

ASS. REC. BY:

REF:

SMR/ 220018691kgf3

C

Kenneth

## 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

YP 2606J

Yr Regn:

05, 16

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

Truck / Trailer or

Make:

Mit

Tusu

c.c

2998

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

350184

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FEB 21 E.A 20098

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: M / S / Rim / STD A / Rim or

Tyre Size:

F:

195 / 85 R 15

R:

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

Front

R/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

21/2/22

Rear

R/Bal.

6

6

mm

L/Bal.

6

6

mm

D.O.I.

1/3/2022

Survey held at

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

O/S body

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

Date / Time

Action / Instruction

11/3

11 Day @ 3500.

23/3

11 Day @ 3700

Cahat (Rate @ 772, 68%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 31/3 final

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

TP

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

3700



ISO-INTERGRATED M & E PTE LTD  
8, Changi North Street 1,  
Singapore 498829

Attention: Owner  
Contact:

COMPLETE VMS PTE LTD  
176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare, Singapore 575721  
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

The Premier One Stop Vehicle Accident Claims Centre

Not Authorised  
11 Pm @ 3700h  
Resurvey After Palm  
Today

**ESTIMATE** ES 010180  
Date 26/2/2022  
Vehicle Number YP2606J  
Make / Model MITSUBISHI CANTER FEB21ER4SDEB  
Engine Number 4P10B97252  
Chassis Number FEB21EA20098  
Accident Date 21 Feb 2022  
Policy Number DHOM110178202100

Description Qty Unit Price Amount

## Parts

### List Items

Front Door R/H	1750	1	\$S2,100.00	\$S1,890.00	✓
Front Door Hinge		2	\$S167.00	\$S300.60	✓
Side Step Panel R/H		1	\$S345.00	\$S310.50	✓
Front Wheel Arch Top Garnish		1	\$S410.00	\$S369.00	X
Front Bumper		1	\$S1,308.00	\$S1,177.20	X
Side Lamp R/H		1	\$S257.00	\$S231.30	✓
Headlamp R/H		1	\$S555.00	\$S499.50	✓
Headlamp Bracket R/H		1	\$S210.00	\$S189.00	X
Signal Lamp R/H		1	\$S256.00	\$S230.40	✓
Front Bumper Bracket		1	\$S205.00	\$S184.50	X
Mudflap R/H	285	1	\$S350.00	\$S315.00	✓
Radiator Spare Tank	238	1	\$S350.00	\$S315.00	✓

Discount 10% applied \$6,012.00

### Special Nett Items

Company Sticker & Logo	1	\$S380.00	\$S380.00	120h
Canvas R/H	1	\$S550.00	\$S550.00	480h
Front Rim R/H	1	\$S450.00	\$S450.00	1
Front Bumper Pad R/H	1	\$S380.00	\$S380.00	✓

259 - 725%

**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

\$1,760.00

Pages 1 / 2

COMPLETE VMS PTE LTD

This is only an estimate base on our preliminary inspection and does not cover additional parts and labour time which may be require after the work has begin

Acknowledged by Repairer

Signature:

Date:



ISO-INTERGRATED M & E PTE LTD  
8, Changi North Street 1,  
Singapore 498829

Attention: Owner  
Contact:

COMPLETE VMS PTE LTD  
176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare, Singapore 575721  
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

The Premier One Stop Vehicle Accident Claims Centre

**ESTIMATE** ES 010180  
Date 26/2/2022  
Vehicle Number YP2606J  
Make / Model MITSUBISHI CANTER FEB21ER4SDEB  
Engine Number 4P10B97252  
Chassis Number FEB21EA20098  
Accident Date 21 Feb 2022  
Policy Number DHOM110178202100

Description	Qty	Unit Price	Amount
-------------	-----	------------	--------

### Labour

#### Nett

To Remove And Refit Damage Parts To Facilitate Repair	1	S\$1,800.00	S\$1,800.00	5001
Spray Paint Damaged Area Affected	1	S\$1,600.00	S\$1,600.00	5001
Computer Wheel Alignment	1	S\$80.00	S\$80.00	X
Check Wiring	1	S\$80.00	S\$80.00	201

Discount	applied	\$3,560.00
----------	---------	------------

#### Special Nett Items

Top Up Coolant	1	S\$80.00	S\$80.00	201
----------------	---	----------	----------	-----

\$80.00

Total \$11,412.00

## 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	21/02/2022 17:51 (SGT)
Date of Accident	21/02/2022 09:30 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	Towards PIE (MRT taxi stand)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2606J
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ISO-INTEGRATED M & E PTE LTD
Company Reg No	200718390K
Email Address	gc.ting@iso-team.com
Mobile Phone No	(Phone) +65-92717589
Alternative Phone No	+65-92717589

#### 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	3000

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110178202100
Cover Note Number	-

#### DRIVER

Name of Driver	Balakrishnan Soundarrajan
Passport No/FIN	G7283761X

Date Of Birth	04/06/1973
Occupation	Outdoor
Date Of Driving Pass	13/02/2020
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-85396182
Alt. Phone Number	-
Email Address	isabella.lai@iso-team.com
Address	500 Old Choa Chu Kang Road Sungei Tengah Lodge
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	Side Swipe
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

Please refer to the 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	SHB5553H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Lim Tian Seng
NRIC No	S0421637G
Contact Number	(Phone) +65-96621069
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 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:

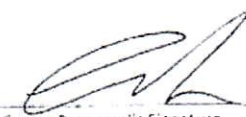
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

21 FEB 2022

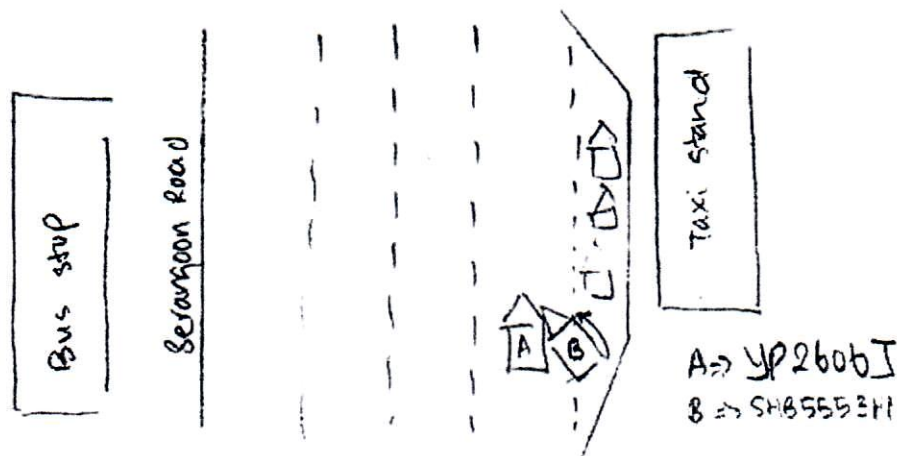
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

21 FEB 2022

  
Reporting Centre Personnel's Signature  
Name  
NRIC/ID No:

Angie Soh

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling Serangoon road toward PTE. As I drive past the taxi stand, Veh B (taxi) which was queing along the taxi stand suddenly filter out without checking and his LH front portion collided into the RH portion of my veh A. I could not take any photo on the spot as the taxi has shifted his vehicle after the accident. We exchange Particular and I am filling this report for insurance claim purposes.

DECLARATION

I/We declare the above particulars are true in every respect

Policyholder's Signature  
Date & Time  
21 FEB 2022

Driver's Signature  
(If driver is not the policyholder)  
Date & Time  
21 FEB 2022

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:  
Angie Soh