

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.

N/S	O/S

Bal. or Market Value: _____

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

Veh No: GBE 46412 Yr Regn: 16/12/15

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

Truck / Trailer or

Make: Toyota Dyna 150 c.c. 2982Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 159598 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTPAT35K80K 205508

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 orTyre Size: F: 195R15CR: 17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 20/3/22 D.O.I. 30/3/22Survey held at Skylink

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

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

Date / Time	Action / Instruction
	<u>MK 43K</u>
	<u>lump sum 4450; 6 Days</u>
	<u>red: 4082.53; 47%</u>
	<u>8532.53</u>

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 6

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.F. (\$) _____

MS First Capital Insurance Ltd
 36 Robinson Road #16-01 City House
 Singapore 068877
 D: 6507 3848 | F: 6507 384

VEHICLE NO : GBE 4641 Z
 MAKE / MODEL : TOYOTA DYNA 150 MANUAL WITH HOOD
 CHASSIS NO : JTFAT35Y80K205508
 OWN INSURANCE : China Taiping Insurance (S) Pte. Ltd
 POLICY NO : DMCVSNAA00049442101
 D.O.A : 24.03.2022 19:00

Attn : Motor Claim Department

CLAIM DETAIL : LIST PRICE (\$)

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT PANEL / DD	1	\$ 1,116.05	\$ 1,116.05
2	FRONT PANEL EMBLEM - DYNA / RL	1	\$ 90.30	\$ 90.30
3	FRONT CORNER PANEL LH X BR	1	\$ 164.75	\$ 164.75
4	FRONT CORNER PANEL LOWER GARNISH LH / CUT (Black)	1	\$ 154.56	\$ 154.56
5	FRONT SIDE PANEL LH / DD	1	\$ 339.89	\$ 339.89
6	FRONT GRILLE ASSY X NN	1	\$ 542.43	\$ 542.43
7	FRONT GRILLE BRACKET X NN	1	\$ 45.15	\$ 45.15
8	HEADLAMP LH / BR	1	\$ 872.55	\$ 872.55
9	HEADLAMP LOWER RUBBER / TN	1	\$ 31.50	\$ 31.50
10	FRONT BUMPER / DD	1	\$ 463.68	\$ 463.68
11	FRONT BUMPER BRACKET LH X NN	1	\$ 191.31	\$ 191.31
12	FRONT DOOR LH / DD	1	\$ 1,884.12	\$ 1,884.12
13	FRONT DOOR HINGE LH (UPPER & LOWER) ? X NN	2	\$ 99.75	\$ 199.50
14	FRONT STEPBOARD GARNISH X NN	1	\$ 334.53	\$ 334.53
15	AIR CON FAN ASSY ? / BR	1	\$ 1,014.62	\$ 1,014.62

4831.74
 -25%
 3623.80

TOTAL PRICE : \$ 7,403.37
 LIST LESS 25% : \$ 1,850.84
SUB TOTAL PRICE : \$ 5,552.53

CLAIM DETAIL : PARTS S/NETT

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL S/N PRICE
1	FRONT BUMPER CLIP SET / RL	1	\$ 50.00	\$ 50.00
2	FRONT GRILLE CLIP SET X NN	1	\$ 50.00	\$ 50.00
3	FRONT DOOR COMPANY STICKER / RL	1	\$ 80.00	\$ 80.00

S/NETT TOTAL PRICE \$ 180.00

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:

70/

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

S/N	DESCRIPTION	PRICE
1	LABOUR CHARGE TO CHECK ELECTRICAL WIRING AND TEST LIGHT FUNCTIONALITY	\$ 30 120.00
2	LABOUR CHARGE FOR PANEL BEATING, STRAIGHTENING, REMOVE-REFIT AND PARTS REPLACEMENT	\$ 900 1,100.00
3	TO SPRAY PAINT TO AFFECTED PANELS	\$ 900 1,400.00
4	TO APPLY ANTI-RUST, SEALANT AND TUFF KOTE TO REPAIRED AND REPLACE AERA	\$ 30 180.00

LABOUR TOTAL PRICE: \$ 2,800.00

Steve (LKK)
30/3/22, 9.11a
8322 8813

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L/S
My AL My
6 dys

1860
= 5553.80
L/S - 4443.04
= 4450

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	25/03/2022 12:29 (SGT)
Date of Accident	24/03/2022 19:00 (SGT)
Exact Location of Accident	Pasir Ris Dr 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4641Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No	201710755G
Email Address	YVETTE@SKYLINK.COM.SG
Mobile Phone No	(Phone) +65-62665858
Alternative Phone No	(Office) +65-62665858

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	150 MANUAL 2982
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00049442101
Cover Note Number	-

DRIVER

Name of Driver	ISLAM SAIFUL
Work Permit No	F8491446X

Date Of Birth	01/01/1978
Occupation	Outdoor
Date Of Driving Pass	14/10/2010
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93442790
Alt. Phone Number	-
Email Address	YVETTE@SKYLINK.COM.SG
Address	27A GEYLANG LORONG 13
Address complement	-
Postcode	388670
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 - Major/Minor Rd
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	SHF194Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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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.

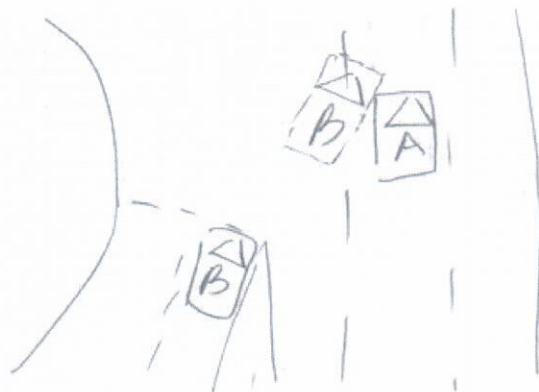


Policyholder's Signature / Date & Time

Drivers' Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A = GBE 4641
B = SHF 1944

Describe Circumstances of the Accident


On 24/03/2022 at 1900 hrs, I was travelling along Pasir Ris Dr 12. After the traffic junction the taxi coming out from the filter lane collided onto my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

x  Driver's Signature (if driver is not the policyholder) / Date & Time

 Witnessed by Reporting Centre Personnel

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