	86630-4H000	\$ 347.00
12 BRACKET-STEP MTG,LH	86651-4H000	\$ 6.20
13 BRACKET-STEP MTG,RH	86652-4H000	\$ 6.20
14 PANEL ASSY-TAIL GATE	73700-4H092	\$ 2,620.40
15 LATCH ASSY-TAIL GATE	81230-4H001	\$ 84.00
16 BELL CRANK ASSY-TAIL GATE	81290-4H010	\$ 152.40
17 LINK ASSY-TAIL GATE INSIDE	81240-4H000	\$ 38.20
18 HANDLE ASSY-TAIL GATE	81720-4H020	\$ 25.40
19 LIFTER ASSY-TAIL GATE,LH	81770-4H020	\$ 93.40
20 LIFTER ASSY-TAIL GATE,RH	81780-4H020	\$ 93.40
21 EMBLEM-HYUNDAI	86320-4H000	\$ 30.20
22 EMBLEM-H-1	86325-4H000	\$ 26.30
23 SYMBOL MARK-H	86300-4H900	\$ 26.20
24 GARNISH-T/GATE	87311-4H020	\$ 53.60
25 SEALING PAD - GARNISH	87313-4H020	\$ 24.30
26 LAMP ASSY-LICENSE PLATE,LH	92501-4H000	\$ 25.90
27 LAMP ASSY-LICENSE PLATE,RH	92502-4H000	\$ 25.90
28 GLASS ASSY-T/GATE	87110-4H070	\$ 432.90
29 LAMP ASSY-RR COMBINATION LH	92401-4H020	\$ 384.90
30 LAMP ASSY-RR COMBINATION RH	92402-4H020	\$ 384.90
		\$ 5,762.30
Less 20% Discount		\$ 1,152.46
Material total		\$ 4,609.84



Vehicle number : **GBG 8537 E**  
Make and model : **STAREX 2.5 M 3 SEATER (SDR)**  
Registration Date: **25/11/2017**  
Chassis number : **KMFWBX7KLHU847675**  
Engine number : **D4CBG053241**

Job No. :  
Owner name : **Komoco Car Rep**  
Date of Acc : **16/1/2022**  
Policy number : **VFX/P1458896**  
Claim Type : **3rd Party Claim**

**Body, Paint & Labour Items :**

		Estimate
1	To carry out accident body repair 380 X 2	\$ 2,660.00 760
2	Complete putty and spray paint all affected areas 340	\$ 1,700.00 340

**Labour Charges: Tailor**

		Estimate
3	TO SUPPLY BONNET SEALANT (S.NETT) n/c	\$ 100.00 /
4	TO TRANSFER TAIL GATE MECHANISM (S.NETT) n/c	\$ 380.00 /
5	TO SUPPLY & INSTALL REAR NUMBER PLATE (S.NETT)	\$ 40.00 X n/c
6	TO SUPPLY R&I REAR GLASS TO FACILITATE REPAIR (S.NETT) n/c	\$ 180.00 /
7	TO SUPPLY REAR GLASS SEALANT n/c	\$ 108.00 /
8	TO SUPPLY & INSTALL TINTED SOLAR FILM (S.NETT) n/c	\$ 340.00 X
	Total	\$ 10,117.84

Excess

Add GST 7%

**Grand Total**

\*\*\* Estimation are base on visual inspection, should there be furthur damages found during process of repair, you will be inform prior before carry out\*\*\*

Stere (LKK)  
16/2/22, 10.00  
Sterechen@lkkauto.com  
83228813

WZ L  
P/P  
hy BL ry  
4 djs

**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	17/01/2022 19:14 (SGT)
Date of Accident	16/01/2022 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER BUKIT TIMAH ROAD @JLM JURONG KECHIL JUCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8537E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KOMOCO CAR RENTALS PTE LTD
Company Reg No	1XXXXX095K
Email Address	YUNOS@KOMOCO.COM.SG
Mobile Phone No	(Phone) +65-98793040
Alternative Phone No	+65-98793040

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Starex
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2500

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	CN147610

#### DRIVER

Name of Driver	VEERAAIAH RAJAH BABU
NRIC No	GXXXX274P



Date of Birth	16/04/1978
Occupation	Outdoor
Date Of Driving Pass	11/01/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-90569141
Alt. Phone Number	-
Email Address	YUNOS@KOMOCO.COM.SG
Address	7 JOO KOON CIRCLE
Address complement	-
Postcode	629039
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head to Rear
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	MURU RAPISURA
Gender	Female

#### 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 SKETCH PLAN & STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB3548C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus


Name of Driver  
 No.  
 Contact Number  
 Address  
 Address complement  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 Details of property damaged in accident  
 No. Of Passenger (Including Driver)

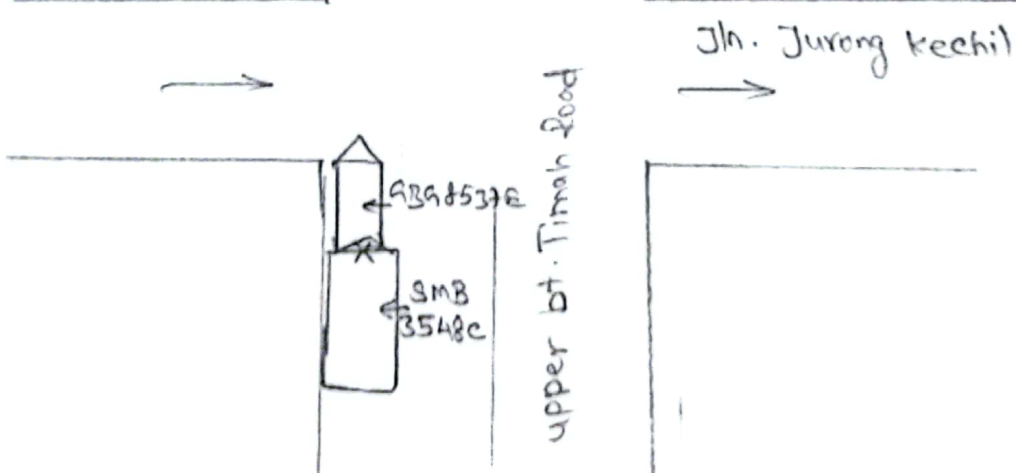
## SKETCH PLAN

### IMPORTANT NOTICE

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.
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 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.

**KOMOCO CAR RENTALS PTE LTD**  
253 ALEXANDRA ROAD #01-11

Policyholder's Signature / Date & Time ✓ Sketch Plan	Driver's Signature (if driver is not the policyholder) / Date & Time <div style="text-align: center;">                   ↑             </div>	Witnessed by Reporting Centre Personnel  
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✓ Describe Circumstances of the Accident

On 16-01-2022 around 08:45 am, I was driving GBA 8537E Van, at upper bukit Timah Road towards beauty world mrd. I was waiting at traffic signal at upper bukit Timah Rd and Jln Jurong Kechil junction, SMRT bus registration no. SM8 3548C, bang at my van behind. I am authorised by my company (Jungheinrich) to drive van GBA 8537E.

Declaration

We declare the foregoing particulars are true in every respect

KOMOCO CAR RENTALS PTE LTD  
253 ALEXANDRA ROAD #01-02  
SINGAPORE 159936

Policyholder's Signature / Date & Time

✓ *Pi* 17/01/22 05:20 pm  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel