ASS. REC. BY: Steve | REF: CS/CT1220001839/EVG3

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: GW 7073P

Policy No. DMCVSNW00078912104

Claims No. SNM22D201356/C02/TANCHC

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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GX5409M Yr Regn: 30/6/04

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

Make: Mitsubishi FB511 c.c 2977

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 15430 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FB511BQJCRDE

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: 195R15C

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	23/2/22	D.O.I.	8/3/22

Survey held at Wah Hong

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

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

Date / Time	Action / Instruction
	MV- 16K
15/3/22	Steve informed LS $3050 (red 2429, 44%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 15/3/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: __S + RS__SI

Photos

Others

TOTAL

Repairer Former : Merimen

Lump Sum / T&T: ($ $3050)

Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)
Email: motor@wahhong.sg
(199806235M)

Vehicle No. GX5409M MITSUBISHI CANTER

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S$)	SURVEYOR'S ADJUSTMENT
	PARTS (LIST ITEMS)			
1	Front panel logo badge	NPC	75.00	
1	Front panel emblem "CANTER"	NPC	100.00	
1	Front side top panel LH	DO	739.00	
1	Center grille	CUT	619.00	
1	Headlamp LH	OR	584.00	
1	Side lamp LH	OR	223.00	
1	Signal lamp LH (lmc)	CUT	237.00	
1	Front bumper	CRU	444.00	
1	Front door outer lower garnish LH	MCJ	209.00	
1	Front door lower signal lamp LH	CRA	248.00	
1	Front door rubber seal LH	X	58.00	
1	Front door weather strip LH	X	416.00	
1	Front panel (Repair refer to labour)	X R	0.00	
1	Front door LH (Repair refer to labour)	X R	0.00	
		Part Items Total:	3952.00	
		-25%	-988.00	
			2964.00	
	SPECIAL NETT ITEMS			
1	Front bumper clips	M	20 / 35.00	
1	Front door company decal LH	MC	25.00	
1	Front door company sticker LH	MC	150 / 200.00	
2	Headlamp light bulb LH @Qty:02*$25	X	50.00	
1	Side lamp light bulb LH	X	25.00	
		SN Items Total:	LKI 335.00	
		Total Parts	3299.00	

LKI 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:

Wah Hong Motors & Credit Pte Ltd
Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)
Email: motor@wahhong.sg
(199806235M)

Vehicle No. **GX5409M MITSUBISHI CANTER**

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S$)	SURVEYOR'S ADJUSTMENT
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	1000.00	400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	1000.00	500
3	To perform anti-rust treatment on affected areas	60.00	30
4	To remove and repair/refit wiring system at accident damaged area and check for all electrical proper function	60.00	30
5	To remove, replace and focus headlamp beam	60.00	30
	Labour Total :	2180.00	
	TOTAL (PARTS & LABOUR):	5479.00	

Steve (LKK)
8/3/22, 3.30pm

L/S

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	24/02/2022 13:22 (SGT)
Date of Accident	23/02/2022 15:00 (SGT)
Exact Location of Accident	11 Penjuru Rd, Singapore 609159
Additional Location Information	11 PENJURU ROAD, OUTSIDE KIAN HUA HARDWARE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX5409M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TIAN SAN SHIPPING (PTE) LTD
Company Reg No	1XXXXX912W
Email Address	SAYHOONG.TAY@TIANSAN.COM.SG
Mobile Phone No	(Phone) +65-81230783
Alternative Phone No	+65-81230783

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	2021-V0112825-VCV-R001
Cover Note Number	-

DRIVER

Name of Driver	SOMAN KRISHNAN
Work Permit No	FXXXX363X

Date Of Birth	04/06/1969
Occupation	Indoor
Date Of Driving Pass	20/07/2018
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98110917
Alt. Phone Number	-
Email Address	SAYHOONG.TAY@TIANSAN.COM.SG
Address	6 , JALAN SAMULUN
Address complement	-
Postcode	629123
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 on collision
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PADINJARATH RAMAN AJITHPUMAR
Gender	Male

PASSENGER 2

Name	TRANGANATHAN BABU
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

REFER TO SKETCH & SUMMARY

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	GW7073P
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SETHU RAVIKUMAR
Contact Number	(Phone) +65-87130069
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 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 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,

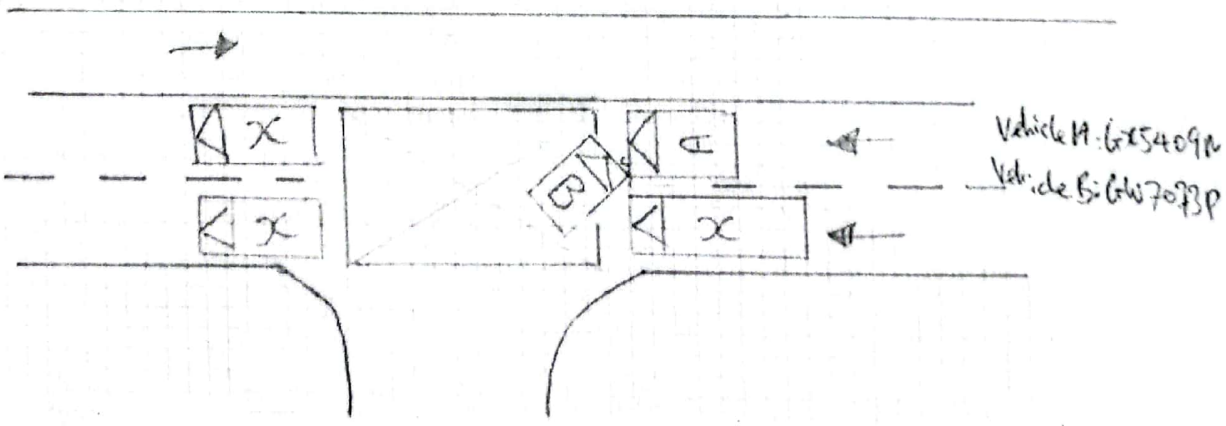
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

On 23/2/22 at about 3.PM I was driving my vehicle Gx 5409 along pasiran Rod out side Kian hua hardware towards Ayr. while approaching the traffic junction I slow down and come to a Stopped behind the yellow Box Vehicle Sg w 7035P was seen turning out from Kian hua hardware Exit while vehicle B was turing the driver collided on my vehicle left front portion.

No one was injured in this accident at the point of time.

Declaration

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	912W
Vehicle Details	
Vehicle No.:	GX5409M
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Feb 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	FB511BOJSRDE
Primary Colour:	White
Manufacturing Year:	2004
Engine No.:	4M40GM9084
Chassis No.:	FB511BA46048
Maximum Power Output:	-
Open Market Value:	$19,228.00
Original Registration Date:	30 Jun 2004
First Registration Date:	30 Jun 2004
Transfer Count:	0
Actual ARF Paid:	$962.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	$13,910.00
COE Rebate Amount:	$6,311.00
Total Rebate Amount:	**$6,311.00**

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 24 Feb 2022

OK