

ASS. REC. BY:

Steve

REF:

CS/CT/22003282/Ety3

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. _____

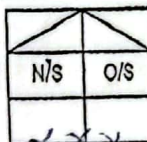
Claims No. _____

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 Report: _____ 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: GBB 793K Yr Regn: 26/6/08Type: M.Car / M.Cycle / Bus / Van / Corr / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Dyna 150 c.c. 2982Colour: White A/C: Insured / Std / NI / NASp. Reading: 354009 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFA35Y903001858Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 7'BS / 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. 30/3/22 D.O.I. 14/4/22Survey held at SystematicDes. 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

MV-23K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

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

\$ + RS. \$

Photos

Others

TOTAL

Systematic Airconditioning Pte Ltd
 29 Senoko Way Singapore 758059
 Tel: 64847188 Fax: 64841334
 GST No. 199800703G

To: **CHINA TAIPING INSURANCE (S) PTE LTD**

Estimation

D.O.A : 30-Mar-22

Your ref: CB6334B

TOYOTA DYNA - GBB793K

No.	Description	Qty	Unit Price	Amount
1	Supply one (1) no. rear Stainless steel frame / DD	1	\$ 4,500.00	\$ 4,500.00
2	Supply one (1) no. side aluminium capping X	1	\$ 780.00	\$ 780.00
3	Supply one (10) no. sealant tube / NC	10	\$ 25.00	\$ 250.00
4	Supply one (4) no. stainless steel hinges / NC	4	\$ 280.00	\$ 1,120.00
5	Supply one (2) no. stainless steel door handle / NC	2	\$ 90.00	\$ 180.00
6	Supply one (1) no. rear Metal Bumper / DD	1	\$ 480.00	\$ 480.00
7	Supply one (1) set bracket for metal bumper / BT	1	\$ 120.00	\$ 120.00
8	Supply two (2) pc rear rubber stopper (Bumper) / TN	2	\$ 125.00	\$ 250.00
9	Supply and install Artwork sticker (rear doors) / ABC CUT	1	\$ 680.00	\$ 680.00
10	To supply labour and material to Fiberglass repair		300	\$ 600.00
11	To supply labour and material to PAINT BLACK the rear metal bumper and bracket		200	\$ 400.00
12	To supply labour and material to tig WELDING rear metal bumper with bracket			\$ 350.00 X
13	To remove, refix and to renew affected parts		1200	\$ 2,500.00
14	To realignment Ref Box			\$ 800.00 X

Sub Total \$ 13,010.00

7% gst \$ 910.70

Bal amount due \$ 13,920.70

Remark: LOSS OF USED 12 days x \$280

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:

Steve (LKK)
 14/4/22, 3:30pm
 83228813

Wm NL
 L/S
 by AL Ly
 9 Apr

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	30/03/2022 17:15 (SGT)
Date of Accident	30/03/2022 09:20 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	BKE TOWARDS PIE CHANGI BEFORE MANDAI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB793K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AWS MARKET PTE LTD
Company Reg No	201422052M
Email Address	corporate@awsmarket.com.sg
Mobile Phone No	(Phone) +65-81813211
Alternative Phone No	+65-81813211

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	EQ Insurance Company Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCPHQ21-004303
Cover Note Number	-

DRIVER

NRIC No	G2439871X
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 Accident report SC1K223U0007

Date Of Birth 23/06/1974
 Occupation Indoor
 Date Of Driving Pass 21/10/2019
 Driving experience 2 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-93405988
 Alt. Phone Number -
 Email Address corporate@awsmarket.com.sg
 Address BLK 112 SERANGOON NORTH AVE 1 #02-619
 Address complement -
 Postcode 550112
 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? 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 ATTACHED.

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 CB6334B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver YAP TECK SENG
 NRIC No S01R1307R

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.



Policyholder's Signature / Date & Time
14/2/20

Sketch Plan

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

Witnessed by Reporting Centre Personnel

(Signature) (Sabrina)

BKE

A-GBB792K
B-CB6334B



Describe Circumstances of the Accident

On 30 March 2022, at 9:20am vehicle GBB 793K was travelling at BKE expressway. It was heavy traffic during that period. he felt that his vehicle was bang by other party.

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 (Saharua)