

ASS. REC. BY: TaufikREF: CS/CT/22001450/Tg.43.**ASSIGNMENT**

Front _____ 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. _____

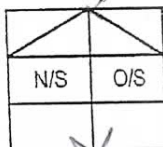
Claims No. SNM22D200991/C02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$30K.

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 10 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBD35369Yr Regn: 2014 / Sep

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

Truck / Trailer or

Make: Nissan CanterC.C. 2998Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 179293

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FE17013400456

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: 195/R15R: 24

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

Survey held at EM-1 Auto

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

Rear

R/Bal. 6/6 mmL/Bal. 6/6 mmD.O.I. 16/6/22

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

Date / Time Action / Instruction

Repair Unit \$16K

07/06/22 @ 4.29pm revised to Cecilia Lee via Merimen.

Taufikh finalised LS \$16000, 10 days. (Red \$12634.13, 44%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 07/06 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 10Resurvey No. of Trip: 2

Add Fee:

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

Report Format: MER-TPLump Sum / LS: 16000

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle No. : GBD 3536G

B/F

3,439.13

Special Nett

1	2 pcs	Tailgate Door Assy "Fiber"	2,000.00	4,000.00	cm
2	3 pcs	Tailgate Door Hinges (Stainless) LH	180.00	540.00	bt
3	1 set	Tailgate Door Joint Hinge (Stainless) RH		450.00	bt
4	1 pc	Tailgate Door Top Hinge (Stainless) RH		180.00	bt
5	2 pcs	Tailgate Door Opener Bar (Stainless)	500.00	1,000.00	?
6	2 pcs	Tailgate Door Opener Bar Catch	150.00	300.00	?
7	2 pcs	Tailgate Door Outer Handle (Stainless)	450.00	900.00	?
8	2 pcs	Tailgate Door Sticker with Company Logo	500.00	1,000.00	neu
9	2 pc	Tailgate Door Safe Lock	120.00	240.00	bt
10	1 pc	Rear Floor Panel Top Aluminium Plate		1,200.00	bt
11	2 pcs	Rear Protector Big Stopper	120.00	300.00	cut
12	1 pc	Rear Bumper		1,000.00	mis
13	2 pcs	Rear Bumper Bracket	250.00	500.00	mis
14	1 pc	Rear Refrigerator Side Fiber Panel RH		1,800.00	cm
15	1 pc	Rear Refrigerator Side Fiber Panel Sticker w/Company Logo RH		800.00	neu
16	1 pc	Rear Number Plate		50.00	mis 30
17	1 pc	70km Sticker		15.00	ne
18	1 set	Rear Refrigerator Surround Frame (Stainless)		5,800.00	bt
19	1 set	Rear Refrigerator Surround Frame Rivit		80.00	neu 40

Labour charge

Panel Beating	2,500.00	1600
Spray painting	1,500.00	1000
Check Wiring	40.00	30
To jack and knock align rear chassis frame LH	700.00	500 plus
To Remove and install front windscreen	100 ✓ 120.00	X

28,454.13

Less 20%

5,690.83

Lump sum

22,763.30

Tanfah 97445749

'WP' 16/2/22 01140

L/S Ready after repair 10-12 days.

Tanfah @ Mhant.com

To remove & install exhaust pipe \$180 100

*To check part prices.

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : GBD 3536G
Vehicle Model : MIT. CANTER FEA01
Accident Date : 28.01.2022
Original Reg Date : 17.09.2014

Date : 14.02.2022
Chassis : FEA01BA00456
TP Ins. **CHINA**

ESTIMATE

1	1 pc	Front Windscreen			1,131.40	L _{eng} ✓
2	1 pc	Front Windscreen Rubber			492.10	L _{ali} ✓
3	1 pc	Rear Number Plate Lamp			92.00	L _{eng} ✓
4	1 pc	Rear Number Plate Bracket			125.00	L _{mis} ✓
5	2 pcs	Taillamp Assy		293.00	586.00	L _{eng} ✓
6	2 pcs	Taillamp Assy Base		152.00	304.00	L _{bc} ✓
7	1 pc	Centre Exhaust Pipe			529.00	L _?
8	1 pc	Centre Exhaust Mounting			48.00	L _?
9	1 pc	Centre Exhaust Bracket			65.00	L _?
10	1 pc	Center Exhaust Gasked			45.00	L _?
11	1 pc	Rear Exhaust Silencer			695.00	L _?
12	1 pc	Rear Exhaust Silencer Mounting			48.00	L _?
13	2 pcs	Rear Exhaust Bracket		65.00	130.00	L _?
14	1 pc	Rear Exhaust Gasked			45.00	L _?
15	1 pc	Rear Mudguard RH			250.00	L _{th} ✓

4,585.50

Less 25%

1,146.38

3,439.13

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:

C/D

3,439.13

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	107H
Vehicle Details	
Vehicle No.:	GBD3536G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Feb 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEA01BR1SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	4P10B30314
Chassis No.:	FEA01BA00456
Maximum Power Output:	-
Open Market Value:	\$28,699.00
Original Registration Date:	17 Sep 2014
First Registration Date:	17 Sep 2014
Transfer Count:	4
Actual ARF Paid:	\$1,435.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Sep 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$52,010.00
COE Rebate Amount:	\$13,464.00
Total Rebate Amount:	\$13,464.00

The information contained herein is correct as at 14 Feb 2022

OK

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	11/02/2022 14:09 (SGT)
Date of Accident	28/01/2022 03:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3536G
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	XIN JIA FOOD PTE LTD
Company Reg No	2XXXXX107H
Email Address	SHAWN.YAN@TIAN.TIAN.SG
Mobile Phone No	(Phone) +65-98756759
Alternative Phone No	+65-89169320

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEA01BR1SDEB (CBU)
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	2998

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2021-V0116154-VCV
Cover Note Number	17/03/2021 - 16/03/2022

DRIVER

Name of Driver	XIAO CHUANHAI
Passport No/FIN	GXXXX952X

Date Of Birth	16/03/1976
Occupation	Outdoor
Date Of Driving Pass	27/12/2017
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89169320
Alt. Phone Number	-
Email Address	SHAWN.YAN@TIAN.TIAN.SG
Address	BLK 704 WEST COAST ROAD #02-415
Address complement	-
Postcode	-
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 - 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?	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?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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	GBL5436G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

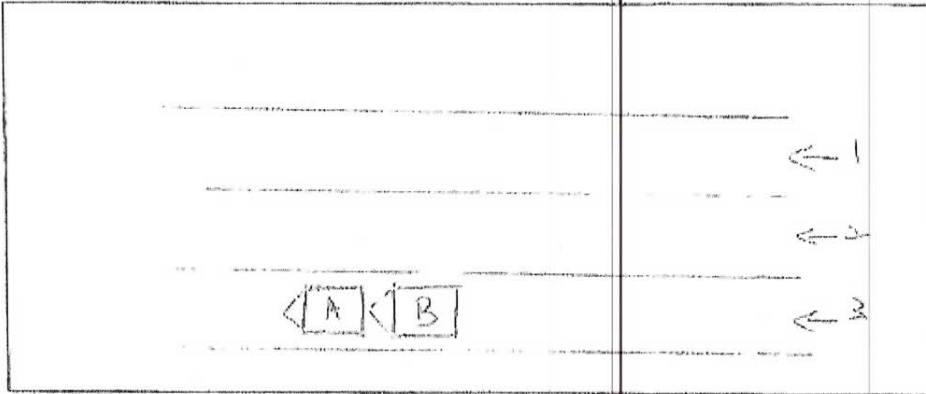
Name of Driver	--
Contact Number	--
Address	--
Address complement	--
Postcode	--
Insurance Company Name	--
Nature Of Damage	--
Details of property damaged in accident	--
No. Of Passenger (Including Driver)	--

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	XIAO CHUANHAI
Gender	--
Phone No	--
Address	--
Address Complement	--
Post Code	--
Approximate Age Years Old	--
Injuries Sustained	NOISE ABRASION & BODYUNWELL.
Injured person in which vehicle?	GBD3536G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

Date of accident: 28/1/2022 Time: 3:30 Location: BKE forwarder Woodlands
 My Vehicle A: G8035366 Vehicle B: G8L56366 Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No.
T/20220209/2061

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my file accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature:

Date & Time: 11/2/2022

Driver's Signature:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature:

Name:

NRIC/FIN No:

www.ahlimotor.com

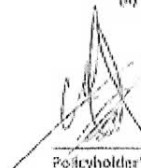
SKETCH PLAN

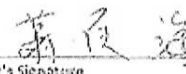
IMPORTANT NOTICE

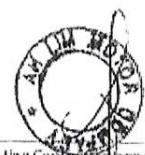
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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: 11/01/2024


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


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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20220209/2061

1 of 3

Report No: T/20220209/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2022 18:07		Vide Report No.:		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: XIAO CHUANHAI			Address:		
ID Type / ID No.: FIN NO / G2141952X			Contact No.: Home/Office:		Mobile: 89169320
Nationality: CHINESE			Email:		
Sex: Male	Age: 45	Date of Birth: 16/03/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/01/2022 03:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3536G	Lorry	MITSUBISHI	CANTER FEA01BR1S DEB (CBU)	White		0
GBL5436G	Van	TOYOTA	HIACE 2.8 DX AUTO	White		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20220209/2061

2 of 3

Report No. T/20220209/2061

CONTINUATION OF REPORT

Driver			
Name	XIAO CHUANHAI		ID No. G2141952X
Related Vehicle	GBD3536G (Lorry)		Contact No. 89169320
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	28/01/2022	Date Discharge	01/02/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 28/01/2022 at about 0330hrs, I was driving my company's white Mitsubishi lorry, GBD3536G at along about between 1km to 2km of Bukit Timah Expressway (BKE) towards Woodlands for delivery. While I was driving at the extreme left lane of BKE when suddenly a white Toyota Van with the registration plate number, GBL5436G hit my lorry from the rear.

Both of us stopped our vehicle and got out of our vehicle to check for our vehicle damages and I also called for the ambulance as I had suffered injury. Subsequently, ambulance came to the accident location to check on my injuries before conveying me to Ng Teng Fong Hospital to treat my injuries.

When I was at Ng Teng Fong Hospital, I was admitted into the hospital on the same date was given 5 days of MC and I was discharged from the hospital on the 01/02/2022.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20220209/2061

3 of 3

Report No. T/20220209/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

D /

SGT 3 JASMI BIN JUMA'AT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/02/2022 18:07

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT ABDUL RAHIM-BIN-SALIM

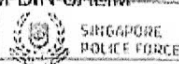
Contact No.: 65476251

Classification Of Case:

SN 37

Authentication Stamp

NP168



SIGNATURE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA19222B0001 Vehicle Registration No: GBD 3536G
Name (as shown in NRIC) : Xiao chuanlai NRIC/FIN/Passport No : G2141952X
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BK764 West Coast Road #02-415 Singapore()
Contact (Tel) : 98756759 Mobile No.: _____
Email Address : shawn.yan@tian.tian.sg
Date of Accident : 28/01/2022 Time of Accident : 0330hr
Place of Accident : BIKE Towards Woodlands
Insurance Company: Great Eastern General Insurance Limited

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Due to the strong impact of the collision,
my whole body jerked forward. My face and nose
hit the windscreen which cracked.

Policyholder / Driver's Signature
Date:

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